Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2016 calendar year, or tax year beginning , 2016,	and ending			, 20
ъ		C Name of organization		D Employer ide	ntification	number
D C	heck if appli	BLOCK 4 ACQUISITIONS INC		46-502	7571	
	Address	Doing business as				
	Name ch	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber	
-	Instraires		(816) 932-1219			
}	Final ret			(010) 33	2 121.	
	Lerminate Amende	d ·		G Gross masuat	. •	247 500
	return Applicati	KANSAS CIII, MO 64106		G Gross receipts H(a) Is this a gro		247,500.
L_	pending			subordinates	17	H-1 1 -1-1
		1000 WALNUT ST STE. 200 KANSAS CITY, MO 6410		H(b) Are all suborc		
		pt status 501(c)(3) X 501(c) (2) ◀ (insert no) 4947(a)(1) o	or 527	If 'No," atta	ch a list (see	instructions)
<u>J</u>	Website	▶ N/A		H(c) Group exem	ption numbe	ır 🕨
_		organization X Corporation Trust Association Other	L Year of for	mation 2014 M	State of le	gal domicile MO
Pa	art i	Summary				
	1 B	riefly describe the organization's mission or most significant activities TO HOL	D THE TIT	LE OF PROPE	RTY F	ROM WHICH
ė	1	LL INCOME LESS EXPENSES FROM SUCH PROPERTY IS RE				
ä	-	01(C)(3) ORGANIZATION CALLED THE MURIEL MCBRIEN	KAUFFMAN	FOUNDATION.		
Governance	2 C	heck this box I if the organization discontinued its operations or dispose	d of more than 2	5% of its net asset	s	
. Š	l	umber of voting members of the governing body (Part VI, line 1a)			3	3.
∘ಶ :		umber of independent voting members of the governing body (Part VI, line 1b)			4	3.
Activities		otal number of individuals employed in calendar year 2016 (Part V, line 2a)			5	0.
ž.	_				6	.
Act	1	otal number of volunteers (estimate if necessary)				0.
-	/a !	otal unrelated business revenue from Part VIII, column.(C),.line.12 et unrelated business taxable income from Form 990-T, line.34ECEIVED	• • • • • • •		7a	0.
	DN	et unrelated business taxable income from Form 990-1, line 34-19-1-19-19-	''''''	Prior Year	7b	Current Year
e	8 C	ontributions and grants (Part VIII, line 1h)	나와 ·	85,00		247,500.
Ę.	9 6	rogram service revenue (Fait Vin, line 29)	·		0.	<u> </u>
Revenue	10 Ir	ther revenue (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
_	11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			0.	<u> </u>
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		85,00	00.	247,500.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10),			0.	0.
nse	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	,	otal fundraising expenses (Part IX, column (D), line 25) ▶0				
ũ	1	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,1	24.	244,866.
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,1	24.	244,866.
	1	evenue less expenses Subtract line 18 from line 12		77,8	76.	2,634.
20	ļ. <u>.</u>	ordina idaa aybanaa adamaa ia namma izii, iii iii ii ii ii ii ii	Be	ginning of Current	Year	End of Year
Assets or	20 T	otal assets (Part X, line 16)	} 	5,773,74	15.	5,776,379.
4ss Bal	21 T	otal liabilities (Part X, line 16)			0.	0.
Net / Fund	22 N	et assets or fund balances Subtract line 21 from line 20		5,773,74		5,776,379.
	rill	Signature Block	· · · · · · ·	3,,.		37.707373.
		ties of perjury, I declare that I have examined this return, including accompanying schedu	ules and statemen	ts and to the hest of	of my know	wledge and helief it is
tru	e, correct	, and complete peclaration of preparer (other than officer) is based on all information of which	ch preparer has ar	y knowledge		f
		1401			3/.4/	
Sig	ın l	Signature of officer		Date	<i>14177</i>	1
He		Signature of officer	200 0	Date	•	
		Sean O DYINE, TRENDENT				
		Type or print name and title			T 1 ====	
Paid		Print/Type preparer's name Preparer's signature	, 1 ¹³⁹ /, _ /	Check	If PIN	I
	parer -	MININE WALKER JUME/WAULE	-112/	self-emplo		200377634
		ırm's name ▶JMW & ASSOCIATES, LLC	· · · · · · · · · · · · · · · · · · ·	Firm's EIN	57-122	4592
		rm's address ▶6400 GLENWOOD SUITE 100 OVERLAND PARK, KS 66202		Phone no	913-49	9-4920
May		6 discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>		X Yes No
Ear	Danam	ork Poduction Act Notice can the constructions				Form 990 (2016)

