

**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

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| For claimed year 2017 of tay year beginning   and ending  | Departmen   | t or the Treasury   | social security numbers on  |   |   | 2011                                    |
|---|-------------|---|-----------------------------|---|---|---|
| THE MCGRE FOUNDATION C/O BERNARD J. DUPPY, ITI THE MCGRE FOUNDATION C/O BERNARD J. DUPPY, ITI BROWN SERVING AND CONTROL OF CONTROL OF THE ACT OF THE METAL OF THE  |             |   | rs.gov/Form990PF for inst   | <del></del>   | rmanon.   | Open to Public Inspection               |
| THE MCGER FOUNDATION (/O BERRARD J. DUPPY, ITI  Sand of the property of the pr  |             |   |                             | , and onding  | A Employer identification                               | number                                  |
| A   Colo Calls   Statement   A   Color Calls   Statement   Statement   A   Color Calls   Statement   A   Color Calls   Statement   A   Color Calls   Statement   Statement   A   Color Calls   Statement   State    |             |   |                             |   |   | namboi                                  |
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| 8 300 NE UNIDERCROUND DR, PILLAR  (C) for town, sith or province, country, and 2P or for egin postal code  KANSAS CITY, MO 64161  (C) cliex all that apply. Initial return Anneholder inturn Anneholder inturnation inturnatio  |             |   | ddress)                     | Room/suite  | <del></del>   | <del></del>                             |
| City or town, state or province, country, and ZiP or for egin postal code  KANSAS CITY, MO 64161  G Ciniza at the stayey. Initial seturn Annahode return Annahode annahode Annahode return Annahode annahode Annahode return Annahode annahode Annahode return Annahode A  | 830         | 0 NE UNDERGROUND DR. PI   | LLAR                        | 121в  |   | 00                                      |
| KANSAS CITY, MO 64161   G Check all that apply:   |             | <del></del>   |                             |   | <del> </del>  |   |
| E Check all that apply.   |             |   |                             |   | 1   |   |
| Final seturn   Address change   Name change   |             |   | Initial return of a f       | ormer public charity                                | D 1. Foreign organizations                              | , check here                            |
| H. Check byte of organization: Section 501(c)(2) owning private foundation Section 494(2)(1) onesempt charable trust Other travels or all assets at end of year of the country of the coun  |             |   | Amended return              |   |   |   |
| H. Check byte of organization: Section 501(c)(2) owning private foundation Section 494(2)(1) onesempt charable trust Other travels or all assets at end of year of the country of the coun  |             | Address change  | Name change                 |   | Foreign organizations mee     check here and attach cor | eting the 85% test, inputation          |
| Section 4947(a)(1) nonexempt charitable triset   Other teache private foundation   Other teachers   Other     | H Check     | type of organization: X Section 501(c)(3) ex  | empt private foundation     | as D  | 1   |   |
| Far market value of all assets at end of year if (room Part III, col. (c), line 16)  \$ 16,984,074.   (Fart I, column (d) must be on cash bases.)  [Part II] Analysis of Revenue and Expenses.  Research year life ending of the property of the column (d) must be on cash bases.)  [1 Contributions, gifts, grants, etc., received expenses on before an accordant of the property of the column (d) must be on cash bases.)  [1 Contributions, gifts, grants, etc., received expenses on accordant and the provincy of the column (d) must be on cash bases.)  [2 Comba Dil 16th tendering is of received and the received is stack file 8 or principle on the column (d) must be on cash bases.)  [3 Contributions, gifts, grants, etc., received expenses per foods.]  [4 Dividends and interest from securities.]  [5 A Gross creats.]  [5 Dividends and interest from securities.]  [5 A Gross creats.]  [6 Dividends and interest from securities.]  [6 Dividends and interest from securities.]  [7 Ceptal gain on a recommend of the column (d) must be on cash bases.]  [8 Dividends and interest from securities.]  [8 Dividends and interest from securities.]  [9 Dividends a | Se          | ection 4947(a)(1) nonexempt charitable trust  | Other taxable private found | ation   |   |   |
| (Irom Part II, col. (c), line 16)  S 16.984,074. [Part II] Analysis of Revenue and Expenses  Part II] Analysis of Revenue and Expenses  (a) Revenue and contents coloring (b) (c), and (g) (may rot incessorily sear in the remotile in coloring (b) (s) and (g) (may rot incessorily sear in the remotile in coloring (b) (s) and (g) (may rot incessorily sear in the remotile in coloring (b) (s) and (g) (may rot incessorily sear in the remotile in coloring (b) (s) and (g) (may rot incessorily sear in the remotile in coloring (b) (s) and (g) (may rot incessorily sear in the remotile in coloring (b) (s) and (g)  | 1 Fair ma   | arket value of all assets at end of year   J Accounti                                     | ng method: Cash             | Accrual   | F If the foundation is in a 6                           | 60-month termination                    |
