

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

OMB No. 1545-0687

2014

For calendar year 2014 or other tax year beginning 07/01, 2014, and ending 06/30, 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

| | | | | | | | | |
|--|---|---------------------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--|--|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(c)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p>C Book value of all assets at end of year <u>6,781,427.</u></p> | <input checked="" type="checkbox"/> 501(c)(3) | <input type="checkbox"/> 220(e) | <input type="checkbox"/> 408(e) | <input type="checkbox"/> 530(a) | <input type="checkbox"/> 408A | <input type="checkbox"/> 529(a) | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>THE NATIONAL CATHOLIC REPORTER PUBLISHING CO</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>115 E. ARMOUR BLVD.</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>KANSAS CITY, MO 64141</p> | <p>D Employer identification number (Employees' trust, see instructions.)</p> <p>43-0815211</p> <p>E Unrelated business activity codes (See instructions.)</p> <p>511120</p> |
| <input checked="" type="checkbox"/> 501(c)(3) | <input type="checkbox"/> 220(e) | | | | | | | |
| <input type="checkbox"/> 408(e) | <input type="checkbox"/> 530(a) | | | | | | | |
| <input type="checkbox"/> 408A | <input type="checkbox"/> 529(a) | | | | | | | |
| <p>F Group exemption number (See instructions.) ▶</p> | | | | | | | | |
| <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> | | | | | | | | |

H Describe the organization's primary unrelated business activity. ▶ **ADVERTISING INCOME**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **THE NATIONAL CATHOLIC REPORT** Telephone number ▶ **816-531-0538**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|--------------|-----------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances | | | |
| c Balance ▶ | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 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 | | |
| 11 Advertising income (Schedule J) | 11 673,209. | 828,988. | -155,779. |
| 12 Other income (See instructions; attach schedule) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 673,209. | 828,988. | -155,779. |

| Part II 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 Bad debts | 17 | | |
| 18 Interest (attach schedule) | 18 | | |
| 19 Taxes and licenses | 19 | | |
| 20 Charitable contributions (See instructions for limitation rules) | 20 | | |
| 21 Depreciation (attach Form 4562) | 21 | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | | |
| 23 Depletion | 23 | | |
| 24 Contributions to deferred compensation plans | 24 | | |
| 25 Employee benefit programs | 25 | | |
| 26 Excess exempt expenses (Schedule I) | 26 | | |
| 27 Excess readership costs (Schedule J) | 27 | | |
| 28 Other deductions (attach schedule) | 28 | | |
| 29 Total deductions. Add lines 14 through 28 | 29 | | |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | | -155,779. |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | | -155,779. |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 | | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | | -155,779. |

THE NATIONAL CATHOLIC REPORTER
FORM 990T
Tax Year ending 6/30/15

43-0815211

NET OPERATING LOSS DEDUCTION

| <u>Y E A R</u> | | <u>A M O U N T</u> | | <u>BALANCE</u> |
|-------------------------------------|-----------------|--------------------|-----------------|----------------|
| <u>GENERATED</u> | <u>UTILIZED</u> | <u>GENERATED</u> | <u>UTILIZED</u> | |
| 6/30/2003 | | 1,751 | | |
| | 6/30/2008 | | (1,390) | 361 |
| 6/30/2004 | | 3,855 | | 3,855 |
| 6/30/2005 | | 17,434 | | 17,434 |
| 6/30/2006 | | 8,126 | | 8,126 |
| 6/30/2007 | | 317 | | 317 |
| 6/30/2009 | | 0 | | 0 |
| 6/30/2010 | | 0 | | 0 |
| 6/30/2011 | | 0 | | 0 |
| 6/30/2012 | | 354 | | 354 |
| 6/30/2013 | | 757 | | 757 |
| 6/30/2014 | | 1,737 | | 1,737 |
| 6/30/2015 | | 155,778 | | 155,778 |
| | | <u>190,109</u> | <u>(1,390)</u> | <u>188,719</u> |
| NOL CARRYFORWARD TO FYE: 6/30/2016: | | | | <u>188,719</u> |

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.

| | | |
|---|--|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. THE NATIONAL CATHOLIC REPORTER PUBLISHING CO | Employer identification number (EIN) or 43-0815211 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 115 E. ARMOUR BLVD. | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64111 | |
| | Enter filer's identifying number, see instructions | |

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

| 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 **THE NATIONAL CATHOLIC REPORTER, 115 E. ARMOUR BLVD. KANSAS CITY, MO 64**

Telephone No. **816 531-0538** 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 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 **05/15**, 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____ or
 ► tax year beginning **07/01**, 20**14**, and ending **06/30**, 20**15**.

