Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

A F	or th	e 2017 calendar year, or tax year beginning	, 2017	, and ending			, 20	
<b>.</b>	<del></del>	C Name of organization			D Employer Ide	ntification	number	
<u> </u>	heck if a	BLOCK 4 ACQUISITIONS INC			46-502	7571		
	Addre				1			
L	Name	change Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telephone nu	mber		
	Initial	return 1000 WALNUT ST, SUITE 200			(816) 93	2-121	9	
	Final termi	City or town, state or province, country, and ZIP or foreign postal code						
	Ател	ded KANSAS CITY, MO 64106			G Gross receipts	s \$	20,	000
	Applic	F Name and address of principal officer SEAN O'BYRNE			H(a) Is this a gro			χÌι
_	J pendi	···9	MO 641	06	subordinates H(b) Are all subord		<b>⊢</b> ⊢	Ħ
<del>-</del> -	Tax-ex		4947(a)(1)	<del></del>	⊣ `′		see instructions)	
		te: N/A	10 17 (U)(17	U. 1 (D2)	H(c) Group exem		•	
		of organization X Corporation Trust Association Other	-+	I Vear of forms	ation 2014 M			M
	rt I		$\overline{}$	L Tear of forme	2014 111	State of le	gai domicile	
		Briefly describe the organization's mission or most significant activities	TO HA	ID TITE TO	DDODEDTV	COLLI	ECT INCO	ME
	'	THEREFROM, AND TURN OVER THE ENTIRE AMOUNT					ECT TIVEO	ME.
Š						_		
Governance	_	THE MURIEL MCBRIEN KAUFFMAN FOUNDATION, A			<u> </u>		•	
ķ		Check this box  If the organization discontinued its operations				, ,		_
প্র	3	Number of voting members of the governing body (Part VI, line 1a)				3		3
	4	Number of independent voting members of the governing body (Part VI				4		3
ξ	5	Total number of individuals employed in calendar year 2017 (Part V, line				5		0
Activities		Total number of volunteers (estimate if necessary)				6		
4		Total unrelated business revenue from Part VIII, column (C), line 12 $$ . $$				7a		
	b	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	<del></del>		7b		
					Prior Year		Current Yea	ar
9	8	Contributions and grants (Part VIII, line 1h)		[	247,50	0.	20,	000
au c	9	Program service revenue (Part VIII, line 2g)				0.		(
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				0.		(
"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).				0.		(
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)	, line 12) .		247,50	0.	20,	000
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			- -	0.		(
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.		(
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lir				0.		(
3e		Professional fundraising fees (Part IX, column (A), line 11e)				0.		(
Expense		Total fundraising expenses (Part IX, column (D), line 25)	DEA	3.50				
ŭ		Other sympass (Part IV selumn (A) lines 44s 44d 44f 24s)	TEC	LIVED	: 244,86	6.	25,	617
	18	1 11 11	;)	70	· · · · · · · · · · · · · · · · ·		25,	
	19	Total expenses Add lines 13-17 (must equal Part IX, column (A), 25	"Ninvi	21. 2010			-5,	
2 8	19	Revenue less expenses Subtract line 18 from line 12	.11 Ct V	<u> </u>	ning of Current		End of Year	
Assets or Balances		Tit   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	105	T <u>e</u>	5,776,37		5,770,	
Bala	20	Total assets (Part X, line 16)	JGDF	-N 11T	3,776,37	0.	3,110,	102
동티	21	Total liabilities (Part X, line 26)	-		5 776 27	<del></del>	5,770,	
	22	Net assets or fund balances Subtract line 21 from line 20	<del></del>		5,776,37	3.1		702
Pa		Signature Block					1.1	
true	ler per . corre	nalties of perjury, I declare that I have examined this return, including accompan ict, and complete. Declaration of preparer (other than officer) is based on all inform	ying sched ation of wh	ules and statements, ich preparer has any l	and to the best o knowledge	: my know	neage and bei	ет, і
		= 11/1 / faile	7		100	1-11	18	
Sig	<b>n</b>				Date	-		
Hei		Signature of officer	? _ <del>/</del>		Date			
	-	110011 7, 1000						
		Type or print name and title						
D-1.		Print/Type preparer's name Preparer's signature	11/	Date	Check	J <sub>If</sub> PΠN		
Pald Page		HNNOW. WHLKER UNNOWN	VILLE	10/15/	self-employ		00377634	1
•	oarer	Firm's name JMW & ASSOCIATES, LLC			Firm's EIN ▶ 5	7-122	4592	
Jse	Only	Firm's address >6400 GLENWOOD SUITE 100 OVERLAND PARK, KS 66202					9-4920	
Mav	the	IRS discuss this return with the preparer shown above? (see ins	tructions	)			X Yes	N
		rwork Reduction Act Notice see the senarate instructions				<del></del>	Form 990	_

