# GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS FORM 990 PUBLIC DISCLOSURE COPY TAX YEAR 2014

#### Form **8879-EO**

Department of the Treasury

# IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 01/01, and ending 12/31, and ending 12/31, so 14.

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

internal Revenue Service	
Name of exempt organization	Employer identification number
GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS  Name and title of officer	43-1125281
STEFANY A. WILLIAMS, PRESIDENT/CEO	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount on that line for the return being fleave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered on the applicable line below. Do not complete more than 1 line in Part I.	filed with this form was blank, then
1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12 2a Form 990-EZ check here ► b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here ► b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, Form 8868 check here ► b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	2b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have exact programments and to the best of pare true, correct, and complete. I further declare that the amount in Part I above is the amount shown organization's electronic return. I consent to allow my intermediate service provider, transmitter, or expected to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of restine transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of an authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdraw financial institution account indicated in the tax preparation software for payment of the organization's return, and the financial institution to debit the entry to this account. To revoke a payment, I must con Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also involved in the processing of the electronic payment of taxes to receive confidential information neces resolve issues related to the payment. I have selected a personal identification number (PIN) as my selectronic return and, if applicable, the organization's consent to electronic funds withdrawal.	of my knowledge and belief, they non the copy of the lectronic return originator (ERO) ceipt or reason for rejection of my refund. If applicable, I wal (direct debit) entry to the sefederal taxes owed on this neat the U.S. Treasury Financial or authorize the financial institutions ssary to answer inquiries and
Officer's PIN: check one box only	
X I authorize BKD, LLP to enter my PIN 8	6 2 2 4 as my signature
	er five numbers, but not enter all zeros
on the organization's tax year 2014 electronically filed return. If I have indicated within this re being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax If I have indicated within this return that a copy of the return is being filed with a state agency the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	turn that a copy of the return is , I also authorize the aforementioned x year 2014 electronically filed return
Officer's signature ▶ Date ▶ 1	1/16/2015
Part III Certification and Authentication	.1/16/2015
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	
I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Put</b> Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	do not enter all zeros I return for the organization D. 4163, Modernized e-File (MeF)
ERO's signature ▶ Date ▶	
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do	. So
For Paperwork Reduction Act Notice, see back of form.	Form <b>8879-EO</b> (2014)
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#### **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

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A F	or th	e 201	4 calendar year, or tax year begin	ning , 2014	, and ending				, 20	
_			C Name of organization			D	Employer ide	entifica	tion number	
B c	heck if ap	oplicable:	GOODWILL OF WESTERN MI	SSOURI & EASTERN KANS	AS					
	Addre		Doing Business As				43-1125	5281		
	Name	change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/suite	E	Telephone n	umber		
	Initial	return	1817 CAMPBELL			(	816) 84	2-74	25	
	Term	inated	City or town, state or province, country, a	nd ZIP or foreign postal code						
	Amen		KANSAS CITY, MO 64108			G	Gross receip	ts \$	22,63	2,208.
		cation	F Name and address of principal officer:	ROBERT ROBINSON		H(	a) Is this a grou		for Yes	s X No
	_ ,	9	1817 CAMPBELL KANSAS (	CITY, MO 64108		H(I	b) Are all subord		ıded? Ye	s No
П	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) <b>◀</b> (insert no.) 4947(a)(1)	or 527		If "No," attac	ch a list. (	see instructions	,
J	Websi	ite: 🕨	WWW.MOKANGOODWILL.ORG			H(	c) Group exem	ption nun	nber	
K	Form	of orgar	nization: X Corporation Trust	Association Other >	L Year of for	rmation	: 1893 <b>M</b>	State of	f legal domicil	e: MO
P	art I	Su	mmary	, ,	'					
		Briefly	y describe the organization's mission or	most significant activities: GOODW	ILL OF WES	TERN	MISSOU	RI &	EASTER	N N
ø			, SAS HELPS PEOPLE WITH DI							
and		POT	ENTIAL THROUGH WORK IN A	COMPETITIVE OR SHELT	ERED ENVIR	ONME	INT.			
ern	2	Check	k this box	scontinued its operations or dispose	ed of more than 2	25% of	its net assets	S.		
Governance	3	Numb	per of voting members of the governing	body (Part VI, line 1a)				3		13.
⋖ర	4		per of independent voting members of the					4		13.
Activities	5		number of individuals employed in cale					5	-	l,158.
ŧΞ	6		number of volunteers (estimate if necess					6		159.
Ac	7a		unrelated business revenue from Part VI	II, column (C), line 12				7a		
			nrelated business taxable income from F					7b		
				·			Prior Year	_	Current	Year
a	8	Contr	ibutions and grants (Part VIII, line 1h)				313,20	06.	28	37,541
ņ	9	Progr	am service revenue (Part VIII, line 2g)	COP	Y FOR	21	1,211,34	17.	21,87	73,404.
evenue	10	Invest	tment income (Part VIII, column (A), line	s 3, 4, and 7d)	NSPECTION		-56	56.		-394
œ	11		revenue (Part VIII, column (A), lines 5,				502,55	52.	47	71,263
	12		revenue - add lines 8 through 11 (must			22	2,026,53	9.	22,63	31,814.
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)			16,94	13.	-	10,876
	14		its paid to or for members (Part IX, colur					0		
S	15		es, other compensation, employee bene			12	2,470,84	18.	11,04	14,436.
Expenses	16a		ssional fundraising fees (Part IX, column					0		
xbe	b	Total	fundraising expenses (Part IX, column (E	O), line 25) ▶ 38,580	).					
Ш	17		expenses (Part IX, column (A), lines 11a			11	1,667,46	50.	9,87	72,061.
			expenses. Add lines 13-17 (must equal			24	4,155,25	51.	20,92	27,373.
	19		nue less expenses. Subtract line 18 from			-2	2,128,71	2.	1,70	04,441.
sor					В	eginnin	g of Current \	/ear	End of Y	ear
sets	20	Total	assets (Part X, line 16)			(	5,267,97	2.	6,97	70,105
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)			9	9,030,97	2.	8,02	28,664
F S	22	Net as	ssets or fund balances. Subtract line 21	from line 20.		-2	2,763,00	0.0	-1,05	8,559.
Pa	rt II	Sig	gnature Block							
Un	der pei	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	s return, including accompanying sched	ules and statemen	ts, and	to the best of	f my kn	owledge and	belief, it is
True	e, corre	T and	complete. Declaration of preparer (other than	officer) is based on an information of wif	ich preparei has ai	ny know	neuge.			
0:-										
Sig			Signature of officer				Date			
He	re									
			Type or print name and title							
D-:		Print/	Type preparer's name	Preparer's signature	Date		Check	if PT	IN	
Paid		MIC	HAEL J ENGLE				self-employ	ed P	0048283	4
	parer Only	Firm's	sname ▶ BKD, LLP			Fii	rm's EIN	44-0	160260	
_		Firm's	s address > 1201 WALNUT, SUITE 1700	KANSAS CITY, MO 64106-2246		Ph	none no.	816	221-630	0
May	the I		cuss this return with the preparer showr		<u> </u>				X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.					Form 99	<b>90</b> (2014)