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_	m 990 (2016)	Page 2
Pa	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission THE ORGANIZATION IS SOLELY ORGANIZED FOR THE PURPOSE OF HOLDING	
	TITLE TO PROPERTY, COLLECTING INCOME THEREFROM, AND TURNING	
	OVER THE ENTIRE AMOUNT THEREOF, LESS EXPENSES TO THE QUALIFIED	
	501(C)(3) ORGANIZATION, THE MURIEL MCBRIEN KAUFFMAN FOUNDATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	· · · · · · · · · · · · · · · · · · ·
		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program _	
,	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allot the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		 ′
		···
<u> 4h</u>	(Code) (Expenses \$ including grants of \$) (Revenue \$	
70	/ (Code) (Expenses #	
		
4-	: (Code) (Expenses \$ Including grants of \$) (Revenue \$	
4C	(Code) (Expenses \$including grants of \$) (Revenue \$	/
		
4d	1 Other program services (Describe in Schedule O)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e JSA	e Total program service expenses ►	Form 990 (2016)

Form 9	90 (2016)		F	age 3
Part	V 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 Schedule B, Schedule of Contributors (see instructions)?	2	Х	L-—-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ļ	
	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)	- 1	1	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_N	<u>A</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	.	. 1	l
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			i
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	,)		Í
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			Į
	"Yes," complete Schedule D, Part I	_6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			İ
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			1
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			l
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.		-3-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		.,	l
	complete Schedule D, Part VI	11a	X	ļ ———
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
L	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	}	x
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u>-</u>		
•	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	ĺ	x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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	<u> </u>	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	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-	1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
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	<u>L.</u>	X

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a		20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_N \	<u>A</u>
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		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ļ	77
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		_ <u>x</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ļ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		х
24.	employees? If "Yes," complete Schedule J	23		
24 a	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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N	
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	/	
С	to defease any tax-exempt bonds?	24c	N	Δ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		_TA /	
2	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N	Ά
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?			
	If "Yes," complete Schedule L, Part I	25b	N/	Α
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			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
	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		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			٠.,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	1		X
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	20		Х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
32	Part I	' '	 	
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ļ	
J	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	х	1
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	N/	A
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	N/	1 <u>A</u>
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	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2016
		> ∩rm	330	12016

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FEI	 .			
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		- 1	
	Enter the number of Forms VV-2G included in line 1a. Enter -0- in not applicable	ĺ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	х	2 _
•	reportable gaming (gambling) winnings to prize winners?		3	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	
	Statements, filed for the calendar year ending with or within the year covered by this return.		NT	, / 7
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_N	/A_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	a -		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	N/	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	. IN /	<u>A</u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- }		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			v
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	,		ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1		
	(FBAR)		•-	٠,,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	77	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/	Α
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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1_
	gifts were not tax deductible?	6b	N/	<u>A</u>
7	· · · · · · · · · · · · · · · · · · ·	, , ,	, , ,	. ,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.	:	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/	<u>A</u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	* .	• -	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u>N/</u>	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			·
	sponsoring organization have excess business holdings at any time during the year?	8	N/	A
9	Sponsoring organizations maintaining donor advised funds.	4.	·	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/	A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/	<u>A</u>
10	Section 501(c)(7) organizations. Enter		4	Ŧ.
а	Initiation fees and capital contributions included on Part VIII, line 12		ئي	, 3,
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities $\lfloor 10b \mid N/A \rfloor$		-يا	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		. •	
	Gross income from other sources (Do not net amounts due or paid to other sources		. , .	1
	against amounts due or received from them)	""	1	,
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			-A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/	/A_
_	Note. See the instructions for additional information the organization must report on Schedule O	٠.	75.	; ;
b	Enter the amount of reserves the organization is required to maintain by the states in which	ي د باري	7	.[
~	the organization is licensed to issue qualified health plans	1 " 2	1.7	1.
c	Enter the amount of reserves on hand	<u></u>		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	N/	/A
JSA		Form	agn	(2016