	n 990 (2017)			Page <b>2</b>
Pa	Statement of Program Service			, [
_	Briefly describe the organization's miss	a response or note to any line in this Par	t III	
•	•	ORGANIZED FOR THE PURPOSE O	F HOLDING	
		ING INCOME THEREFROM, AND TU		
		REOF, LESS EXPENSES TO THE Q		<del></del>
		E MURIEL MCBRIEN KAUFFMAN FO		
2		gnificant program services during the ye		Yes X No
3	Did the organization cease conducti	ng, or make significant changes in h		Yes X No
	If "Yes," describe these changes on Sch			
4		service accomplishments for each of it (c)(4) organizations are required to repute for each program service reported		
4a	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
4b	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
			·	
4d	Other program services (Describe in Sc (Expenses \$ including			
4e	Total program service expenses ▶	<u></u>		<del></del>
	9885IJ 757L 10/19/2018	1:29:27 PM		Form <b>990</b> (2017) PAGE 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	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)	<u> </u>		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N,	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_ <u> </u>		<del></del>
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	,		
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- <del></del>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>-</b> -		
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			- 1
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			A
* 1	VII, VIII, IX, or X as applicable	2	4.5	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	****		100
4	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	· · · ·		
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	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			
•	the organization's separate of consolidated financial statements for the tax year motions a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		
124	-	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. 40		
b	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
4 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u> </u>
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	''		<del></del> -
10	assistance to or foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<del></del>		<del></del> -
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<del></del> -
13	If "Yes," complete Schedule G, Part III.	19		х
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form **990** (2017)

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20   X   X   B   "Yes," to line 20a, did the organization expert more than \$5.000 of grants or other assistance to any domestic organization or odd omestic government on Part IX. Column (A). Line 17 if "Yes," complete Schedule ( Parts I and II . 20   X   X   X   X   X   X   X   X   X	Part	Checklist of Required Schedules (continued)		·	-50 -
b II "Vest to line 20a, did the organization expand that the copy of its audited financial statements to this return", 20b N 2 and omestic government on Part IX, column (A), line 12 if "Yes," complete Schedule (. Parts I and II. 2	_			Yes	No
b II "Vest to line 20a, did the organization expand that the copy of its audited financial statements to this return", 20b N 2 and omestic government on Part IX, column (A), line 12 if "Yes," complete Schedule (. Parts I and II. 2	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
21 bit the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Parl X, column (A), line 21 If "yes," complete Schedule ( Parts I and II.  22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Parl XI, column (A), line 21 If "yes," complete Schedule ( Parts I and III.  23 Did the organization answer "yes" to Parl VII. Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond such as the property of the organization have a tax-exempt bond such as the property of the organization have a tax-exempt bond such as the property of the organization have a tax-exempt bond such as the property pend exception. 24 through 24d and complete Schedule / If "No." go bine 25a.  24a Did the organization marks any proceeds of lax-exempt bonds beyond a temporary pend exception. 24b his property of the organization marks any proceeds of the exception of the thing are funding escrow at any time during the year to defease any tax-exempt bonds?  24b Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year?  25c Section 501((c)), 501((c)), and 501((c)), 301((c)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I, Parl I.  25c Did the organization and that the transaction has not been reported on any of the organizations proportiany amount on Parl X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, key employees. substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled employees or former officer, director, trustee, or key employee for "yes," complete Schedule I, Parl II.  25d Did the organization report any amount on Parl X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employ	b			N	Ά
domestic government on Part IX, column (A), line 1/1 "Yes," complete Schedule I, Parts I and II. 21	21				
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 if "Yes," complete Schedule I, Parts and III.  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of 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 240 through 24d and complete Schedule K If "No," go to line 25a.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the transaction with a disqualfied person during the year? If "Yes," complete Schedule 1, Part II.  Bis the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  East Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization as an analysis of the year of the year of the year of yea			21		Х
Part IX, column (A). Ine 27 If "res," complete Schedule I, Parts I and III.  2 Did the organization asswer "res" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "res," complete Schedule J.  2 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 "res," answer lines 24b through 24d and complete Schedule II "No," go to line 25a.  2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	22				
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officiers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule K If "No." go to line 25a.  25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  27c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization proper on did in an excess benefit transaction with a disqualified person in a profit or year, and that the transaction has not been reported on any of the organization's profit or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  27d 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 of family member of any of these persons? If "Yes," complete Schedule L, Part II.  28d Nas the organization with		The state of the s	22		Х
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Pes" complete Schedule J	23				
employees? If "res," complete Schedule J  23		· · · · · · · · · · · · · · · · · · ·			
24a   Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a			23		х
Sinol, 000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b   Minuty 24d and complete Schedule K If "No," go to line 25a.	24 a				
through 24d and complete Schedule K If "No," go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "no behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "res," complete Schedule L, Part I .  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 organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II .  25b 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, 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV .  28 Was the organization or party to a business transaction with one of the following parties (see Schedule L, Part IV .  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part IV .  30 Did the organization receive more than \$25,00					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24a		х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c N/A  24d N/A  24d N/A  24d N/A  25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 II  25 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons'? If "Yes," complete Schedule L, Part III  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or	b		$\overline{}$	N	'A
to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d N/A  25a Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uning the year? If "Yes," complete Schedule L, Part I.  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-E27 if "Yes," complete Schedule L, Part I.  25b N/A  26c 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, 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 II.  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II V instructions for appliciable filing thresholds conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.  27 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  28 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  29 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," comple					
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24c	N	'A
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d	·	24d	N	/A
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				Ţ,	-
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-E27 // If "Yes," complete Schedule L, Part I			25a	N	'A
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II.  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.  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.  28 Was the organization a party to a business transaction with one of the following partes (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.  29 Part I.  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R. Part II.  31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part II.  31 Did the organization have a contro	b				
25b N/A  26 Dd 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					
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officiers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			25b	N	'A
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  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.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.  21 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  21 Did the organization onen 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  22 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, Iine 2  23 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  33 Did the organization or o	26				
disqualified persons? If "Yes," complete Schedule L, Part II					
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 IV			26	ļ	Х
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	27				
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III					
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an improved expellutions? If "Yes," complete Schedule N, Part IV.  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R,			27		Х
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28				
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		Part IV instructions for applicable filing thresholds, conditions, and exceptions)	}		
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	а		28a		_X_
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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/A  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, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	b				
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		Schedule L, Part IV	28b		_X_
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
conservation contributions? If "Yes," complete Schedule M	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	}		
Part I			30		_X_
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
complete Schedule N, Part II			31		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	32				
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			32		_X_
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	33				
or IV, and Part V, line 1			33		X
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34				
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				X	
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 a		35a		<u> </u>
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	b				
related organization? If "Yes," complete Schedule R, Part V, line 2			35b	_N	A
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	36		_		, _
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI			36	N/	A
Part VI	37				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  38 X			_		.,
19? Note. All Form 990 filers are required to complete Schedule O			37		X
70 700077117 07710 000 1000 000 000 000	38	· · · · · · · · · · · · · · · · · · ·		.,	
		197 Note. All Form 990 filers are required to complete Schedule O	·		(2017)

