

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning 01/01, 2016, and ending 12/31, 2016

2016

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type (501(c) corporation).

H Describe the organization's primary unrelated business activity: ATTACHMENT 1. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [X] No. J The books are in care of: MONICA GREER. Telephone number: 816-842-7425.

Part I Unrelated Trade or Business Income table with columns (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere table with columns (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees; Charitable contributions; Depreciation; etc.

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1563) check here [ ] See instructions and
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1)\$ [ ] (2)\$ [ ] (3)\$ [ ]
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750). . . . . \$ [ ]
(2) Additional 3% tax (not more than \$100,000) . . . . . \$ [ ]
c Income tax on the amount on line 34. . . . . 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041). . . . . 36
37 Proxy tax. See instructions . . . . . 37
38 Alternative minimum tax . . . . . 38
39 Tax on Non-Compliant Facility Income. See instructions . . . . . 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies . . . . . 40

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). . . . . 41a
b Other credits (see instructions). . . . . 41b
c General business credit. Attach Form 3800 (see instructions) . . . . . 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827). . . . . 41d
e Total credits. Add lines 41a through 41d . . . . . 41e
42 Subtract line 41e from line 40 . . . . . 42
43 Other taxes Check if from [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) . . . . . 43
44 Total tax. Add lines 42 and 43. . . . . 44 0.
45 a Payments. A 2015 overpayment credited to 2016 . . . . . 45a
b 2016 estimated tax payments . . . . . 45b
c Tax deposited with Form 8868. . . . . 45c
d Foreign organizations' Tax paid or withheld at source (see instructions) . . . . . 45d
e Backup withholding (see instructions) . . . . . 45e
f Credit for small employer health insurance premiums (Attach Form 8941) . . . . . 45f
g Other credits and payments [ ] Form 2439 [ ] Form 4136 [ ] Other [ ] Total 45g
46 Total payments. Add lines 45a through 45g . . . . . 46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. . . . . 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed . . . . . 48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid . . . . . 49
50 Enter the amount of line 49 you want Credited to 2017 estimated tax Refunded 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here [ ] Yes [X] No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . [ ] Yes [X] No
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ [ ]

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here [Signature] Date 11/10/17 Title INTERIM PRES./CEO
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only Print/Type preparer's name MICHAEL J ENGLE Preparer's signature Date NOV 10 2017 Check [ ] if self-employed PTIN P00482834
Firm's name BKD, LLP Firm's EIN 44-0160260
Firm's address 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone no 816 221-6300

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line		
<b>3</b> Cost of labor . . . . .	<b>3</b>		6 from line 5 Enter here and in		
<b>4a</b> Additional section 263A costs			Part I, line 2, . . . . .	<b>7</b>	
(attach schedule) . . . . .	<b>4a</b>				
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to	<b>Yes</b>	<b>No</b>
<b>5</b> Total. Add lines 1 through 4b . . . . .	<b>5</b>		property produced or acquired for resale) apply		
			to the organization? . . . . .		X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**2. Rent received or accrued**

<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
<b>Total</b>	<b>Total</b>	

**(c) Total income.** Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes a Totals row.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col 3 plus col 4). Includes a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). Includes a Totals row.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col 2 minus col 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4). Includes a Totals row.

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATCH 2		%	
(3)		%	
(4)		%	
<b>Total</b> . Enter here and on page 1, Part II, line 14 . . . . . ▶			

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
ABARCA, MANUEL 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
ABDULLAHI, HAYAT 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
ALLEN, JEREMY 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR, CHAIR	0	0.
BABER, JERRY 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR, TREASURER	0	0.
BARTON, C. ROBERT 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
CAHILL, PATTY 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
DORRIAN, KEITH P. 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
HICKOK, LISA 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
GREER, MONICA 1817 CAMPBELL KANSAS CITY, MO 64108	CFO	0	0.
MCLAUGHLIN LESLEY, SIOBHAN 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR, VICE CHAIR	0	0.

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
OTIS, RICK 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR, SECRETARY	0	0.
ROBINSON, ROBERT 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR,	0	0.
SCHADE, JODI 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
WILLIAMS, STEFANY 1817 CAMPBELL KANSAS CITY, MO 64108	PRESIDENT/CEO	0	0.
WINGER, CHRISTOPHER 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
DEGNAN, TIMOTHY 1817 CAMPBELL KANSAS CITY, MO 64108	BOARD MEMBER EMERITUS	0	0.
AVERY, MARK 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
CASAS, CARLOS 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
LUCK, AMY 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
SMART, ROBERT 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.

ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
WIEDENKELLER, KEITH 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
HAMILTON, STEVEN 1817 CAMPBELL KANSAS CITY, MO 64108	DIRECTOR	0	0.
TOTAL COMPENSATION			<u>0.</u>