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year.		163	
1a	Little the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	-	1	
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u>.</u> 1	ì	v
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	_	$\frac{x}{x}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		<u>^</u> X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		<u>x</u>
6	Did the organization have members or stockholders?	-		<u>^</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	1	Х
_	one or more members of the governing body?	14		
р	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		х
_	stockholders, or persons other than the governing body?	76		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	8a	x	
	The governing body?	8b	N/	Δ
_	Each committee with authority to act on behalf of the governing body?	00	TAY	
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	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue			
000	UND. I CHOICE (THIS COULTER D'ICQUESIS INICITIALISTI ABOUT PONDICE NOT ICQUIRE BY THE INICITIAL INICITIAL ICC		Yes	No
40.	Did the experimentary house legal characters, branches or offiliators?	10a		Х
	blu the organization have local chapters, branches, or animates			
Ŋ	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	N/	Α
115	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	i
b,	Describe in Schedule O the process, if any, used by the organization to review this Form 990		~ خم	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	N/	Α
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ç	describe in Schedule O how this was done	12c	N/	Α
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by	\Box	' '	-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 1	1	ĺ "
a	The organization's CEO, Executive Director, or top management official	15a	N/	A
ь Б	Other officers or key employees of the organization	15b	N/	A
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		3.	
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	1	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		1	
	organization's exempt status with respect to such arrangements?	16b	N/	Ά
Sect	on 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	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 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 interesting the second of the secon	erest	policy	y, 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 AMY CLARK 4801 ROCKHILL ROAD KANSAS CITY, MO 64110-2046 816-932-1219	s 🕨		
ISA	AMI CLARK 4801 ROCKHILL ROAD KANSAS CITY, MO 64110-2046 816-932-1219		990	(0015
154		- Olm	_ = = : :	1/1116

PAGE 7

										uge .
Part VII	Compensation	of Office	rs, Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontractors								
	01 1 60 1 1									

Check if Schedule O contains a response or note to any line in this Part VII.............

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

- 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

	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	organizatio Per organi			on nore than one on is both 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)SEAN O'BYRNE	1.00					'			,	
PRESIDENT	0.	Х		Х				0.	0.	0.
(2)WILLIAM DIETRICH	1.00				Ì					
TREASURER	0.	Х	<u> </u>	Х				0.	0.	0.
(3)PETER BROWN	1.00	[1	1		
BOARD MEMBER	3.00	X	ļ	ļ	<u> </u>		<u> </u>	0.	0.	0.
(4)									t	
(5)				-						
(6)			<u> </u>	-						
(7)										
(8)				_						
(9)		 				<u> </u>				
(10)										
(11)		 		-						
(12)			-				-			
(13)		-					-			
(14)		-	\vdash		-		-	 		

_			•
Pa	30	e	Z

Part VII Section A. Officers, Directors, Tr	T	y En	plo			and I	ııgı		ed Employ	ees (c	ontinue	<u>d)</u>	
, (A)	(B)			(6	C)			(D)	(E)			(F)	
Name and title	Average	(,,, ,			sition	- 46		Reportable	Reporta			timated	
	hours per week (list any					e than d is both		compensation from	compensation related			nount of other	i
	hours for	office	r an	dad	irec	or/trust	ee)	the	organizat	1		pensatio	on
	related	or d	Inst	Officer	ey ey	amp High	Former	organization	(W-2/1099-	MISC)		om the	_
	organizations below dotted	dividual director	rtutic	ğ	eg .	loye	ner	(W-2/1099-MISC)	İ	1	_	anızatıcı d related	
	line)	Individual trustee or director	Institutional trus	1	employee	Highest compensa employee		•	1			nızatıon	
	1	uste	tas		8	pen	ł		}	}			
		"	tee			sated			1	1			
	 		 	_	-	ι α	-						
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·	+	1		•		ļ							
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	<del>†</del>		-	-	<del>                                     </del>	-							
	+	1			ļ								
	<del> </del>		<del>                                     </del>		<del>                                     </del>		1						
~	T	1				1							
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	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>								
		1			j	]							
			<u> </u>		_		<u> </u>	ļ					
		1								}			
	<u> </u>	<u></u>		L	<u> </u>	<u> </u>	<u></u>						
1b Sub-total							>	0.		0.			0.
c Total from continuation sheets to Part VII, S	-							0.		0.			0.
d Total (add lines 1b and 1c)							o re	L	\$100,000				
reportable compensation from the organization		0		ua	DUV	C) WIII	0 16	cerved more man	φ100,000 i	J1			
			·					· · · · · · · · · · · · · · · · · · ·				Yes	No
3 Did the organization list any former offi	cer directo	or or	tri	iete	20	kev s	am r	lovee or highes	t compans	ated			110
employee on line 1a? If "Yes," complete Sched											3	]	X
4 For any individual listed on line 1a, is the													
organization and related organizations g	sum of representation	5011aL	50 C	000	ipei 7 /i	isalio "Yes	11 a1 5 "	complete Schedu	sauon nom de J for	such		1	
individual							• •				4	'	Х
5 Did any person listed on line 1a receive of	r accrue co	mper	satı	on	fror	n any	un	related organizatı	on or indivi	dual			
for services rendered to the organization? If "											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor													
compensation from the organization Report	compensati	on to	r the	e ca	alen	dar ye	ear e	ending with or wit	nin the orga	anizatio	n's tax		
year				-									
(A) Name and business ac	ldrace							(B) Description of se	entices	,	(C) Compen		
							+	Description of st			- Inpen		
ATTACHMENT 1		<del>-</del>					+-						
						<del></del>	+	<del></del>					
							+						
							$\top$						
2 Total number of independent contractors (	includina b	ut no	t lır	nıte	d to	o thos	se I	isted above) who	received	<del></del>		-	
more than \$100,000 in compensation from t						1		·		- -			