Par	tV Statements Regarding Other IRS Filings and Tax Compliance			-3
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$ .
	•		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ N,	<u>A</u>
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	N,	<u>'A</u>
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u> </u>
р	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)	ا ۔ ا		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<del>X</del>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	N/	X / 7
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/	Α
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6.		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	N	′ n
-	gifts were not tax deductible?	θĐ		<u>~</u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
<b>h</b>	and services provided to the payor?	7b	N	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
а	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	'A
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	N	
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/	Ά
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_	N/	A
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/	Ά
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N,	Α
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b   N/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/	Ά
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			- U
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X X
<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	N/	A

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No Enter 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 body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 Х supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . 5 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х a The governing body?..... 8b A\n Each committee with authority to act on behalf of the governing body?................ 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 . . . . . . . . . . Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b N ľA affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b A\n Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," N/A 12c 13 Х 13 Х 14 Did the organization have a written document retention and destruction policy?.......... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a N/A 15b N/A If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a 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 N, Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MO, 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ► AMY CLARK 4801 ROCKHILL ROAD KANSAS CITY, MO 64110-2046 816-932-1219 20

Form **990** (2017)

rm 990 (2017)	BLOCK 4 ACQUISITIONS INC	46-5027571

Part VII	Compensation of	Oπicers,	Directors,	i rustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contr	actors					_	•	• •	
_	Check if Schedule O	contains a re	esponse or n	ote to any line	e in this	s Part VII				

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	Section A.	Officers, Directors	, Trustees, Ke	y Employees	. and Highest Com	pensated Employ	vees
---	------------	---------------------	----------------	-------------	-------------------	-----------------	------

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direc	unles	Pos heck ss pe	rson	n of the Highest compensated the botter employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ее			ated				
(1)SEAN O'BYRNE	1.00									
PRESIDENT	0.	х		x				0.	0.	0.
(2)WILLIAM DIETRICH	1.00									
TREASURER	0.	X		Х	<u>L</u>			0.	0.	0.
(3) PETER BROWN	1.00									
DIRECTOR	0.	X	ļ				<u> </u>	0.	0.	<u>0</u> .
(4)	-	İ		. '						
(5)							_			
(6)			_		-					
(7)				-	-		<u> </u>			
(8)		_								
(9)			-		-		_			
(10)					<u> </u>					
(11)		_			-		_			
(12)		-			<u>_</u>		-			
(13)		-			<u> </u>		_			
(14)		-					-			