JSA 4E1065 1.000

Form 8868 (Rev. 1-2014) Page 2 Х • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box . . . . . . Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS 43-1125281 print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the 1817 CAMPBELL due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See KANSAS CITY, MO 64108 instructions Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 10 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ►<sub>TONYA BROWN</sub>, 1817 CAMPBELL KANSAS CITY, MO 64108 842-7425 Telephone No. ► 816 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is and attach a list with the names and EINs of all members the extension is for. 11/15,2015. I request an additional 3-month extension of time until 5 For calendar year 2014, or other tax year beginning , 20 , and ending 20 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b | \$ 0 c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c |\$ 0 Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature >

Title >

Form **8868** (Rev. 1-2014)

Date >

#### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS 43-1125281 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 1817 CAMPBELL filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions KANSAS CITY, MO 64108 Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 08 Form 4720 (individual) 0.3 Form 4720 (other than individual) 0.9 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 • The books are in the care of ▶TONYA BROWN, 1817 CAMPBELL KANSAS CITY, MO 64108 Telephone No. ▶ 816 842-7425 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08/15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 20 14 or tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0 Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

Form 990 (2014) Page **2** 

Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS HELPS PEOPLE WITH
	DISABILITIES AND/OR DISADVANTAGES REACH THEIR POTENTIAL THROUGH WORK
	IN A COMPETITIVE OR SHELTERED ENVIRONMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$16,996,728. including grants of \$) (Revenue \$21,095,789)
	DONATED GOODS AND RETAIL PROGRAM SERVICES - GOODWILL OF WESTERN
	MISSOURI & EASTERN KANSAS UTILIZES ITS RETAIL STORES TO PROVIDE
	ON-THE-JOB TRAINING TO PEOPLE WITH DISABILITIES AND PEOPLE WITH
	DISADVANTAGES. THE ORGANIZATION OFFERS EMPLOYMENT OPPORTUNITIES IN
	COMMUNITIES WHERE GOODWILL HAS A PRESENCE. INDIVIDUALS WITH
	DISABILITIES REPRESENT ALMOST 17% OF THE WORKFORCE WITHIN THIS
	PROGRAM. GOODWILL ACCEPTS CLOTHING AND HOUSEHOLD WARES FROM THE
	PUBLIC AND SELLS THESE ITEMS IN THE COMMUNITY-BASED RETAIL STORES.
	NET REVENUE FROM THE SALES OF THESE ITEMS PROVIDES FINANCIAL
	SUPPORT TOWARD DEVELOPING AND GROWING VOCATIONAL PROGRAMS.
4b	(Code:) (Expenses \$1,167,767. including grants of \$) (Revenue \$777,615. )
	WORKFORCE DEVELOPMENT PROGRAM - GOODWILL OF WESTERN MISSOURI &
	EASTERN KANSAS PROVIDES EDUCATION AND CAREER SERVICES AS WELL AS
	JOB PLACEMENT ASSISTANCE AND POST-EMPLOYMENT SUPPORT TO INDIVIDUALS
	WITH DISABILITIES AND OTHER CHALLENGES TO EMPLOYMENT, SO THAT THEY
	CAN FIND AND KEEP A GOOD JOB. INDIVIDUALS CAN ACHIEVE GREATER
	LEVELS OF SELF-SUFFICIENCY AND ECONOMIC SUCCESS THROUGH EMPLOYMENT
	SKILLS TRAINING, WORK EXPERIENCE AND EMPLOYMENT RETENTION SERVICES
	THAT HELP STRENGTHEN COMMUNITIES, FAMILIES AND INDIVIDUALS.
	ASSISTED ALMOST 1,000 INDIVIDUALS WITH THEIR EMPLOYMENT GOALS IN
	<u>2014.</u>
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	(Code:) (Expenses $\psi$ ) (Nevertice $\psi$ )
4d	Other program services (Describe in Schedule O.)
. •	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 18,164,495.

JSA 4E1020 1.000 Form 990 (2014) Page 3

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.7
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		Х
6	Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		
O	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	, , , , , , , , , , , , , , , , , , , ,	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
_	complete Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		37	
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		- 21
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) Page **4** 

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
22			21	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	00		37
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
20	If "Yes," complete Schedule L, Part I	230		- 21
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			3.7
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		Х
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
31		31		Х
22	Part I	31		- 22
32		22		v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
30	· · · · · · · · · · · · · · · · · · ·	38	х	
	19? Note. All Form 990 filers are required to complete Schedule O	J0	27	

Form 990 (2014) Page **5** 

Check if Schedule O contains a response or note to any line in this Part V  18 Enter the number reported in Box 3 of Form 1086. Enter-0-if not applicable, 15 0 0  19 Enter the number of Forms W-26 included in the 12 Enter-0-if not applicable, 15 0 0  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  28 Enter the number of complexees reported on Form W-3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return   22	Par	Statements Regarding Other IRS Filings and Tax Compliance			
18 Enter the number reported in Box 3 of Form 1996. Enter 0- if not applicable.  b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable.  c Did the organization comply with backup withhoding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  Statements, filed for the calendar year ending with or within the year covered by this return.  Statements, filed for the calendar year ending with or within the year covered by this return.  Statements, filed for the calendar year ending with or within the year covered by this return.  Statements, filed for the calendar year, did the organization file all required ideral employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization here and 2a is greater than 250, you may be required to e-file (see instructions).  3b If "Yes," has it filed a Form 990-Tior this year? If "No" to line 3b, provide an explanation in Schodule 0.  3b If "Yes," has it filed a Form 990-Tior this year? If "No" to line 3b, provide an explanation in Schodule 0.  3b If "Yes," and enter the name of the foreign country.  b If "Yes," and enter the name of the foreign country (such as a bank account, securities account, or other intended accounts (FBAR).  5a Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," and the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," in the sace shelt during the year and year year and year year.  7b Organization shelt any contributions that were not tax deductible as charaltable contributions and party to goods and services provided to the prograzion than year.  7c If "Yes," in the prograzion than year year year year year ye					
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5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions or gifts were not tax deductibles acharitable contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," idid the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8990.  Sponsoring organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution of acceptance function and the property of the property of the property of the property of the pr					
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		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		21

JSA 4E1040 1.000 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e <i>.)</i>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b				
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_MO,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			onlv)
-	available for public inspection. Indicate how you made these available. Check all that apply.	' ('	, (-,5	, /
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
-	financial statements available to the public during the tax year.			,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: <b>&gt;</b>		
. •	The state of the s			