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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a \$ | 0 |
| 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. | 3b \$ | 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. | 3c \$ | 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 instructions.

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 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116), 40a
b Other credits (see instructions), 40b
c General business credit. Attach Form 3800 (see instructions), 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827), 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39, 41
42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule), 42
43 Total tax. Add lines 41 and 42 43 0
44 a Payments: A 2013 overpayment credited to 2014 44a
b 2014 estimated tax payments 44b
c Tax deposited with Form 8868. 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached, 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Refunded 49

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

1 At any time during the 2014 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 No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
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 1
2 Purchases 2
3 Cost of labor 3
4a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2, 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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 Date Title
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 Preparer's signature NOV 20 2015 Check [] if self-employed PTIN P00482834
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

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 | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (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) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ |
| Total | | |

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

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) | | % | | |
| Totals ▶ | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |

Total dividends-received deductions included in column 8 ▶

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

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 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 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|--------------------|---|-------------------------------------|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

Totals ▶

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

| 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) |
|---|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Enter here and on page 1, Part I, line 9, column (A). | | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals ▶ | | | | |

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

| 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 (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 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). |
|--|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Enter here and on page 1, Part I, line 10, col. (A). | | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals ▶ | | | | | | |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) . . . ▶ | | | | | | |

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) ATCH 1 | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| 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. |
| Totals, Part II (lines 1-5) . . . ▶ | | 673,209 . 828,988 . | | | | |

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) ATCH 2 | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14. ▶ | | | |

ATTACHMENT 1

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

| 1. <u>NAME OF PERIODICAL</u> | 2. <u>GROSS ADVERTISING INCOME</u> | 3. <u>DIRECT ADVERTISING COSTS</u> | 4. <u>ADVERTISING GAIN OR LOSS</u> | 5. <u>CIRCULATION INCOME</u> | 6. <u>READERSHIP COSTS</u> | 7. <u>EXCESS READERSHIP COSTS</u> |
|---------------------------------|---|---|---|-------------------------------------|-----------------------------------|--|
| NATIONAL CATHOLIC REPORTER | 669,173. | 821,827. | -152,654. | 1,523,801. | 3,017,757. | |
| CELEBRATION | 4,036. | 7,161. | -3,125. | 263,213. | 385,012. | |
| COLUMN TOTALS | <u>673,209.</u> | <u>828,988.</u> | | | | |

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> |
|---|---------------------|-----------------------------|---------------------|
| TOM BERTELSEN 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | VICE-CHAIR/DIRECTOR | 0 | 0 |
| JILL MARIE GERSHUTZ BELL 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | DIRECTOR | 0 | 0 |
| SR HELEN GARVEY 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | DIRECTOR | 0 | 0 |
| JOHN WEISER 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | TREASURER/DIRECTOR | 0 | 0 |
| ANNETTE LOMONT 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | CHAIR/DIRECTOR | 0 | 0 |
| KATHLEEN PICHON 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | DIRECTOR | 0 | 0 |
| JEANETTE RODRIGUEZ, PHD 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | DIRECTOR | 0 | 0 |
| RACHEL LUSTIG 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | 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> |
|---|--------------------|-------------------------|---------------------|
| DR. PATRICK WHELAN, MD 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | DIRECTOR | 0 | 0 |
| JOAN MCGRATH 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | DIRECTOR | 0 | 0 |
| MARY JEANNE BURKE 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | DIRECTOR | 0 | 0 |
| STEVE MILLER 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | SECRETARY/DIRECTOR | 0 | 0 |
| MARY DACEY, SSJ 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | DIRECTOR | 0 | 0 |
| JIM FREY 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | DIRECTOR | 0 | 0 |
| THOMAS FOX 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | PUBLISHER/DIRECTOR | 0 | 0 |
| CAITLIN HENDEL 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | PRESIDENT/CEO | 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> |
|--|-------------------------------|-----------------------------|---------------------|
| CONNIE STUCKI 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | DEVELOPMENT/ASST. SECRETARY | 0 | 0 |
| WALTER REITER 115 E. ARMOUR BLVD. PO BOX 419281 KANSAS CITY, MO 64111 | BUSINESS MGR./ASST. TREASURER | 0 | 0 |
| TOTAL COMPENSATION | | | <u>0</u> |