| Part I   Analysis of Revenue and Expenses   (a) Revenue and expenses   (b) Net muestment income   (c) and (c) may not measure with the analysis of Revenue and expenses per books   (b) Net muestment income   (c) Adjusted net income (cach has certificate   (d) Destination   (d) Adjusted net income   (d)    | (from F     |   |                             |   |   |   |
| 1 Contributions, offits, grants, etc., received   2 Cheek   X   X   X   X   X   X   X   X   X   |             |   | nn (d) must be on cash bas  | s.)   | <u></u>   |   |
| 1 Contributions, offits, grants, etc., received   2 Cheek   X   X   X   X   X   X   X   X   X   | Part I      | Analysis of Revenue and Expenses  The total of amounts in columns (b) (c) and (d) may not |                             | (b) Net investment                                  |   |   |
| Consider  |             | necessarily equal the amounts in column (a)   | expenses per books          | income  | <u> </u>  |   |
| 2 chase May 1 fine believed to elegate to the set of section of of se  | 1           |   |                             |   |   |   |
| 4 Durdends and interest from securities 5 Gross rents 5 Hort rental moome or (foca) 6 Not pon or focal to one sale of assets not on line 10 6 Gross acting over for all 1,098,522. 7 Capital pain not stronge from PPH IV, line 2) 8 Not short-term capital gain 9 Income modifications 10 Gross acting over for all 1,098,522. 8 Not short-term capital gain 9 Income modifications 10 Gross short for (focal) 11 Other income 12 Total. Add lines 1 through 11 792,802. 792,802. 792,802. 13 Compensation of officers, of actors, nucleon, atc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 1 Accounting fees 1 STATEMENT 1 Total. Add lines 1 through 11 13 Compensation of officers, of actors, nucleon, atc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 1 Interest 10 Depreciation and depletion 10 Compensation of officers, of actors, nucleon, atc 10 Compensation of officers, of actors, nucleon, atc 10 Compensation of officers, of actors, nucleon, atc 14 Other employees salaries and wages 15 Pension plans, employee benefits 16 Legal fees 1 Depreciation and depletion 17 Interest 18 Taxes 19 Depreciation and depletion 20 Coupancy 21 Travel, conferences, and meetings 22 Frinting and publications 23 Other expenses 24 Total operating and administrative 25 contributions, girts, grants paid 26 Total expenses and disbursements. 26 Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Ecoses of resenses and disbursements. 29 Add lines 24 and 25 20 Contributions, girts, grants paid 20 Coupancy 21 Travel, conferences, and debursements. 29 Add lines 24 and 25 20 Contributions, girts, grants paid 20 Coupancy 21 Travel, conferences, and debursements. 20 Add lines 24 and 25 21 Subtract line 26 from line 12: 22 Contributions, girts, grants paid 23 Contributions, girts, grants paid 24 Contribution  | 2           |   | 1 x 6 3 x x 6 4 3           | * * ; . * * <u>* * * * * * * * * * * * * * * * </u> | * 3 % 4 5 5 6 7   | * |
| Sa Gross rents   b   Net rental income or (loca)   493,286   28   28   28   28   28   28   28   | 3           |   |                             |   |   |   |
| B Not rental mooms or (loss)  8 Not pain or (loss) from sale of assests not on hime 10  9 Consider prior for all 1,098,522.  7 Country annual from the form Part IV, Ima 2)  8 Not short-term capital gain  9 Income modifications  10a and disvances  b Less Cost of poods sold  c Gross priofit or (loss)  11 Other income  12 Total. Add lines 1 through 11  792,802.  792,802.  792,802.  13 Compensation of officers, descirs, vusitees, etc.  14 Other employee salents and wages  15 Pension plans, employee benefits  16a Legal fees  5 Countring fees  5 STMT 3  10 Countring fees  5 STMT 3  10 Countring fees  5 STMT 4  15,494.  15,494.  17 STATEMENT:  18 STATEMENT:  19 Person plans, employee benefits  19 Timerest  10 Occupancy  11 Travel, conferences, and meetings  12 Travel, conferences, and meetings  12 Travel, conferences, and meetings  12 Travel, conferences, and disbursaments.  24 Add ines 24 and 25  25 Contributions, gifts, grants paid  26 Total expenses and disbursaments.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of reviews over expenses and disbursaments.  Net investment income (in expeluxe, enter -0)  C Adjusted net income (in expeluxe, enter -0)   | 4           | Dividends and interest from securities  | 298,669.                    | 298,669.  |   | STATEMENT 1                             |
| Sea     | 5a          | Gross rents   | <b>\</b>                    |   | <u> </u>  | * * * * * * * * * *                     |
| Dispersion sales prote for all 1,098,522.   1,098,522.   1,098,522.   1,098,522.   1,098,522.   1,098,522.   1,098,522.   1,098,522.   1,098,523.     | 6           | Net rental income or (loss)   | <del></del>                 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \               | ****  |   |
| 9 Income modifications Cross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Tatal. Add lines 1 through 11 792,802. 792,802. 13 Compensation of officera, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative 24 expenses. Add lines 13 through 23 25 Contributions, grifts, grants paid 26 Total expenses and disbursements. 26 Add lines 24 and 25 27 Subtract line 26 from line 12: 22 2,930. 22 2,930. 34 774,677. 36 25 25 26 25 27 Subtract line 26 from line 12: 22 2,930. 36 20 20 20 20 20 20 20 20 20 20 20 20 20  | 6a          |   |                             |   | " · · · · · · · · · · · · · · · · · · ·                 |   |