Form 990 (2017)

Page	8

	(A)  Name and title	(B)  Average hours per week (list any hours for	(do r box,	not c	Pos heck	C) sition morerson	e than o	ne an	(D) Reportable compensation from the	Report compensat relate organiza	able ion from	Es arr	(F) timated count of other pensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anization i related inizations
											_		
											_	•	·
		<del></del>	_										
С	Sub-total	ection A ,						<b>*</b> * *	0. 0.		0. 0.		0. 0.
	Total number of individuals (including but not reportable compensation from the organization	limited to t		ıste					eceived more than	\$100,000	of		
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Sched											3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	00?	) If	"Yes	3, "	nd other compens	sation from le J for	the such	4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	X
1 1	Complete this table for your five highest components of the component of t												
	(A) Name and business add	dress							(B) Description of se	ervices		(C) Compens	ation
_	N/A						_	-					
_						-		-					
<u></u>	Total number of independent contractors (i				nite			se I	isted above) who	received			
	more than \$100,000 in compensation from the	e organizat	tion 🕨	<u> </u>		0					<b>新教教</b>	THE PARTY	<b>新教教</b>

Part V	Statement of Revenue Check if Schedule O contains a response or note to	any line in this Part \	/III		السا
,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tay under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	Membership dues	7.			
ontributions nd Other Sir	All other contributions, gifts, grants, and similar amounts not included above . 1f				
	Total. Add lines 1a-1f		. <del></del>		
Program Service Revenue					
rograr	All other program service revenue				
<u>a.</u> g	Investment income (including dividends, interest,		<del></del>		Ţ
4	and other similar amounts)	I I		<del>                                     </del>	<del></del>
5	Royalties		·		<del> </del>
6a b c d	Rental income or (loss)	0			
b c	Less cost or other basis and sales expenses  Gain or (loss)	0.			
Other Revenue	events (not including \$ of contributions reported on line 1c) See Part IV, line 18	0.			
9a	See Part IV, line 19 a				
b		0.			-
10a	returns and allowances a		1		
b	Net income or (loss) from sales of inventory,				
11a b					
0					
d	All other revenue				
е				<del>                                     </del>	<del> </del>
12 JSA	Total revenue. See instructions	20,000		<u> </u>	Form <b>990</b> (2017

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	0.	<del></del>	<del></del>	
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.			<del></del>
7 Other salaries and wages	<u> </u>			<del></del>
8 Pension plan accruals and contributions (include			1	
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)	0.			
a Management	661.		661.	
b Legal	750.		750.	
c Accounting	7.50.		730.	<del></del>
d Lobbying	0.	_ <del></del>	<del> </del>	
e Professional fundraising services See Part IV, line 17.	0.1		<del>                                     </del>	
f Investment management fees				· · · · · · · · · · · · · · · · · · ·
g Other (If line 11g amount exceeds 10% of line 25, column	0.			
(A) amount, list line 11g expenses on Schedule O)	0.			
12 Advertising and promotion	0.			
13 Office expenses	0.			
ν. Γ	0.		<del></del>	
15 Royalties	0.			<del></del>
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.			· · · · · · · · · · · · · · · · · · ·
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	630.		630.	
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)				
aTAXES	16,878.		16,878.	
bLAND MAINTENANCE	6,395.		6,395.	
CUTILITIES	303.		303.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	25,617.		25,617.	
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				
fundraising solicitation Check here  following SOR 98 3 (ASC 958-730)				

JSA 7E1052 1 000

Form **990** (2017)