Part V		Statement of Revenue	46-5027				
	•	Check if Schedule O contains a respo	inse or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f	247,500	-	<u>.</u>	·	
nue Co	g h	Noncash contributions included in lines 1a-1f \$	Business Code	247,500.			

5		323111030 0000	<b>-</b>  -	1	
ě	2 a				
Program Service Reven	b				
٤	c				
Sel	d				
Ē	e				
g	f	All other program service revenue			
P	g	Total. Add lines 2a-2f	0	, ,	**************************************
	3	Investment income (including dividends, interest,			
		and other similar amounts)	,		
	4	Income from investment of tax-exempt bond proceeds .	,	ļ	
	5	Royalties	0	-	
		(ı) Real (ıı) Personal	- 0		
			-	1, 1, 4.	ye
	6a	Gross rents	1	-	( )
ļ	b	Less rental expenses		,	, T.
	C	Rental income or (loss)	با ما ماهند د	and the same	A CONTRACTOR
	d	Net rental income or (loss)	0		
	7a	Gross amount from sales of (i) Securties (ii) Other			
		assets other than inventory	1	•	
	b	Less cost or other basis	-		
		and sales expenses	`	- 1	1 2 2
	С	Gain or (loss)		s.u	
	d	Net gain or (loss)			
<u>o</u>	8a	Gross income from fundraising	,		
Other Revenue		events (not including \$			2 2
Şe,		of contributions reported on line 1c)			
er		See Part IV, line 18	_		_ ' ,
Ë	ь	Less direct expenses b			
Ü	С	Net income or (loss) from fundraising events ▶			
	9a	Gross income from gaming activities			
		See Part IV, line 19			
	ь	Less direct expenses b	1 .	-	
	C	Net income or (loss) from gaming activities			`
	10a	_	1		,
	IVA	Gross sales of inventory, less		٠, ٠	, ,

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Form **990** (2016)

## 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 resp		· · · · · · · · · · · · · · · · · · ·		
	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	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			<del></del>
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
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	0.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees)				
а	Management	0.			
Ŀ	Legal	3,694.		3,694.	
c	Accounting	750.		750.	<u> </u>
c	Lobbying	0.			
e	Professional fundraising services See Part IV, line 17.	0.			
1	f Investment management fees	0.			
ç	Other (if line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.	<del></del> -		
20		0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	547.		547.	
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)			142 026	
	SITE DEMOLITION	142,826.		142,826.	
-	TAXES	83,842.		83,842.	
	LANDSCAPING	9,933.		9,933.	
(	UTILITIES	3,236.		3,236.	
	All other expenses	38.		38.	<del></del>
	Total functional expenses. Add lines 1 through 24e	244,866.		244,866.	
26	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				
_	following SOP 98-2 (ASC 958-720)	0.			
10.4					F 000 (201