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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than of is both cor/trust Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)ADMA, VISHAL	1.00									
DIRECTOR	1.00	X						0	0	0
_ <b>(2)</b> ALLEN, JEREMY	1.00									
DIRECTOR	1.00	Х						О	0	0
(3)ANDERSON, GINA DIRECTOR	$\frac{1.00}{1.00}$	X						0	0	0
(4)AVERY, MARK	1.00									
BOARD CHAIR	1.00	Х		Х				0	0	0
(5)BARTON, C. ROBERT FINANCE CHAIR	1.00	Х		Х				0	0	0
(6)CAHILL, PATTY	1.00								3	
DIRECTOR	1.00	Х						C	0	0
(7)KANDER, DIANA	1.00									
DIRECTOR	1.00	Х						O	0	0
(8)KORSCHOT, JOHN DIRECTOR	1.00	Х						O	0	0
(9)LATSHAW, MARGARET	1.00									
DIRECTOR	1.00	Х						C	0	0
(10)MCLAUGHLIN LESLEY, SIOBHAN	1.00									
DIRECTOR, SECRETARY	1.00	Х		Х				C	0	0
(11)MILLER, SUSAN	1.00									
DIRECTOR	1.00	Х						0	0	0
(12)ROBINSON, ROBERT	1.00									
DIRECTOR	1.00	Х						0	0	0
(13)SHAETZ, GARY DIRECTOR	1.00	Х						C	0	0
(14)SENTER, JR., JAMES	1.00									
DIRECTOR	1.00	Х						C	0	0

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	yee	es,	and H	ug	nest Compensat	ea ⊨mpioyees (c	ontinue	d)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average				ition			Reportable	Reportable		timated	
	hours per	,				than or		compensation	compensation from		ount of	
	week (list any hours for					is both a or/truste		from	related		other pensation	n
	related							the organization	organizations (W-2/1099-MISC)		om the	
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Forme	(W-2/1099-MISC)	(**-2/1033-141100)	_	anization	
	below dotted	dual	l tio	_	nplc	st co	Ä	(			l related	
	line)	T trus	a t		уеє	풹				orga	nizations	,
		tee	uste			ens						
			ď			Highest compensated employee						
15) SMART, ROBERT	1.00											
DIRECTOR	1.00	Х						0	0			C
16) WALKER, ADAM	1.00											
DIRECTOR	1.00	X						0	0			C
17) WINGER, CHRISTOPHER	1.00											
DIRECTOR	1.00	X						0	0			C
18) COHEN, JOAN	1.00											
DIRECTOR	1.00	X						0	0			C
19) WILLIAMS, STEFANY	46.00											
PRESIDENT/CEO	20.00			Х				116,250.	0		17,89	<del>3</del> 3.
	·	-										
	+	-										
	+	1										
	+	1										
	+											
1b Sub-total							_	0	0			0
c Total from continuation sheets to Part VII, S							•	116,250.	0		17,89	<del>3</del> .
d Total (add lines 1b and 1c)							•	116,250.	0		17,89	
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of			
reportable compensation from the organization		1	L			,						
											Yes	No
3 Did the organization list any former office	cer, directo	or, or	tru	ıste	e,	key e	mp	loyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the	sum of rer	oortah	ole r	com	pen	sation	ומן	nd other compens	sation from the			
organization and related organizations gr												
individual										4		X

### for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

(A) Name and business address	(B) Description of services	(C) Compensation
SYNERGY STAFFING SERVICES OVERLAND PARK, KS 66210	TEMPORARY STAFFING	176,380.
WILKS BROADCASTING KANSAS CITY, MO 64111	RADIO ADVERTISING	115,510.
PRO DRIVERS ATLANTA, GA 30368-2409	TEMPORARY STAFFING	111,229.
ALLIED STAFFING, LLC SHAWNEE MISSION, KS 66225	TEMPORARY STAFFING	103,444.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 4

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<b>Part VIII</b>	Statement	of	Revenue
------------------	-----------	----	---------

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VII	1		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t s	1a	Federated campaigns 1a	38,779.				
iran oun	b	Membership dues					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events 1c					
	d	Related organizations					
	e	Government grants (contributions). 1e	97,339.				
	f	All other contributions, gifts, grants,					
듗		and similar amounts not included above . 1f	151,423.				
on t	g	Noncash contributions included in lines 1a-1f: \$	9,767.				
	h	Total. Add lines 1a-1f		287,541.			
nue			Business Code				
eve	2a	THRIFT STORE/SALVAGE	453000	21,095,789.	21,095,789.		
Program Service Revenue	b	SHELTERED EMPLOYMENT/REHAB	541900	777,615.	777,615.		
Σic	С						
Se	d						
аш	е						
ıbo.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> ▶</u>	21,873,404.			
	3	Investment income (including divider	nds, interest,				
		and other similar amounts)		0			
	4	Income from investment of tax-exempt bond		0			
	5	Royalties	(ii) Personal	0			
	_	V	(ii) i cisoriai				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)  Net rental income or (loss)					
	d   7a	Gross amount from sales of (i) Securities	(ii) Other	0			
	' u	assets other than inventory	(1) 0 1101				
		•					
	b	Less: cost or other basis	394.				
		and sales expenses Gain or (loss)	-394.				
	c d	Net gain or (loss)		-394.			-394.
Φ	8a	Gross income from fundraising		331.			331.
ב	""	events (not including \$					
Š		of contributions reported on line 1c).					
8		See Part IV, line 18 a					
Other Revenue	b	Less: direct expenses b					
Ħ	С	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	MANAGEMENT FEES	551112	279,878.			279,878.
	b						
	С	<del>-</del>					
	d	All other revenue		191,385.			191,385.
	12	Total. Add lines 11a-11d		471,263.	21 072 404		470.060
	1.2	TOTAL LEVELING. OCC IIIOH UCHOHO		22,631,814.	21,873,404.		470,869.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10,876.	10,876.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0				
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	134,142.		134,143.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0				
7	Other salaries and wages	9,299,976.	7,982,520.	1,289,726.	27,729.	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,481.	36,849.	12,632.		
9	Other employee benefits	793,952.	621,121.	172,687.	144.	
10	Payroll taxes	766,885.	568,619.	196,313.	1,953.	
11	Fees for services (non-employees):					
	Management	04 072	16 641	0.220		
	Legal	24,973. 38,299.	16,641.	8,332. 37,769.		
	Accounting	38,299.	530.	37,709.		
	I Lobbying	0				
	Professional fundraising services. See Part IV, line 17.	0				
	I Other (%)	0				
٤	Other. (If line 11g amount exceeds 10% of line 25, column	547,582.	454,333.	93,114.	135.	
12	(A) amount, list line 11g expenses on Schedule O.).  Advertising and promotion	331,671.	294,274.	36,506.	891.	
13	Office expenses	894,019.	781,564.	109,690.	2,765.	
14	Information technology	124,920.	79,991.	42,916.	2,013.	
15	Royalties	0				
16	Occupancy	5,111,743.	4,946,056.	165,323.	364.	
17	Travel	733,160.	718,807.	14,304.	49.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	33,688.	11,000.	22,688.		
20	Interest	40,408.	35,123.	5,285.		
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	508,175.	456,549.	51,626.	0 535	
23	Insurance	327,243.	273,279.	51,427.	2,537.	
24	Other expenses. Itemize expenses not covered					
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
_	MEMBERSHIPS	157,976.	423.	157,553.		
-	COST OF MERCHANDISE SOLD	645,998.	645,998.	137,333.		
	LOSS ON LEASE OBLIGATION	41,868.	3 13 7 3 3 3 .	41,868.		
		,000.		, 000		
	All other expenses	310,338.	229,942.	80,396.		
	Total functional expenses. Add lines 1 through 24e	20,927,373.	18,164,495.	2,724,298.	38,580.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				·	
JSA	10110WITING SOF 30-2 (ASC 330-120)	0			F 000 (0044)	