Page 11

²a	rt X	Balance Sheet	<del></del>		<del></del>
		Check if Schedule O contains a response or note to any line in this Pa	art X	• • • •	
		` 	(A) Beginning of year		(B) End of year
	1`	Cash - non-interest-bearing	0.		0
	2	Savings and temporary cash investments	9,132.	2	3,515
	3	Pledges and grants receivable, net	0.	3	0
	4	Accounts receivable, net	0.	4	0
ı	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		}	
		Complete Part II of Schedule L	0.	5	0
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0
ets	7	Notes and loans receivable, net	0.	7	0
Assets	8	Inventories for sale or use	0.	8	0
⋖	9	Prepaid expenses and deferred charges	0.		0
İ	-	Land, buildings, and equipment cost or		<u> </u>	
	104	other basis Complete Part VI of Schedule D 5,767,247.			
		Less accumulated depreciation	5,767,247.	100	5,767,247
- 1	11	Investments - publicly traded securities		11	0
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
1				14	
Į	14	Intangible assets		15	0
	15	Other assets See Part IV, line 11	5,776,379.		5,770,762
_	16	Total assets. Add lines 1 through 15 (must equal line 34)		17	0
- 1	17	Accounts payable and accrued expenses, , , , , ,		18	0
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Ĕ		trustees, key employees, highest compensated employees, and	0		0
Liabilities		disqualified persons Complete Part II of Schedule L		22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0.	-	0
	24	Unsecured notes and loans payable to unrelated third parties.	<u> </u>	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	0	_	0
		of Schedule D	0.	25	0
_	26	Total liabilities. Add lines 17 through 25	0.	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.			
lan.	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets	<del></del>	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.	•		
įts	30	Capital stock or trust principal, or current funds	5,776,379.	$\overline{}$	5,770,762
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
4	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0
Š	33	Total net assets or fund balances	5,776,379.	33	5,770,762
	34	Total liabilities and net assets/fund balances	5,776,379.	34	5,770,762

Page 20,00	<u>12</u>
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20,00	
25.61	0.
	7.
-5,61	7.
,776,37	9.
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<u>,770,76</u>	2.
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Yes N	No_
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. }	v
9	<u>X</u>
ב או	
- NA	<u> </u>
a	Х
	25, 61 -5, 61 , 776, 37

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2017)

N/A

3b

## 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number BLOCK 4 ACQUISITIONS INC 46-5027571 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ Number of states where property subject to conservation easement is located ▶ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**▶**\$.

Sche	dule D (Form 990) 2017									Page 2
Pai	t III Organizations Maintaining Col	ections of	Art, Hist	orical T	reasui	res,	or Oth	ner Similar A	ssets (con	tinued)
3	Using the organization's acquisition, acce									
	collection items (check all that apply)				•				•	
а	Public exhibition		d [	Loan	or exch	ange	progran	ns		
b	Scholarly research		e	Other		_				
C	Preservation for future generations			-						
4	Provide a description of the organization	s collections	and expla	in how t	they fu	rther	the org	ganization's ex	empt purpos	e in Part
	XIII		•		•		·		F - F F	
5	During the year, did the organization solici	or receive d	onations o	f art, hist	orical tr	easu	res, or o	other similar		
	assets to be sold to raise funds rather than								. Yes	No
Pai	t IV Escrow and Custodial Arranger		<u> </u>							
	Complete if the organization and	wered "Yes	on Form	990, Pa	art IV, I	line 9	, or re	ported an am	ount on For	m
	990, Part X, line 21.							•		
1a	Is the organization an agent, trustee, custo	odian or othe	r intermed	ary for c	ontribu	tions	or other	assets not		
	included on Form 990, Part X?								. Yes	□ No
b	If "Yes," explain the arrangement in Part X								· —	
		•		ŭ				Amou	int	
С	Beginning balance					1c				
d	Additions during the year									
e	Distributions during the year									<del></del>
f	Ending balance					1f				
2a	Did the organization include an amount on					-	stodial	account liability	? Yes	No
	If "Yes," explain the arrangement in Part X							-		H
Par				<u> </u>			·			<u></u>
	Complete if the organization ans	wered "Yes	on Form	990, Pa	art IV, I	ine 1	0.			
		urrent year	(b) Prio			o year		(d) Three years b	ack (e) Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains,									
·	and losses									
a	Grants or scholarships									
	Other expenditures for facilities									
е	and programs									
	• •									
	Administrative expenses									
9	Provide the estimated percentage of the control of	urront voor c	and holonor	· /lino 1a	column	. (2))	hold as			
2 a	Description and the second sec	urrem year e	%	= (»ile ig,	Column	1 ( <i>a))</i> 1	neiu as			
b	Permanent endowment ► %	_ <del></del> _	- / •							
c	Temporarily restricted endowment ▶	, %								
•	The percentages on lines 2a, 2b, and 2c s		00%							
3 a	Are there endowment funds not in the pos	•		tion that	are hel	d and	l admın	istered for the		
-	organization by								آ.	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								· · · · · · · · · · · · · · · · · · ·	
h	If "Yes" on line 3a(ii), are the related organ									<del>-  </del>
4	Describe in Part XIII the intended uses of								•• [===	
Par										
	Complete if the organization an								<u>Part X, line</u>	<u>10.</u>
	Description of property	(a) Cost or (invest		(b) Cost o	or other ba ther)	asıs		umulated eciation	(d) Book val	1 <b>6</b>
1a	Land	<del></del>	67,247.				3001		5.76	7,247.
b	Buildings					$\neg +$				
c	Leasehold improvements							<del></del>		
ď	Equipment									
e	Other									
_	. Add lines 1a through 1e (Column (d) mu	st equal Form	990, Part	X, columi	n (B), lir	ne 100	;)	▶	5,76	7,247.