JSA 6E1052 1 000

			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	0.	<u> </u>	0 .
	2	Savings and temporary cash investments	6,498.		9,132.
1	3	Pledges and grants receivable, net		3	0
- {	4	Accounts receivable, net	0.	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		ĺ	
	_	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section	<u> </u>	5	0
1	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
Į		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		j	
, [		organizations (see instructions) Complete Part II of Schedule L	<del></del>	6	0
233613	7	Notes and loans receivable, net	0.	7	0
2	8	Inventories for sale or use		<del></del>	0
	9	Prepaid expenses and deferred charges	0.	9	0
	10 a	Land, buildings, and equipment cost or			
ļ		other basis Complete Part VI of Schedule D 10a 5,767,247.			
	b	Less accumulated depreciation	5,767,247.		5,767,247
	11	Investments - publicly traded securities		11	0
	12	Investments - other securities See Part IV, line 11		12	0
	13	Investments - program-related See Part IV, line 11	0.	13	0
ļ	14	Intangible assets		14	0
ļ	15	Other assets See Part IV, line 11	0.	15	0
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	5,773,745.	16	5,776,379
Į	17	Accounts payable and accrued expenses	0.	17	0
-	18	Grants payable	0.	18	0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities		20	0
١	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0
2	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
9		disqualified persons Complete Part II of Schedule L		22	0
]	23	Secured mortgages and notes payable to unrelated third parties		23	0
-	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
1	25	Other liabilities (including federal income tax, payables to related third		}	
-	ļ	parties, and other liabilities not included on lines 17-24) Complete Part X			
1	}	of Schedule D	0.	4	0
	26	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔲 and		1	
Sa		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Da	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Net Assets or rund balances		Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright$ $X$ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	5,773,745.	30	5,776,379
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
ζ	32	Retained earnings, endowment, accumulated income, or other funds	0 .	<del>                                     </del>	0
2	33	Total net assets or fund balances	5,773,745.	+	5,776,379
-	34	Total liabilities and net assets/fund balances	5,773,745.	+	5,776,379

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

N/A

## SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2016

Open to Public

	enue Service	► Information about Schedul	e D (Form 990) and its in	structions is at www		Inspection
Name of the	organization			<del></del>	Employer identifica	ition number
	4 ACQUISIT				46-50275	71
Part I	_	tions Maintaining Donor Adv			or Accounts.	
	Complete	e if the organization answered	·		· · · · · · · · · · · · · · · · · · ·	
			(a) Donor advi	sed funds	(b) Funds and	other accounts
1 Tota	ıl number at e	nd of year				
	_	of contributions to (during year)		·		
3 Agg	regate value c	of grants from (during year)				
4 Agg	regate value a	at end of year				
	-	ion inform all donors and donor	<del>-</del>			1 1 1 1
	_	inization's property, subject to the	_	_		Yes No
		on inform all grantees, donors, a				
-		purposes and not for the bene				
		issible private benefit?	<del> </del>		<del></del>	Yes No
Part II		tion Easements.	W	D - 1 0 / 1 7		
		e if the organization answered				
1 Purp	1 '	servation easements held by the	= :			
<u> </u>		n of land for public use (e g , rec	reation or education)		on of a historically im	•
	1	of natural habitat		Preservatio	on of a certified histo	ric structure
• •		n of open space	-1416-4	_1	40 66	
		through 2d if the organization h	eid a qualified conserv	ation contribution		End of the Tax Year
		last day of the tax year				Life of the Tax Teal
		onservation easements			2a   2b	
	_	tricted by conservation easements			2c 2c	
		vation easements on a certified		• •	20	
		rvation easements included in (c	•		2d	
		isted in the National Register rvation easements modified, trai			<del></del>	nization during the
		ivation easements modified, trai	isierieu, releaseu, exti	nguisneu, or terri	illiated by the orga	riization during the
	/ear ►	where property subject to conse	rvation eacement is loc	ated >		
		ation have a written policy re			ection handling of	
	_	forcement of the conservation ea				Yes No
		hours devoted to monitoring, inspec				
O Stan	and volunteer	mours devoted to monitoring, inspec	Allig, nariding of violatio	ns, and emoroning e	onservation casement	s during the year
7 Amo	ount of expens	ses incurred in monitoring, inspec	ting handling of violation	ons and enforcing	conservation easen	nents during the vea
, , , , , , , , , , , , , , , , , , ,			ang, nanamg or violatio	,,,o,, a,,a o,,,o, o,,,g	, 0011001 1411011 045011	iono daring the year
•		vation easement reported on line	2(d) above satisfy the re	equirements of se	ction 170(h)(4)(B)(i)	
		)(4)(B)(II)?				Yes No
9 In P	art XIII. descr	be how the organization reports	conservation easemei	nts in its revenue a	and expense stateme	nt, and
		id include, if applicable, the text				
		counting for conservation easeme				
Part III	Organiza	tions Maintaining Collections	of Art, Historical T	reasures, or Oth	ner Similar Assets	·.
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 8		
1a If th	e organizatioi	n elected, as permitted under S	FAS 116 (ASC 958), i	not to report in it	s revenue stateme	nt and balance shee
worl	ks of art, hist	torical treasures, or other similarly byide, in Part XIII, the text of the f	ar assets held for pul	blic exhibition, ei	ducation, or resear	ch in furtherance (
b If th	ie organizatio ks of art biet	n elected, as permitted under torical treasures, or other simile	ar assets held for pul	, to report in its blic exhibition e	revenue statemen ducation or resear	t and balance sne ch in furtherance (
		ovide the following amounts relat		DIID CAMBINON, C	addation, or redeal	S., III IGIGICIANO
		ded in Form 990, Part VIII, line 1			▶ 9	S
(ii)	Assets include	ed in Form 990, Part X				
		n received or held works of a				
		s required to be reported under S				3 11 2
		in Form 990, Part VIII, line 1				S
		Form 990 Part X				