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#### Part X Balance Sheet

		Charle if Cahadula O contains a reconomas ar		to any line in this Da	rt V		
		Check if Schedule O contains a response or	note	to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,510,109.	1	2,332,165.
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net	0	3	0		
	4	Accounts receivable, net			290,773.	4	528,385.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as	defined under section			
		and sponsoring organizations of section 501(c)(9) volu					
Ŋ		organizations (see instructions). Complete Part II of Sche			0	-	0
Assets	7	Notes and loans receivable, net			0	'	0
As		Inventories for sale or use			1,611,763.		1,681,263.
	9	Prepaid expenses and deferred charges			411,698.	9	393,210.
	10 a	Land, buildings, and equipment: cost or		F 020 006			
			10a		2 202 620	40-	1 005 000
	1	Less: accumulated depreciation			2,393,629.	_	1,985,082.
	11 12	Investments - publicly traded securities			30,000.	<del>                                     </del>	30,000.
	13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11			0		0
	14				0	1.0	0
	15	Intangible assets Other assets. See Part IV, line 11			0	1.7	0
	16	Total assets. Add lines 1 through 15 (must equal			6,267,972.	_	6,970,105.
	17	Accounts payable and accrued expenses			2,484,416.		2,149,517.
	18	Grants payable	0		0		
	19	Deferred revenue	45,381.	19	36,533.		
	20	Tax-exempt bond liabilities			0	20	0
S	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and for					
iabi		trustees, key employees, highest compen					
_		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			985,580.		796,508.
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		'	5 515 505		5 046 106
		of Schedule D			5,515,595.		5,046,106.
_	26	<b>Total liabilities.</b> Add lines 17 through 25			9,030,972.	26	8,028,664.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k nere 🕨 🔼 and			
anc	27	Unrestricted net assets			-2,766,888.	27	-1,060,648.
Bal	28	Temporarily restricted net assets			3,888.	28	2,089.
Б	29	Permanently restricted net assets		<u></u> <u>.</u>	0	29	0
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and			
ţ	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31	
t À	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Net	33	Total net assets or fund balances			-2,763,000.	33	-1,058,559.
	34	Total liabilities and net assets/fund balances			6,267,972.	34	6,970,105.

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Part	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	22,6	31,8	314.
2						
3						141.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	-2,7	63,0	000.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	-	-1,0	58,5	559.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			Г		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
•	Schedule O.			_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		: : :	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npileo	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			26	Х	
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:  Separate basis  X Consolidated basis  Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the contribution of the c		٠ ١	2c	х	
of the addit, review, of complication of its financial statements and selection of an independent accountant:						
	If the organization changed either its oversight process or selection process during the tax year, e	expiaii	n in			
2-	Schedule O.	+ f ~ "*!	, in			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as se	i forti	n in	3a		Х
h	the Single Audit Act and OMB Circular A-133?	orac	tho	Ju		
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		1110	3b		

#### SCHEDULE A (Form 990 or 990-EZ)

#### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection **Employer identification number** Name of the organization GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS 43-1125281 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Total

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Par	t II Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support			•	•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	, , , , , , ,	(a) 2010	(b) 2011	(6) 2012	(u) 2013	(6) 2014	(i) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	,				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Sup			44		44	0/
14 15	Public support percentage for 2014 (li Public support percentage from 2013						<u>%</u> %
	331/3% support test - 2014. If the o						
ıva	this box and <b>stop here.</b> The organization						
b	331/3% support test - 2013. If the o	-		_			
-	check this box and <b>stop here.</b> The orga	_					
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization						
	Part VI how the organization meets t	he "facts-and-o	circumstances" t	est. The organi	zation qualifies	as a publicly s	supported
	organization						▶ □
b	10%-facts-and-circumstances test - 2						, and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	d-circumstances	" test, check t	his box and <b>s</b> t	op here.
	Explain in Part VI how the organization	on meets the '	facts-and-circur	nstances" test.	The organization	on qualifies as	a publicly
18	supported organization  Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	ı, or 17b, check	this box and se	
	instructions						990 or 990-EZ) 2014

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#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

500	tion A Public Support	any ander the	tosto listoa bo	now, picase so	inpicto i ait ii	•)	
	tion A. Public Support	(2) 2010	(b) 2011	(a) 2012	(4) 2012	(a) 2014	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	317,067.	542,556.	502,415.	313,206.	287,541.	1,962,785.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	13,066,640.	16,185,893.	19,686,643.	21,211,347.	21,873,404.	92,023,927.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	13,383,707.	16,728,449.	20,189,058.	21,524,553.	22,160,945.	93,986,712.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
•	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						0
Ŭ	line 6.)						02 006 712
Sec	tion B. Total Support						93,986,712.
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
_	, , , , , ,		. ,	. ,	. ,	`,	
9 10 a	Amounts from line 6.  Gross income from interest, dividends,	13,383,707.	16,728,449.	20,189,058.	21,524,553.	22,160,945.	93,986,712.
···	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	76,892.	94,302.	759.	237.		172,190.
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	76,892.	94,302.	759.	237.		172,190.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1	889,395.	658,583.	536,414.	493,341.	471,263.	3,048,996.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	14,349,994.	17,481,334.	20,726,231.	22,018,131.	22,632,208.	97,207,898.
14	First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year a	s a section 501(d	c)(3)
	organization, check this box and stop here						▶ 🔼
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2014 (line 8	, column (f) divide	d by line 13, colun	nn (f))		15	96.69%
16	Public support percentage from 2013 Sche	edule A, Part III, lin	e 15			16	96.82%
Sec	tion D. Computation of Investmen					'	
17	Investment income percentage for 2014 (li			3, column (f))		17	.18%
18	Investment income percentage from 2013					18	.28%
	331/3% support tests - 2014. If the org				line 15 is more		
. <b>.</b> . u	17 is not more than 331/3%, check th	-					. $\square$
h	331/3% support tests - 2013. If the orga	-	•	•			
D	line 18 is not more than 331/3%, check						. $\square$
20	Private foundation If the organization		-				

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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•	·	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	24		
_	-	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must com	nplete S	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Costina D. Minimum Aport Amount		(A) B: V	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting	g organization (see

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instructions).

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Part	V Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organizat</b>	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
(	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b				
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b				
C				
d	Excess from 2013			
	Excess from 2014			
•				

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				<u>AT</u> "	FACHMENT 1		
SCHEDULE A, PART III - OTHER INCOME							
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL	
MISCELLANEOUS INCOME	217,875.	69,125.	110,938.	174,826.	191,385.	764,149.	
MANAGEMENT FEES	671,520.	589,458.	425,476.	318,515.	279,878.	2,284,847.	
TOTALS	889,395.	658,583.	536,414.	493,341.	471,263.	3,048,996.	