Schedule D (Form 990) 2017

2) 3) 4  5  6  77 8  9) att (Column (b) must equal Form 990, Part X, col (B) line 13)    (b) Book value 1) 2  3  4  5  6  7  8  9  14  7  8  9  15  6  7  8  9  15  6  7  8  9  15  6  7  8  9  15  6  7  8  9  15  6  7  16  7  8  9  16  17  8  9  16  17  8  9  16  17  18  19  16  17  18  19  16  17  18  19  18  19  18  19  19  10  10  10  10  10  10  10  10  10  10	Part VII	Complete if the organization answered	"Yes" on Form 996	0, Part IV, line 11b See Form 990	Part X, line 12.
Closely-hold equity interests   Closely-hold equity interests   Closely		(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
Other (A) (B) (C) (C) (C) (C) (E) (E) (G) (G) (E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(G) (C) (C) (E) (E) (E) (E) (E) (G) (E) (G) (E) (G) (E) (G) (E) (G) (E) (G) (G) (E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(C) (C) (C) (E) (F) (G) (H) (AL (Column (b) must equal Form 990, Fart X, col (B) line 12)   art VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, 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  11 21 31 41 51 61 71 81 91 81 81 91 81 81 91 81 81 91 81 81 91 81 81 91 81 81 91 81 81 91 81 81 91 81 91 81 81 81 91 81 81 81 91 81 81 81 91 81 81 81 91 81 81 81 91 81 81 81 91 81 81 81 81 91 81 81 81 81 91 81 81 81 81 81 81 81 81 81 81 81 81 81					
(C) (E) (F) (G) (H) (A) (A) (Courte (a) must equal Form 990, Part X, col (B) line 12) (a) Description of investment (b) Book value (c) Method of valuation (c) Method of valuation (d) Description of investment (e) Book value (f) (g) Book value (h) Book value			<u> </u>		
(E) (F) (G) (H) (A) (A) (A) (Column (b) must equal Form 990, Part X, col (B) line 12)   art VIII  Investments - Program Related. Complete if the organization answered "Yes" on Form 990, 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  1) 2) 3) 41 5) 6) 7) 8) 9) 1at (Column (b) must equal Form 990, Part X, col (B) line 13)   (a) Description (b) Book value  (b) Book value (cost or end-of-year market value  10 (c) Method of valuation Cost or end-of-year market value  11 21 31 42 43 44 55 66 67 77 88 99 1at (Column (b) must equal Form 990, Part X, col (B) line 15)  44 45 56 67 77 88 99 1at (Column (b) must equal Form 990, Part X, col (B) line 15)  41 42 43 44 45 56 67 68 99 1at (Column (b) must equal Form 990, Part X, col (B) line 15)  41 42 43 44 45 45 46 46 47 48 48 49 49 40 40 40 40 40 40 40 40 40 40 40 40 40					
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)					
(G) (H*) (H*) (A) (A) (Cotumn (b) must equal Form 990, Part X, col (B) kne 12.) ▶  art VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, 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-di-year market value  1) 2) 3) 4) 5) 6) 7) 8) 9) act (Column (b) must equal Form 990, Part X, col (B) kne 13.) ▶  art XIII  Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  1) 2) 3) 41 5) 6) 6) 7) 8) 9) 1at (Column (b) must equal Form 990, Part X, col (B) kne 15.)					
(#)  at. (Column (b) must equal Form 990. Part X col (B) ine 12) ▶  atal. (Column (b) must equal Form 990. Part X col (B) ine 12) ▶  (a) Description of investment  (b) Book value  (c) Method of valuation Cost or end-of-year market value  (c) Method of valuation Cost or end-of-year market value  (d) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (f) Method of valuation Cost or end-of-year market value  (g) Method of valuation Cost or end-of-year market value  (h) Book value  (g) Method of valuation Cost or end-of-year market value  (h) Book value					
art VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, 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 (1) 21. 31. 41. 53. 43. 44. 55. 69. 77. 81. 99. 18. 19. 18. 19. 19. 18. 19. 19. 19. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		····		<u> </u>	
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, 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  11 22 33 44 55 69 77 88 99 bat (Column (b) must equal Form 990, Part X, col (B) line 13)   (a) Description (b) Book value  12 31 42 43 44 45 56 69 77 78 88 99 bat (Column (b) must equal Form 990, Part X, col (B) line 15).  (a) Description (b) Book value  15 56 67 77 78 79 99 tatt (Column (b) must equal Form 990, Part X, col (B) line 15).  (a) Description of liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liabilities.  (b) Book value  (c) Description of liabilities. (a) Description of liability (b) Book value  (c) Description of liability (b) Book value  (d) Description of liability (e) Book value  (f) Federal income taxes  (a) Description of liability (b) Book value  (c) Description of liability (b) Book value  (d) Description of liability (e) Book value  (f) Federal income taxes  (a) Description of liability (b) Book value  (b) Book value  (c) Description of liability (b) Book value  (d) Description of liability (e) Book value  (f) Federal income taxes		n (h) must aqual Form 990. Part V cal (P) Inc. 12.)			