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

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016										Page <b>2</b>
Pai	t III Organizations Maintaini	ng Colle	ections of	Art, Hist	orical T	reasure	s, or Otl	ner Similar	Asse	ts (cont	inued)
3	Uşing the organization's acquisition	n, acces	sion, and	other recor	ds, checl	k any of	the follow	ring that are	a sigr	nificant u	se of its
	collection items (check all that app	ly)						_	_		
а	Public exhibition			d [	Loan	or exchar	nge prograi	ms			
b	Scholarly research			e	Other						
С	Preservation for future gene	rations			_						
4	Provide a description of the organ	nization's	collections	s and expla	an how t	thev furtl	ner the or	ganization's	exemp	t purpose	e in Part
	XIII				-	,		<b>J</b>			
5	During the year, did the organization	n solicit	or receive o	donations o	fart hist	orical fre	asures or	other similar			
-	assets to be sold to raise funds rath								_	Yes	No
Par	t IV Escrow and Custodial Ar					or garnea.			· · · - L	1.00	1 1.40
	Complete if the organization			s" on Forn	1 990 P	art IV Iır	ne 9 or re	eported an a	moun	t on For	m
	990, Part X, line 21.					<b></b>	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1a	Is the organization an agent, truste	e custo	dian or oth	er intermed	lary for c	ontribution	ons or othe	r assets not			<del></del>
	included on Form 990, Part X?								Γ	Yes	□ No
ь	If "Yes," explain the arrangement i							· · · · · · ·	L		
_	in roo, explain the arrangement		ii ana com	picte the for	iowing tal	, Г		Δm	ount		
С	Beginning balance					-	1c	73111	Ount		
d	Additions during the year					<u>-</u>	1d				
e											
f	Distributions during the year Ending balance									<del></del>	
22	Did the organization include an am							account habi	lith/2	Yes	No
	If "Yes," explain the arrangement i								-		H
Par		II Fait VI	ii Check n	ere ii the ex	хріанаціон	i nas bee	ii provided	On Part Alli	<del></del>	<u></u>	<u></u>
rai	Complete if the organizat	ion answ	vered "Ve	s" on Form	1 990 P	art IV Jun	e 10				
	Complete if the organization		rrent year	(b) Pric			years back	(d) Three yea	re back	(a) Four	years back
	_	(4) 00	itelit year	(D) FIIC	year	(0) 100	years back	(u) Tillee yea	IS DACK	(e) roui	years back
1a	Beginning of year balance	-								ļ	<del></del>
b	Contributions										
С	Net investment earnings, gains,										
	and losses								<del></del>		
d	Grants or scholarships										
е	Other expenditures for facilities									l	
	and programs				····	-				ļ	
f	Administrative expenses							ļ			
g	End of year balance			l .		L		L			
2	Provide the estimated percentage	of the cu	ırrent year	end balanc	e (line 1g	, column	(a)) held as	5			
а	Board designated or quasi-endown			_%							
b	Permanent endowment >	%									
C	Temporarily restricted endowment		%								
	The percentages on lines 2a, 2b, a										
3 a	Are there endowment funds not in	the poss	ession of t	he organiza	ation that	are held	and admi	nistered for th	ne	г.	
	organization by									-	Yes No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	_		•			'			3b	
4	Describe in Part XIII the intended		ne organiza	ation's endo	wment fu	nds					
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	word "Ve	on For	~ 000 E	Port IV 1	no 11o S	Soo Form O	00 Pa	rt V lino	. 10
	Description of property	mon ans		r other basis		or other bas		cumulated		d) Book val	
				stment)		other)		reciation			
1 a	Land		5,7	767,247.	<u> </u>					5,76	57,247.
þ	Buildings						_				
C	Leasehold improvements										
d	Equipment								<del>-</del>		
е_	Other				1						
Tota	I. Add lines 1a through 1e (Column	(d) mus	t equal Fon	m 990, Part	X, colum	n (B), line	10c)	▶		5,76	57,247.
		(=)		, , uit	, 00/4///	1-7, 111	/		Schoo		m 990) 2016