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service

**Employer identification number** 

Name of the organization GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS 43-1125281 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 
▶ \$ \_\_\_\_\_\_

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS

Employer identification number

			43-1125281
Part I Cont	ributors (see instructions). Use duplicate copies	s of Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$44,801.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Hame, address, and 2n + 4	\$ 38,779.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$25,888. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$\$ <u>24,590</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS

Employer identification number

43-1125281

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is ne	eded.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		<b>*</b>	

	rganization GOODWILL OF WESTERN MIS	SOURI & EASTERN KANSA	AS Employer identification number				
			43-1125281				
Part III	that total more than \$1,000 for the ye	ear from any one contribute completing Part III, enter the year. (Enter this information	ons described in section 501(c)(7), (8), or (10 or. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., once. See instructions.) ▶\$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Fullpose of gift	(c) use of grit	(u) Description of now girt is field				
	(e) Transfer of gift						
		(e) Transfer of gift					
	Transferee's name, address, and		Relationship of transferor to transferee				
	Transferee's name, address, and		Relationship of transferor to transferee				
(a) No. from Part I	Transferee's name, address, and		Relationship of transferor to transferee  (d) Description of how gift is held				
from		ZIP + 4					
from		ZIP + 4					
from		ZIP + 4					
from		ZIP + 4  (c) Use of gift  (e) Transfer of gift					

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE D (Form 990)

Department of the Treasury

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047
2014
Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS 43-1125281 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 **\$**\_\_\_\_ ▶ \$

Schedule D (Form 990) 2014

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Page	

Par	Tell Organizations Maintaining Colle	ctions of Art, Hist	orical Treasures	s, or Other Simil	ar Assets (contin	nued)
3	Using the organization's acquisition, acces	sion and other recor	ds check any of t	he following that a	are a significant us	e of its
·	collection items (check all that apply):	olon, and other recor	as, or core arry or	ino ronowing that t	are a eiginneant as	0 01 110
а	Public exhibition	d [	Loan or exchan	ne nrograms		
b	Scholarly research	e –				
C	Preservation for future generations	· _				
4	Provide a description of the organization's	collections and expla	ain how they furth	er the organization	's evemnt nurnose	in Part
7	XIII.	concentions and expire	ani now they furth	ci tile organization	3 exempt purpose	III I ait
5	During the year, did the organization solicit of	or receive donations c	of art historical trea	sures or other simil	lar	
•	assets to be sold to raise funds rather than to					No
Par	t IV Escrow and Custodial Arrangement					
ıaı	or reported an amount on Form 9		ic organization at	iswered res to i	om soo, raitiv	, 11110 0,
1a	Is the organization an agent, trustee, custoo	dian or other intermed	liary for contributio	ns or other assets no	ot	
	included on Form 990, Part X?		•			No
b	If "Yes," explain the arrangement in Part XII					
		·		Д	Amount	
С	Beginning balance		1	С		
d	Additions during the year					
е	Distributions during the year			е		
f	Ending balance					
2a	Did the organization include an amount on F			custodial account lia	ability? Yes	No
b	If "Yes," explain the arrangement in Part XII	II. Check here if the e	xplanation has been	provided in Part XIII		
Par						
		rrent year (b) Price		i	years back (e) Four ye	ars back
1a	Beginning of year balance					
b	Contributions					
	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	i)) held as:		
а	Board designated or quasi-endowment	%				
b	Permanent endowment > %					
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c sho	•				
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered for	the	
	organization by:				Ye	es No
	(i) unrelated organizations					
	(ii) related organizations				3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	•			3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.		_	
Par	t VI Land, Buildings, and Equipment. Complete if the organization answers	wered "Yes" to Forn	n 990 Part IV lin	a 11a See Form (	990 Part X line 1	Λ
	Description of property	(a) Cost or other basis	(b) Cost or other basis		(d) Book value	
		(investment)	(other)	depreciation		
1a	Land		350,817			,817.
b	Buildings		72,232			,927.
C	Leasehold improvements		2,711,027			3,640.
d	Equipment		2,272,536			1,363.
e	Other		526,374			,335.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line	10(c).) ▶	1,985	082.

Schedule D (Form 990) 2014 Page **3** 

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" to Form 990.	. Part IV. line 11b. See F	Form 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuation: -of-year market value
(1) Financia	al derivatives			
	held equity interests			
( <u>A)</u>				
(B)				
(C)				
(D)				
<u>(E)</u>				
<del>(F)</del>				
(G)				
(H)	(h) mark a mark 5 mm 000 Park V and (D) line 10 )			
$\overline{}$	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	d "Voc" to Form 000	Part IV line 11c See F	Form 000 Part V line 13
	(a) Description of investment	(b) Book value		hod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	d "Yes" to Form 990,	, Part IV, line 11d. See F	Form 990, Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
_(2)				
_(3)				
(4)				
_(5)				
(6)				
(8)				
(9) Tatal (Cata	was the second second forms one for the second to	line 45 )		
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		•
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" to Form 990	, Part IV, line 11e or 11f	. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie	
(1) Feder	al income taxes			
_ ` '	TO AFFILIATES	5,046,	106.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 5,046,3	106.	
2 Liability fo	or uncertain tay positions. In Part XIII, provide the	toxt of the feetnets to	the organization's financial s	tataments that reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnal Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	26,513,545.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)  2d 4,161,609		
e	Add lines 2a through 2d	2e	4,161,609.
3	Subtract line 2e from line 1	3	22,351,936.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)  4b 279,878		
С	Add lines 4a and 4b	4c	279,878.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	22,631,814.
Part			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	24,481,968.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)  2d 3,747,552		
е	Add lines 2a through 2d	2e	3,747,552.
3	Subtract line 2e from line 1	3	20,734,416.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)  4b 192,957	<u>.</u>	
С	Add lines 4e and 4h	4c	192,957.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	20,927,373.
Part			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor		
		mation	•
	PAGE 5		

JSA 4E1271 1.000

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#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

RELATED ORGANIZATION'S REVENUE

\$4,161,609

SCHEDULE D, PART XI, LINE 4B

RECLASS MANAGEMENT FEES

\$ 279,878

SCHEDULE D, PART XII, LINE 2D

RELATED ORGANIZATION'S EXPENSES

\$3,747,552

SCHEDULE D, PART XII, LINE 4B

INTERCOMPANY CONTRACT SERVICES

\$ 192,957

#### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization						Employer identification	on number
GOODWILL OF WESTERN MISSOURI & EA	43-1125281						
Part I General Information on Grants an	d Assistanc	е				•	
<ul> <li>Does the organization maintain records to s</li> <li>the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ul>	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to	<b>Domestic Or</b> hat received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Combe duplicated if a	nplete if the organiza additional space is no	ntion answered "Ye eeded.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
_(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) ar	d governmer	t organizations	listed in the line 1 t	able		<u></u>	
3 Enter total number of other organizations	iistea in the II	ne i table		<del></del>		<u> </u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Page 2

Schedule I (Form 990) (2014)

Part III	Grants and Other Assistance to Individuals in the United States. Comple	ete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 VOUCHERS	438.		10,876.	FMV	CLOTHES & HOUSEWARES
2					
3					
4					
5					
6					
_7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

THE AGENCY OFFERS FOUR DIFFERENT PROGRAMS. ALL VOUCHERS ARE ISSUED TO INDIVIDUALS AND ARE REDEEMED AT ANY OF OUR STORES FOR CLOTHING AND HOUSEHOLD GOODS. THE FIRST PROGRAM IS IN CONJUNCTION WITH A BATTERED WOMEN'S SHELTER. THEIR CLIENTS RECEIVE VOUCHERS WHEN THEY LEAVE THE PROGRAM TO ALLOW THEM TO SET-UP THEIR NEW HOME AND GET CLOTHING FOR THEIR CHILDREN AND THEMSELVES. THE SECOND PROGRAM IS THROUGH OUR HOMELESS JOB HUNTERS PROGRAM. WHEN A CLIENT GETS A JOB THEY RECEIVE A VOUCHER TO GET WORK CLOTHES. WE ALSO HAVE A PROGRAM WITH THE DEPARTMENT OF CORRECTIONS FOR RECENT PAROLEES TO RECEIVE A VOUCHER FOR CLOTHING. WE OFFER VOUCHERS

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

TO DISABLED INDIVIDUALS WHO ARE NOT RECEIVING SERVICES THROUGH ANY

SERVICE PROVIDER TO RECEIVE A VOUCHER TO HELP THEM WITH CLOTHING AND

HOUSEHOLD GOODS, THE ONLY REQUIREMENT IS VERIFICATION OF DISABILITY AND

BUDGET AVAILABILITY.