Complete if the organization answered "Yes" on Form 990, 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  1)  2)  3)  4)  5)  6)  7)  8)  9)  1at (Column (b) must equal Form 990, Part X, col (B) line 15),  21  33  44  55  (a) Description (b) must equal Form 990, Part X, col (B) line 15),  21  22  33  44  55  (a) Description (b) must equal Form 990, Part X, col (B) line 15),  21  22  33  44  55  (a) Description (b) must equal Form 990, Part X, col (B) line 15),  25  (a) Description (b) must equal Form 990, Part X, col (B) line 15),  27  28  29  31  40  51  52  (a) Description of inability (b) Book value  1) Federal income taxes  2)  3)  4)  5)  6)  7)  8)  9)  1at (Column (b) must equal Form 990, Part X, col (B) line 25)   4)  5)  6)  6)  7)  8)  9)  1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (a) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Form 990, Part X, col (B) line 25)   1at (Column (b) must equal Fo				-	<u> </u>
Cost or end-of-year market value  2) 3) 4) 5) 6) 7) 8) 9) att X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  1) 2) 3) 4) 5) 6) 7) 8) 9) 1att (Column (b) must equal Form 990, Part X, col (B) line 15), (a) Description (b) Book value  1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1)	art viii	Complete if the organization answered		T	
2) 3) 4  5  6  77 8  9) att (Column (b) must equal Form 990, Part X, col (B) line 13)    (b) Book value 1) 2  3  4  5  6  7  8  9  14  7  8  9  15  6  7  8  9  15  6  7  8  9  15  6  7  8  9  15  6  7  8  9  15  6  7  16  7  8  9  16  17  8  9  16  17  8  9  16  17  18  19  16  17  18  19  16  17  18  19  18  19  18  19  19  10  10  10  10  10  10  10  10  10  10		(a) Description of investment	(b) Book value		
3) 41 41 55 66 77 88 99 att (Column (b) must equal Form 990, Part X, col (B) line 13)    (a) Description (b) Book value  1) 2) 3) 4) 55 6) 77 8) 99 att X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value  1) 10 11 12 13 14 15 16 17 18 19 18 19 19 19 11 11 11 11 11 11 11 11 11 11	(1)			<del> </del>	<del></del>
4) 5) 6) 77 8) 9) alt (Column (b) must equal Form 990, Part X, col (B) line 13) \rightarrow  (a) Description  (b) Book value  1) 2) 3) 4) 5) 6) 77 8) 9) art IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description  (b) Book value  1) 5) 6) 77 8) 9) art X Other Labilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  1) Federal income taxes  2) 3) 4) 5) 6) 77 8) 9) tal. (Column (b) must equal Form 990, Part X, col (B) line 25) \rightarrow  Lability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)			<del> </del>	
5) 6) 7) 8) 9) art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  1) 2) 3) 4) 5) (a) 1) 1) 1 2) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1)					
6) 7) 8) 9) 1at. (Column (b) must equal Form 990, Part X, col (B) line 13) \( \)  (a) Description  (b) Book value  1) 2) 3) 4) 5) 6) 7) 8) 9) 1at. (Column (b) must equal Form 990, Part X, col (B) line 15). \( \)  2				<del> </del>	
7) 8) 8) 9 at. (Column (b) must equal Form 990, Part X, col (B) line 13)  Art IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  1) 2) 3) 4) 5) 6) 7) 8) 9) Art IX Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  1) Federal income taxes 2) 3) 4) 5) 6) 7) 8) 9) 1al. (Column (b) must equal Form 990, Part X, col (B) line 25)  (a) Description of liability (b) Book value  1) Federal income taxes 2) 3) 4) 5) 6) 7) 8) 9) 1al. (Column (b) must equal Form 990, Part X, col (B) line 25)  Lability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the			<del></del>		·· ·
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(9)  Ital. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)				
(9)  Ital. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)				
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)				
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	tal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		
ganization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII	Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	at reports the