| 9 Income modifications Cross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Tatal. Add lines 1 through 11 792,802. 792,802. 13 Compensation of officera, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative 24 expenses. Add lines 13 through 23 25 Contributions, grifts, grants paid 26 Total expenses and disbursements. 26 Add lines 24 and 25 27 Subtract line 26 from line 12: 22 2,930. 22 2,930. 34 774,677. 36 25 25 26 25 27 Subtract line 26 from line 12: 22 2,930. 36 20 20 20 20 20 20 20 20 20 20 20 20 20  | ᇍ           | assets on line 6a 1,098,522.  |                             | <del></del>   | *                 | <u> </u>                                |
| 9 Income modifications Cross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Tatal. Add lines 1 through 11 792,802. 792,802. 13 Compensation of officera, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative 24 expenses. Add lines 13 through 23 25 Contributions, grifts, grants paid 26 Total expenses and disbursements. 26 Add lines 24 and 25 27 Subtract line 26 from line 12: 22 2,930. 22 2,930. 34 774,677. 36 25 25 26 25 27 Subtract line 26 from line 12: 22 2,930. 36 20 20 20 20 20 20 20 20 20 20 20 20 20  | \$ 7        | Capital gain net income (from Part IV, line 2)  |                             | 493,286.  | * * * \ * \ \ \   | * |
| 10   10   10   10   10   10   10   10   | 8 ۳         | Net short-term capital gain   | l                           | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\              |   | *********                               |
| b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11  13 Compensation of officors, directors, fusiless, etc  14 Other employee salaries and wages  15 Perision plans, employee benefits  16 Legal fees  1 Accounting fees  1 DACCOUNTING fees  1 STMT 3  1 O, 587.  1 , 588.  1 RECEIVED  8 , 999  1 Interest  1 Tinterest  1 Tinterest  1 Tinterest  2 Occupancy  2 I Travel, conferences, and meetings  2 Printing and publications  2 STMT 5  2 Total operating and administrative expenses Add lines 13 through 23  2 Total expenses and disbursements.  Add lines 24 and 25  2 Subtract line 26 from line 12:  8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negat  | ∫ 9         |   | *****                       | 3 6 3 3 3 3 3 3                                     | <u> </u>  |   |
| b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, rustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (f negative, enter -0-) c Adjusted net income (f negative, enter -0-) c Adjusted net income (f negative, enter -0-) c Adjusted net income (f negative, enter -0-)  | 10a         | and allowances  |                             | <del></del>   |   |   |
| Corporation of chicars, directors, rustices, atc   Compensation of chicars, rustices, atc   Compensation of chicars, rustices, atc   Compensation of chicars, rustices, atc     | - 1         |   | *                           | <u> </u>  | . % * * * * * * /                                       |   |
| 12   Total. Add lines 1 through 11   792,802. 792,802.     13   Compensation of officers, directors, trustees, etc   0.   0.   0.   0.     14   Other employee salaries and wages   15   Pension plans, employee benefits   16a   Legal fees   1      |             | , , ,   | 047                         | <u> </u>  |   | CM2 maxaa                               |
| 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses. Add lines 13 through 23 26 Contributions, girts, grants paid 27 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | 1           |   |                             |   | <b></b>   | <del></del>                             |
| 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  28 Excess of revision over expenses and disbursements 29 N/A  20 Other employee salaries and wages 20 Other employee benefits 20 One professional fees 20 Omany 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revision over expenses and disbursements 22 Printing and administrative expenses and disbursements 22 Printing and administrative expenses. Add lines 26 from line 12: 28 Excess of revision over expenses and disbursements 29 N/A  20 Other expenses 20 Other expenses and disbursements 20 Other expenses and disbursements 20 Other expenses and disbursements 22 Printing and publications 25 Other expenses and disbursements 26 Other expenses and disbursements 27 Other expenses and disbursements 29 Other expenses and disbursements 20 Other expenses and disbursements 20 Other expenses and disbursements 20 Other expenses and disbursements 22 Other expenses and disburse  |             |   |                             |   | <del></del>   | 0.                                      |
| 15 Pension plans, employee benefits 16a Legal fees b Accounting fees C Other professional fees 17 Interest 18 Taxes STMT 4 15,494.  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 41,995. 16,537. 25,458 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, grifs, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)   |             |   | } <u>-</u>                  | ٠.  |   | \ <u>\</u>                              |