Schedule I (Form 990) (2014)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS

Employer identification number 43-1125281

FORM 990, PART VI, SECTION B, LINE 11B

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE DRAFT

990 IS THEN REVIEWED BY THE CEO AND CFO OF THE ORGANIZATION. ANY

QUESTIONS OR CONCERNS ARE ADDRESSED AT THAT TIME AND ANY ADJUSTMENTS

THAT NEED TO BE MADE ARE MADE. THE FINAL FORM 990, WITH ALL REQUIRED

SCHEDULES, IS PROVIDED TO ALL FINANCE COMMITTEE MEMBERS FOR REVIEW

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C

AN ANNUAL STATEMENT IS OBTAINED FROM EACH OFFICER, KEY EMPLOYEE AND

MEMBER OF THE BOARD STATING IF THERE ARE ANY CONFLICTS OF INTEREST OR

OTHER ISSUES THAT MIGHT RESULT IN A CONFLICT OF INTEREST. THESE ARE

REVIEWED AND RECOMMENDATIONS ARE MADE REGARDING ANY IDENTIFIED

CONFLICT. THIS CAN INCLUDE ABSTAINING FROM VOTING ON AN ITEM IN

CONFLICT OR BEING ASKED TO STEP DOWN FROM THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS' BOARD OF DIRECTORS HAS

GIVEN THE EXECUTIVE COMMITTEE OVERSIGHT FOR COMPENSATION AND PERFORMANCE

REVIEW OF THE CEO. IN DETERMINING THE CEO'S COMPENSATION, THE EXECUTIVE

COMMITTEE REVIEWS THE CEO'S CURRENT SALARY, COMPARABILITY DATA PROVIDED

BY GOODWILL INDUSTRIES INTERNATIONAL FOR SIMILAR SIZE AND REVENUE IN A

COMPARABLE REGION, AND THE CEO'S PERFORMANCE REVIEW. THE CEO'S

PERFORMANCE REVIEW IS CONDUCTED BY THE EXECUTIVE COMMITTEE AND INCLUDES

INPUT FROM A BOARD MEMBER QUESTIONNAIRE AND THE CEO'S SELF-REVIEW. THERE ARE TWO SIGNIFICANT SECTIONS FOR THE REVIEW - CURRENT YEAR PERFORMANCE AND CORE ATTRIBUTES/VALUES FOR THE POSITION. THESE GOALS ARE THE MEASUREMENTS FOR COMPENSATION. THE EXECUTIVE COMMITTEE MEETS IN A CLOSED SESSION TO APPROVE OR AMEND THE RECOMMENDED COMPENSATION. ANY INCREASE IN COMPENSATION OR BENEFITS WILL BE EFFECTIVE JANUARY 1ST.

OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS CALCULATED USING THE FOLLOWING:

- -COMPARABILITY TO CURRENT INCUMBENTS WITHIN THE AGENCY
- -DATA RECEIVED FROM GOODWILL INDUSTRIES INTERNATIONAL REGARDING WAGES OF LIKE-SIZED AGENCIES
- -DATA FROM THE BUREAU OF LABOR STATISTICS AND OTHER SITES GIVING WAGES BY LOCATION, JOB FUNCTION, AND AGENCY TYPE

THESE MEASUREMENTS ARE PROVIDED TO THE CEO FOR DETERMINATION OF COMPENSATION BASED ON THESE ITEMS AND A PERFORMANCE REVIEW (IF ANNUAL REVIEW). ANNUAL REVIEWS ARE DONE FOR OFFICERS AND KEY EMPLOYEES USING THE SAME PROCESS USED BY ALL STAFF. REVIEWS ARE TO COMPLETED BY DECEMBER 31ST AND PAY INCREASES, IF ANY, ARE EFFECTIVE JANUARY 1ST.

FORM 990, PART VI, SECTION C, LINE 19 GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS OPERATES A WEBSITE, THE ADDRESS IS WWW.MOKANGOODWILL.ORG. THE AGENCY'S WEBSITE HIGHLIGHTS SERVICES, DONATIONS, AND STORE SITES AND HAS AN ICON FOR FRAUD REPORTING. THIS IS A WEBSITE HOSTED BY ETHICS POINT. THROUGH THIS

Name of the organization

GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS

Employer identification number

43-1125281

PORTAL ARE THE CURRENT POLICIES ON CONFLICTS OF INTEREST, WHISTLE
BLOWER, AND OUR CODE OF CONDUCT. THIS SITE ALLOWS ANYONE TO MAKE FRAUD
REPORTS ANONYMOUSLY WHILE ENGAGING IN ON-LINE CONVERSATIONS. THE
ORGANIZATION PROVIDES UPON REQUEST, COPIES OF OUR ARTICLES OF
INCORPORATION AND BY-LAWS. AUDITED FINANCIAL STATEMENTS ARE MADE
AVAILABLE THROUGH WWW.MOKANGOODWILL.ORG, THE LOCAL COMMUNITY FOUNDATION
(WWW.GKCCF.ORG) AND BY REQUEST.

(c)

(d)

(e)

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

#### **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

(a)

OMB No. 1545-0047 Open to Public Inspection

(f)

Employer identification number GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS 43-1125281

(b)

Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct cor enti	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	Complete if the tax year.	e organization answ	rered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activit	y Legal domicile (stat or foreign country)	l '	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled iity?
						Yes	No
(1) HELPING HAND OF GOODWILL INDS EXT EMP SH 43-1195708							
1817 CAMPBELL KANSAS CITY, MO 64108	SERVICE	MO	501(C)(3)	7	N/A		X
1817 CAMPBELL KANSAS CITY, MO 64108	SERVICE	MO	501(C)(3)	7	N/A		X
	SERVICE	MO	501(C)(3)	7	N/A		Х
(2)	SERVICE	MO	501(C)(3)	7	N/A		Х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

JSA 4E1307 1.000

(6)

(7)

Schedule R (Form 990) 2014 Page **2** 

ldentification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) (b) (c) (d) (g) (h) (i) (j)

	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets		h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or naging tner?	(k) Percentage ownership
			oounity)		,			Yes	No		Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
<u>(1)</u>							Yes No
(2)							
(4)							
(5)							
(6)							
<u>(7)</u>							