Page	3

art VII	Investments - Other Securities.	LID4 II	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		red "Yes" on Form 990, F	Part IV, line 11b See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financia	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			· · · · · · · · · · · · · · · · · · ·
(E)			
(F)			
(G)			
(H)			
<del></del>	n (b) must equal Form 990, Part X, col. (B) line 12.)		
rt VIII	Investments - Program Related.		
	Complete if the organization answe	red "Yes" on Form 990, F	Part IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
)			
2)			-
3)			
4)			
5)			
6)			
7)			
0)			
9)	n (b) must equal Form 990, Part X, col. (B) line 13) ▶		
8) 9) tal (Columi art IX	Other Assets.	rod "Ves" on Form 990. I	Part IV line 11d See Form 990 Part Y line 15
9) al (Columi	Other Assets. Complete if the organization answe	· ·	Part IV, line 11d See Form 990, Part X, line 15
9) al (Columi art IX	Other Assets. Complete if the organization answe	red "Yes" on Form 990, I	
9) al (Column art IX	Other Assets. Complete if the organization answe	· ·	
9) al (Columi art IX  1)	Other Assets. Complete if the organization answe	· ·	
9) al (Column art IX  1) 2)	Other Assets. Complete if the organization answe	· ·	
9) al (Column art IX  1) 2) 3)	Other Assets. Complete if the organization answe	· ·	
art IX  1) 2) 3)	Other Assets. Complete if the organization answe	· ·	
2) 2) 2) 21 (Column art IX  1) 2) 3) 4)	Other Assets. Complete if the organization answe	· ·	
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2) Art IX  2) 3) (Column Art IX  2) 3) (3) (7) (3)	Other Assets. Complete if the organization answe	· ·	
2) al (Column art IX  1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answe	Description	(b) Book value
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9) al (Column art IX  1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answe (a)  umn (b) must equal Form 990, Part X, col ( Other Liabilities. Complete if the organization answe	Description  B) line 15)	(b) Book value
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9) al (Column art IX  1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X  1) Feder 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answe  (a)  umn (b) must equal Form 990, Part X, col ( Other Liabilities. Complete if the organization answelline 25.  (a) Description of liability	B) line 15)	(b) Book value
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Part XIII Supplemental Information (continued)

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

## Supplemental Information to Form 990 or 990-EZ

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

BLOCK 4 ACQUISITIONS INC

46-5027571

Employer identification number

PART VI, SECTION A, LINE 9		
=======================================	=======================================	
PETER BROWN		
C/O LATHROP & GAGE		
2345 GRAND BLVD.		
KANSAS CITY, MO 64106		
PART VI, SECTION B, LINE 11B		
=======================================	. m====================================	
THE PRESIDENT REVIEWS THE RETURN WITH THE PREPA	ARER PRIOR TO SIGNING.	
PART VI, SECTION C, LINE 19		
COPIES OF GOVERNING DOCUMENTS ARE AVAILABLE UPON		
AVAILABLE FOR INSPECTING DURING REGULAR BUSINESS	HOURS AT THE LOCATION	
LISTED IN PART VI SECTION C ON THE RETURN.		
	ATTACHMEN	JT 1
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
INDUSTRIAL SALVAGE & WRECKING, INC. 3750 GARDNER AVE KANSAS CITY, MO 64120	BUILDING DEMOLITION	105,100.