Schedule D (Form 990) 2017

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains (losses) on investments 2a	]
b	Donated services and use of facilities	] [
С	Recoveries of prior year grants	]
d	Other (Describe in Part XIII )	<u> </u>
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIII.)	<b>{</b>
С 5	Add lines 4a and 4b	
Part 2		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u> </u>
1	Total expenses and losses per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	
	Donated services and use of facilities	1
	Thor year adjustments	1 1
C	Other losses	1
d	Other (Describe in Part XIII )	2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	]
	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
²rovide ?, Part	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information in the second s	art V, line 4, Part X, line mation
		<del></del>
	·	

Schedule D (Form 990) 2017

## **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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer Identification number

Name of the organization BLOCK 4 ACQUISITIONS INC

46-5027571

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
THE PRESIDENT REVIEWS THE RETURN WITH THE PREPARER PRIOR TO SIGNING.
PART VI, SECTION C, LINE 19
COPIES OF GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST, AND ARE
AVAILABLE FOR INSPECTING DURING REGULAR BUSINESS HOURS AT THE LOCATION

LISTED IN PART VI SECTION C ON THE RETURN.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Employer identification number

(f) Direct controlling entity 46-5027571 Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, because it had (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (f applicable) of disregarded entity BLOCK 4 ACQUISITIONS INC Part II Part

3

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(9)

9

(2)

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Part II	one or more related tax-exempt organizations during the tax year.	empt organizations during th	e tax year.						
	(a) Name, address, and EIN of related organization	ted organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entrly?	2(b)(13) lled ?
								Yes	N <sub>o</sub>
(1) MURIEL	(1) MURIEL MCBRIEN KAUFFMAN FOUNDATION	43-1460787							
4801 RC	4801 ROCKHILL ROAD	KANSAS CITY, MO 64110	PHILANTHROPIC MO	МО	501 (C) (3)	PF	N/A		×
(2) PAC HOLDING, INC	LDING, INC	43-1856971							
4801 RC	4801 ROCKHILL ROAD	KANSAS CITY, MO 64110	PHILANTHROPIC MO	MO	501 (C) (2)	N/A	MMKF		×
(3) PAC DE	(3) PAC DEVELOPMENT, INC	20-5763112					<u> </u>		
4801 RC	4801 ROCKHILL ROAD	KANSAS CITY, MO 64110	PHILANTHROPIC MO	МО	501 (C) (2)	N/A	MMKF		×
(4)				!					
(5)									
(9)									
(2)						:			
								_	

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

Schedule R (Form 990) 2017

46-5027571

Schedule R (Form 990) 2017

Section 12(b)(13) ontrolled entity? (k) 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. Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (h) Disproportionata albeatora? Yes No (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (d)
Direct controlling (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization Part III Part IV (2) (4) (3) 9 (7) Ξ 2

(a) Name address and EIN of related organization	(b) Primary activity	(c) Legal domicule	(d) Direct controlling	(e) Type of entry	(f) Share of total	(g) Share of	(h) Percentage	(j) Section
	•	(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets ownership controlled controlled enity?	ownership	512(b)(13) controlled entity?
								Yes No
(1)								
								+
(2)								
								-
(3)								
								_
(4)								
(5)								
								-
(9)					•			
	i							
(2)								
								$\dashv$
J.SA 7E1308 1 000						Schedule R (Form 990) 2017	(Form 99	0) 2017

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	on Form 990, Par	t IV, line 34, 35b, or 36.	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity.	ated organizations list	led in Parts II-IV?	- 1 1 × ×
			×
d Loans or loan guarantees to or for related organization(s)			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
f Dividends from related organization(s)	•	•	11
			$\downarrow$
h Purchase of assets from related organization(s)			1 1 ×
j Lease of facilities, equipment, or other assets to related organization(s)			; <del>-</del>
k Lease of facilities, equipment, or other assets from related organization(s)			
			1
m Performance of services or membership or fundraising solicitations by related organization(s)			1m ×
			10
p Reimbursement paid to related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)			1 1 1 × ×
ı		covered relationships and trans	and transaction thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MURIEL MCBRIEN KAUFFMAN FOUNDATION	U	20,000.	CASH
(2)			
(3)			
(4)			
(5)			
(9)			
J.SA 7E1309 2 000		Sch	Schedule R (Form 990) 2017

## 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

Name, address and EIN of entry	Primary activity	Legal domicile (state or foreign country)		Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate ellocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		General or managing partner?	Percentage ownership
			sections 512-514)	Yes No			Yes	No	$\neg$	Yes No	
(1)											
(2)										-	
(3)			ļ						-		
								_		_	
(4)		-			_						
(5)									<del>                                     </del>	-	
(9)									-	-	
(2)											
(8)										-	
(6)											
(10)											
(11)										-	
(12)										-	
(13)										ļ 	
(14)	i								-		
(15)										-	
(16)										ļ	<u></u>

Schedule R (Form 990) 2017

Page 5

Part VII Supplemental Information

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