JSA

4E1308 1.000

Schedule R (Form 990) 2014

Page 3

							_
Par	Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Par	rt IV, line 34, 35b, or 36.				
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				1	Yes 1	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ
b	Gift, grant, or capital contribution to related organization(s)				1b		Χ
С					1c		Χ
d	Loans or loan guarantees to or for related organization(s)				1d		Χ
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s).				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r	Х	
s	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and trans	action thre	sholds		
	(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter int invol		ı
(1)							
(2)							
<u>(3)</u>							
<u>(4)</u>							
(5)							

JSA 4E1309 1.000

(6)

Schedule R (Form 990) 2014

Page 4

# Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	ij) eral or aging ner?	(k) Percentag ownershi
			sections 512-514)	Yes				Yes	No	(1 01111 1003)	Yes	No	
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
0)													
11)													
2)													
3)													
4)													
5)													
(6)													-

JSA

4E1310 1.000

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 Page **5** 

# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2014 or other tax year beginning 01/01, 2014, and ending 12/31, 20 14 Department of the Treasury ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Check box if Name of organization ( Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed **B** Exempt under section GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS Print X | 501( C )( 3 ) Number, street, and room or suite no. If a P.O. box, see instructions. 43-1125281 E Unrelated business activity codes 408(e) 220(e) Type (See instructions.) 1817 CAMPBELL 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets KANSAS CITY, MO 64108 at end of year Group exemption number (See instructions.) ▶ Check organization type | X | 501(c) corporation 6,970,105. 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ ATTACHMENT During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of TONYA BROWN Telephone number ▶ 816-842-7425 (A) Income Part I Unrelated Trade or Business Income (C) Net (B) Expenses Gross receipts or sales b Less returns and allowances c Balance ▶ Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts С 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 0 Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Interest (attach schedule) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26

JSA For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

27

28

29 30

31

32

33

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

27

30

31

32

# Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

intoma novoma	CONTOC			•			
	filing for an Automatic 3-Month Extension, o						>
=	filing for an Additional (Not Automatic) 3-Mo plete Part II unless you have already been gran		-	· · · -			969
•	,						
a corporation 8868 to req Return for <sup>-</sup>	<b>ling (e-file).</b> You can electronically file Form to required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Persona. For more details on the electronic filing of the	nal (not aut forms liste Il Benefit (	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus	nsion of time. You can exith the exception of Fo t be sent to the IRS	elec orm in	tronio 8870 pape	cally file Form o, Information r format (see
Part I Au	tomatic 3-Month Extension of Time. On	ly submit	original (no copies no	eeded).			
A corporatio	n required to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and cor	nple	ete	
Part I only							<b>▶</b> X
All other cor	porations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use	Form 7004 to request an	ext	ensic	on of time
to file incom	e tax returns.			Enter filer's identifyir	ıg nı	ımber,	, see instructions
Tuna ar	Name of exempt organization or other filer, see in	structions.		Employer identification nu	ımb	er (EII	N) or
Type or							
print	GOODWILL OF WESTERN MISSOURI			43-112528	1		
File by the due date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (S	SN)		
filing your	1817 CAMPBELL						
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
	KANSAS CITY, MO 64108						
Enter the Re	eturn code for the return that this application i	is for (file a	a separate application fo	or each return)			0 7
		,	•				
Application		Return	Application				Return
ls For		Code	Is For				Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporate	tion)			07
Form 990-Bl	=	02	Form 1041-A				08
Form 4720 (	(individual)	03	Form 4720 (other tha	ın individual)			09
Form 990-PF		04	Form 5227				10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T	(trust other than above)	06	Form 8870				12
Telephone If the orga If this is for the whole a list with the until for the X	anization does not have an office or place of the arrange and EINs of all members the extensions an automatic 3-month (6 months for a correlation's return for: calendar year 20 14 or tax year beginning ■ ■ TONYA BROWN, 1817  ■ No. ► 816 842-7425  ■ anization does not have an office or place of the arrange and EINs of all members the extensions and automatic 3-month (6 months for a correlation) and the arrange and EINs of all members the extensions and EINs of all members the extensions are the arrange and EINs of all members	business ir digit Grof it is for pation is for.  poration reexempt org	FAX No.   In the United States, che pup Exemption Number art of the group, check required to file Form 990 ganization return for the	ck this box	bov	and	
3a If this nonrefu	hange in accounting period application is for Form 990-BL, 990-PF, 99undable credits. See instructions.  application is for Form 990-PF, 990-T,	90-T, 4720	, or 6069, enter the	tentative tax, less any		\$	0
	ted tax payments made. Include any prior yea				3b	\$	0
	e due. Subtract line 3b from line 3a. Include				100	<b> </b>	0
	onic Federal Tax Payment System). See instru			,, .,g	3с	\$	0
	u are going to make an electronic funds withdrawal		it) with this Form 8868, s	ee Form 8453-EO and Form	_		
instructions.	- <del>-</del>		,				

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

Par	t III	Tax Computation	<u>1</u>									
35	Organ	izations Taxable as	Corporations. S	See instructio	ns f	or tax compu	itation. Co	ntrolled gr	oup			
	membe	rs (sections 1561 and 1	1563) check here	See ins	tructi	ons and:						
а	Enter y	our share of the \$50,0	000, \$25,000, and	\$9,925,000 t	axabl	le income brad	ckets (in th	nat order):				
	(1) \$		(2) \$		(	3) \$						
b	Enter o	rganization's share of: (1)	Additional 5% tax (n	ot more than S	\$11,7	50)	\$					
		itional 3% tax (not more										
		tax on the amount on lin							▶ 35	ic		
	Trusts	Taxable at Trust				tax computa		ome tax	on			
	the am	ount on line 34 from:	Tax rate schedule	or S	chedu	ule D (Form 104	1)		. ▶ 3	6		
37	Proxy t	ax. See instructions								7		
38	Alterna	tive minimum tax							3	В		
39	Total. A	odd lines 37 and 38 to lin	ne 35c or 36, whichev	er applies					3	9		
Par	t IV	Tax and Payment	its									
40 a	Foreign	tax credit (corporations	attach Form 1118; tr	usts attach For	m 11	16) 4	l0a					
b	Other o	redits (see instructions).				4	l0b					
		l business credit. Attach										
d	Credit f	or prior year minimum ta	ax (attach Form 8801	or 8827)		4	l0d					
е	Total c	redits. Add lines 40a thro	ough 40d						40	e		
41	Subtrac	ct line 40e from line 39.					. <u></u>		4	1		
42	Other ta	xes. Check if from: Form	rm 4255 Form 861	11 Form 8	3697	Form 8866	Other	(attach sched	ule) <b>. 4</b> 2	2		
43	Total ta	ax. Add lines 41 and 42							4:	3		0
		nts: A 2013 overpayment										
		stimated tax payments.										
		oosited with Form 8868.										
d	Foreign	organizations: Tax paid	I or withheld at source	(see instruction	ns) .							
	•	withholding (see instruct	·				4e					
		or small employer health		,	,		14f					
g		redits and payments:	Form	2439								
		orm 4136				Total ► 4						
		ayments. Add lines 44a t							1 11 -	_		
		ted tax penalty (see instru										
		e. If line 45 is less than the										
		yment. If line 45 is large				amount overpaid	d			_		
49 Pow		e amount of line 48 you want				Other Infe	mation	Refunde		9		—
Par		Statements Rega								var a financial	Yes	No
ı	-	time during the 2014 cal t (bank, securities, or othe	· · · · · · · · · · · · · · · · · · ·	-			-		-		163	
		nd Financial Accounts. If Y			_		ve to file Fil	ICEN FUIII	114, кер	ort or Foreign		X
2		the tax year, did the orga	,	J		,	or of or tra	neferor to	foreign	truet?		X
		see instructions for other				vas it tile grant	or or, or tra	noicioi to, a	Torcigir	ilust:		
		ne amount of tax-exempt	ŭ	•		av vear ▶ \$						
		A - Cost of Goods										
		ry at beginning of year				Inventory at e	nd of vear		6	;		
		ses				Cost of go						
3		labor	_		1	6 from line						
4 a		nal section 263A costs			1	Part I, line 2				•		
	(attach	schedule)	4a		8	Do the rule				respect to	Yes	No
		costs (attach schedule)			1	property pro			•	•		
		add lines 1 through 4b			1	to the organiza						Х
		nder penalties of perjury, I decl				companying schedule	es and stateme	ents, and to the			belief, it	is true,
Sign	)   C	orrect, and complete. Declaration	of preparer (other than taxp	ayer) is based on a	II inforr	nation of which prep	arer has any kr	iowledge.	May t	he IRS discuss	thic r	oturn
Here					_					he prep <u>arer</u> s		
	S	ignature of officer		Date		Title			(see ins	tructions)? X Y	es	No
D		Print/Type preparer's name	ie	Preparer's si	gnatur	e	Date		Check	if PTIN		
Paid		MICHAEL J ENGLE	E						self-emple		8283	4
Prep	arer Only	Firm's name ▶ BKD,							Firm's EIN	<b>▶</b> 44-016	0260	
<u></u>	Jilly	Firm's address ▶ 1201	WALNUT, SUIT	TE 1700					Phone no			
		KANS	SAS CITY, MO	64106-22	46					Form 9	90-T	(2014)

