

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

For calendar year 2015 or other tax year beginning 01/01, 2015, and ending 12/31, 2015.

2015

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

Form header section including: 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.

Form section H: Describe the organization's primary unrelated business activity. ATTACHMENT 1. Form section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Form section J: The books are in care of SCOTT WASSERMAN-PRES./CEO Telephone number 913-384-6500

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 4c Capital loss deduction for trusts, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule), 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

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.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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 Part I only

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Unbound	43-1243999
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1 Elmwood Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Kansas City, KS 66103	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than 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

• The books are in the care of ▶ Scott Wasserman, President/CEO 1 Elmwood Avenue, Kansas City, KS 66103

Telephone No. ▶ 913-384-6500 Fax No. ▶ 913-384-2211

- 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 for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until November 15, 20 16, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 15 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$
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.	3b	\$
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.	3c	\$

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 instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 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), ... 37 Proxy tax. See instructions ... 38 Alternative minimum tax ... 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116), ... 40 b Other credits (see instructions), ... 40 c General business credit. Attach Form 3800 (see instructions) ... 40 d Credit for prior year minimum tax (attach Form 8801 or 8827), ... 40 e Total credits. Add lines 40a through 40d ... 41 Subtract line 40e from line 39. ... 42 Other taxes. Check if from [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) ... 43 Total tax. Add lines 41 and 42 ... 44 a Payments: A 2014 overpayment credited to 2015 ... 44 b 2015 estimated tax payments ... 44 c Tax deposited with Form 8868. ... 44 d Foreign organizations: Tax paid or withheld at source (see instructions) ... 44 e Backup withholding (see instructions) ... 44 f Credit for small employer health insurance premiums (Attach Form 8941) ... 44 g Other credits and payments: [] Form 2439 [] Form 4136 [] Other ... Total ... 45 Total payments. Add lines 44a through 44g ... 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached, ... 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ... 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ... 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Refunded

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

1 At any time during the 2015 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 ... 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... 3 Enter the amount of tax-exempt interest received or accrued during the tax year

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

1 Inventory at beginning of year ... 2 Purchases ... 3 Cost of labor ... 4a Additional section 263A costs (attach schedule) ... 4b Other costs (attach schedule) ... 5 Total. Add lines 1 through 4b ... 6 Inventory at end of year ... 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. ... 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 of officer: Scott W... Date: 6-22-16 Title: President + 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: KEVIN ENSMINGER Preparer's signature: Date: Check [] if self-employed PTIN: P01310558 Firm's name: BKD, LLP Firm's EIN: 44-0160260 Firm's address: 1201 WALNUT, SUITE 1700 Phone no.: 816 221-6300

KANSAS CITY, MO 64106-2246

Form 990-T (2015)

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

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(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)

Table with 5 columns: 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, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for entering values on page 1.

Total dividends-received deductions 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. Includes a Totals row.

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 with instructions for adding columns.

Totals

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, 4. Set-asides, 5. Total deductions and set-asides. 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, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. 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), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. 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.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

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

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row.

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.

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>
SCOTT WASSERMAN 1 ELMWOOD AVE KANSAS CITY, KS 66103	PRESIDENT/CEO (NON-VOTING)	0	0.
MARTIN KRAUS 1 ELMWOOD AVE KANSAS CITY, KS 66103	TREASURER(NON-VOTING)/DIR FIN	0	0.
WILLIAM HANSEN 1 ELMWOOD AVE KANSAS CITY, KS 66103	SECRETARY(NON-VOTING)/FIN MGR	0	0.
CATHERINE CROSBY 1 ELMWOOD AVE KANSAS CITY, KS 66103	CHIEF GOV. OFFICER/DIRECTOR	0	0.
ALISON AVAYU 1 ELMWOOD AVE KANSAS CITY, KS 66103	DIRECTOR	0	0.
ANNE RYDER 1 ELMWOOD AVE KANSAS CITY, KS 66103	DIRECTOR	0	0.
DAVID HERBISON 1 ELMWOOD AVE KANSAS CITY, KS 66103	DIRECTOR	0	0.
EILEEN GREENLAY 1 ELMWOOD AVE KANSAS CITY, KS 66103	DIRECTOR	0	0.
RICH SWAN 1 ELMWOOD AVE KANSAS CITY, KS 66103	DIRECTOR	0	0.
VICKI BERGER 1 ELMWOOD AVE KANSAS CITY, KS 66103	DIRECTOR	0	0.

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>
ED HERMAN 1 ELMWOOD AVE KANSAS CITY, KS 66103	TREASURER/DIR(RETIRED IN 2015)	0	0.
CAROLYN ZIMMERMAN 1 ELMWOOD AVE KANSAS CITY, KS 66103	DIRECTOR (RETIRED IN 2015)	0	0.
FR. ALLAN WEINERT, CSSR 1 ELMWOOD AVE KANSAS CITY, KS 66103	SECRETARY/DIR(RETIRED IN 2015)	0	0.
JUDITH ANA BAUTISTA 1 ELMWOOD AVE KANSAS CITY, KS 66103	DIRECTOR (NON-VOTING)	0	0.
JORGE ROBERTO ARMAS MONTES 1 ELMWOOD AVE KANSAS CITY, KS 66103	DIRECTOR (NON-VOTING)	0	0.
TOTAL COMPENSATION			<u>0.</u>