# SCHEDULE R (Form 990)

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.

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

BLOCK 4 ACQUISITIONS INC

Part I

Ξ

(2)

(4)

3

(2)

9

Name of the organization Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Open to Public Inspection

Employer identification number

46-5027571

(g) Section 512(b)(13) controlled (f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (e) End-of-year assets Public chanty status (if section 501(c)(3)) (d) Total income 9 (c) Legal domicile (state or foreign country) (d) Exempt Code section Legal domicile (state or foreign country) (b) Primary activity Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization

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

Schedule R (Form 990) 2016

PAGE 24

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Yes

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N/A

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501(C)(3)

Θ

PHILANTHROPIC

43-1460787

(1) MURIEL MCBRIEN KAUFFMAN FOUNDATION

Part II

4801 ROCKHILL ROAD (2) PAC HOLDING, INC

KANSAS CITY, MO 64110

×

MMKF

N/A

501(C)(2)

8 Q

PHILANTHROPIC

20-5763112

(3) PAC DEVELOPMENT, INC 4801 ROCKHILL ROAD

4801 ROCKHILL ROAD

**€** 

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(7)

KANSAS CITY, MO 64110

43-1856971

KANSAS CITY, MO 64110

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MMKF

N/A

501(C)(2)

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PHILANTHROPIC

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Page 2 (f) Section 512(b)(13) controlled entity? Yes No (k) Percentage ownership Schedule R (Form 990) 2016 (h) Percentage ownership (J) General or managing partner? 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 Yes No Identification 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. (g) Share of end-of-year assets amount in box 20 of Schedule K-1 (Form 1065) (i) Code V - UBI (f) Share of total income (h) Otsproportomis affocatore? ŝ Yes (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or year assets trust) (f) Share of total (d) Direct controlling income entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign
country) (b) Primary activity (d) Direct controlling entity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization Schedule R (Form 990) 2016 JSA 6E1308 1 000 Part III Part IV 4  $\Xi$ 4 2 ପ (2) 2 <u>ව</u> 9 (9) 5 € 9 5

Page 3

Transactions With Related Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

			•	L
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			۶	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations li	sted in Parts II-IV?	- ;	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	×
b Gift, grant, or capital contribution to related organization(s)			1p	×
c Gift, grant, or capital contribution from related organization(s)			-	×
d Loans or loan quarantees to or for related organization(s)	· · · ·		-	×
			:	<b>:</b>
e Loans or loan guarantees by related organization(s)			- - - - -	×
6 Duidende from releted organization(e)			4	>
יייייייייייייייייייייייייייייייייייייי				{   :
g Sale of assets to related organization(s)			19	×
h Purchase of assets from related organization(s),			- <del>-</del>	×
i Exchange of assets with related organization(s)			=	×
j Lease of facilities, equipment, or other assets to related organization(s)			<u>;</u>	×
k Lease of facilities, equipment, or other assets from related organization(s)			- <del>-</del>	×
			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)			E	×
				<b>: </b> >
Stating of factions, equipment, maining lists, of other assets with			:	( :
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			10	×
			<u>a</u>	< :
<b>q</b> Reimbursement paid by related organization(s) for expenses			14	×
			•	;
r Other transfer of cash of property to related organization(s)				4
<ul> <li>Other transfer of cash or property from related organization(s).</li> </ul>			18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	is line, including cove	line, including covered relationships and transaction thresholds	action thresholds	
(a)	(b)	(c)	(p)	
אמווף טו ופומנים טואוויבמוטו	type (a-s)	Descon III Timoric	amount involved	57 = 70
(1) MURIEL MCBRIEN KAUFFMAN FOUNDATION	ט	247,500.	CASH	
(2)				
(3)				
(4)				
(c)				
(9)				
42		Sch	Schedule R (Form 990) 2016	) 2016
5.24A 6.74309 1 DDD				

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

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) (b) (c) (d) Are all partners Share of Share of Share of State of Coreign (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related, excluded (related)))	(b) Primary activity	(c) Legal domicila (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate aflocations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or managing partner?		(k) Percentage ownership
			- 1	Yes No			Yes No		Yes	N _o	
(1)											
(2)											
107											
(3)											
(4)										-	
(4)							<del></del>				
(5)						!					
(9)											
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Schedule R (Form 990) 2016

Page 5

Supplemental Information Part VII

Provide additional information for responses to questions on Schedule R See instructions