Form 990-T (2014) Page **3** 

Schedule C - Rent Incom (see instructions)	e (From Real Pr	operty a	and Personal Prop	erty l	Leased Wi	th Real Prope	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accr	ued					
(a) From personal property (if the for personal property is more than 50%	han 10% but not	percer	From real and personal prontage of rent for personal proor if the rent is based on pr	operty	exceeds			nected with the income ) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total		Total				(b) Total deduction	one	
(c) Total income. Add totals of o	6, column (A)	<u></u>				Enter here and o Part I, line 6, colu	n page 1,	
Schedule E - Unrelated D	ept-Financed in	come (s	see instructions)		3 De	ductions directly co	nnected wi	th or allocable to
1. Description of de	ht-financed property		2. Gross income from allocable to debt-finance		<b>3.</b> Do		ced property	
	Drimanood proporty		property	,cu		line depreciation schedule)		Other deductions attach schedule)
(1)								
(2)								
(3)								
4. Amount of average	5. Average adjust	ted hasis						
acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocab debt-financed p (attach sched	le to roperty	6. Column 4 divided by column 5			come reportable 2 x column 6)	(colum	llocable deductions n 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals	tions included in col	es, and I		►	Part I, line Organizati		Part I,	ere and on page 1, line 7, column (B).
		E	exempt Controlled Or	ganiz	ations			
Name of controlled organization	2. Employer identification nun	nber	3. Net unrelated income (loss) (see instructions)		otal of specified yments made	5. Part of column included in the corganization's gro	ontrolling	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Orga	nizations							
7. Taxable Income	8. Net unrelated (loss) (see instru		9. Total of specifi payments made		include	t of column 9 that is ed in the controlling ation's gross income	cor	Deductions directly nected with income in column 10
(1)								
(2)								
(3)								
(4)								
					Enter h	columns 5 and 10. here and on page 1, line 8, column (A).	Ent	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).
Totals					<b>P</b>			

Form **990-T** (2014)

Schedule G - Investment In	come of a Sec	ction 501(c	)(7),	(9), or (17) Orga	nizat	ion (see inst	ruct	ions)		
1. Description of income	2. Amount o	f income		3. Deductions directly connected (attach schedule)		<b>4.</b> Set (attach				i. Total deductions nd set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, c									er here and on page 1, rt I, line 9, column (B).
Totals ▶										
Schedule I - Exploited Exe	mpt Activity In	come, Othe	r Tha	an Advertising In	com	<b>e</b> (see instru	ctio	ns)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected v production unrelated business inco	vith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fror is	Gross income n activity that not unrelated siness income		<b>6.</b> Expenses ttributable 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 an page 1, Par line 10, col.	t I,							Enter here and on page 1, Part II, line 26.
Totals ► Schedule J - Advertising In	some (ass instr	· · otiono)								
			!	data d Dania						
Part I Income From Peri	odicals Repor	ted on a Co	nsoli	4. Advertising						7. Excess readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising co		gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	€	i. Readership costs		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 Per 2 through 7 on a li			Sepai	rate Basis (For e	each	periodical I	iste	d in Part	II,	fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising o	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	€	Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)									$\top$	
(3)										
(4)										
Totals from Part I										
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Par line 11, col.	t I,							Enter here and on page 1, Part II, line 27.
Schedule K - Compensatio	n of Officers 5	Directors of	nd Tr	ustons (con instri	ıction	c)				
Schedule K - Compensatio	ii oi Oiliceis, L	Thectors, an	iu II	usiees (see insire	JCtion	3. Percent of				
1. Name				2. Title		time devoted to business	0			tion attributable to ed business
(1) ATCH 2							<u>%</u>			
(2)							<u>%</u>			
(3)							<u>%</u>			
(4)	ort II lic - 4.4						<u>%</u>			
Total. Enter here and on page 1, P	art II, IIII 14			<u> </u>			<u>.                                    </u>		-	Form <b>990-T</b> (2014

## ATTACHMENT 1

# ORGANIZATION'S PRIMARY UNRELATED 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
ADMA, VISHAL 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
ALLEN, JEREMY 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
ANDERSON, GINA 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
AVERY, MARK 1817 CAMPBELL KANSAS CITY, MO 64108	BOARD CHAIR	0	0
BARTON, C. ROBERT 1817 CAMPBELL KANSAS CITY, MO 64108	FINANCE CHAIR	0	0
CAHILL, PATTY 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
KANDER, DIANA 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
KORSCHOT, JOHN 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
LATSHAW, MARGARET 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
MCLAUGHLIN LESLEY, SIOBHAN 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR, SECRETARY	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
MILLER, SUSAN 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
ROBINSON, ROBERT 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
SHAETZ, GARY 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
SENTER, JR., JAMES 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
SMART, ROBERT 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
WALKER, ADAM 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
WINGER, CHRISTOPHER 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0
WILLIAMS, STEFANY 1817 CAMPBELL KANSAS CITY, MO 64108	PRESIDENT/CEO	0	0
COHEN, JOAN 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0

TOTAL COMPENSATION