| 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursaments b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  28 STMT 3 29 10 10 10 10 10 10 10 10 10 10 10 10 10  | 1           | • •   | <del></del>                 | <u> </u>  |   |   |
| b Accounting fees STMT 3 10,587. 1,588. RECEIVED 8,999 c Other professional fees  17 Interest 18 Taxes STMT 4 15,494. 05 MAY 2 1 2018 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | ,           |   | <del></del>                 |   |   | <del></del>                             |
| 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A   | 8 10g       |   | 10 587                      |   | DECENTER  | 1 8 999                                 |
| 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A   |             | _   | 10,307.                     | 1,300.  | VECCIVE   |   |
| 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A   | Щ, °        |   |                             | 10  |   |   |
| 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A   | .¥  18      |   | 15.494.                     |   |   | 0.                                      |
| 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A   | 10          |   |                             |   | <b> </b>  | 3/22 - 3 - 1 - 2 - 3                    |
| 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A   | Ę 20        |   |                             |   | OCDENT  | ======================================  |
| 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A   | <b>월</b> 21 | • •   |                             | L   | CODEN, U1   |   |
| 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A  |             |   |                             |   |   |   |
| 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A  | e 23        | am a  | 41,995.                     | 16,537.   |   | 25,458.                                 |
| 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A  | 됨 24        | · '   |                             |   |   |   |
| 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A  | era<br>-    |   | 68,076.                     | 18,125.   |   | 34,457.                                 |
| 26 Total expenses and disbursements.  Add lines 24 and 25  769,872. 18,125. 736,253  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  | Ö 25        | - ·   |                             | \ \ \ \ \ \ \ \ \                                   | ^ / ^ / * . *   | 701,796.                                |
| Add lines 24 and 25  769,872. 18,125. 736,253  Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursaments b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  N/A   |             |   |                             |   |   |   |
| 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursaments b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A  | _ 1         |   | 769,872.                    | 18,125.   |   | 736,253.                                |
| a Excess of revenue over expenses and disbursaments b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  N/A  | 27          |   |                             |   | / 、   |   |
| b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A   | a           | Excess of revenue over expenses and disbursements   | 22,930.                     |   |   |   |
| 000 DE  | b           | Net investment income (if negative, enter -0-)  |                             | 774,677.  | , ,   | ^                                       |
| 000 DF  | c           | Adjusted net income (if negative, enter -0-)  |                             |   | N/A   | ,                                       |
| 72337 6733 10 2737 767 767 767 767 767 767 767 767 767  |             |   | e, see instructions.        | Q-22  | ァ <u> </u>  | Form <b>990-PF</b> (2017)               |

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30                 | ] |             |
|---|---|---|-------------|
|   | (must agree with end-of-year figure reported on prior year's return)                                  | 1 | 11,197,610. |
| 2 | Enter amount from Part I, line 27a  | 2 | 22,930.     |
| 3 | Other increases not included in line 2 (itemize)  | 3 | 0.          |
| 4 | Add lines 1, 2, and 3   | 4 | 11,220,540. |
| 5 | Decreases not included in line 2 (itemize)  | 5 | 0.          |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 11,220,540. |

| Part IV Capital Gains   | and Lo                  | sses for Tax on Inv                                    | estment/        | Income                               |          |                            |                          |                      |                               |   |
|---|-------------------------|--|-----------------|--------------------------------------|----------|----------------------------|--------------------------|----------------------|-------------------------------|---|
|   |                         | o) of property sold (for examor common stock, 200 shs. |                 | te,                                  | IP       | How ac<br>- Purc<br>- Dona | equired<br>hase<br>ation | (c) Date<br>(mo., d  | acquired<br>ay, yr.)          | (d) Date sold (mo., day, yr.)             |
| 1a VARIOUS MUTUAL   | FUNI                    | S  |                 |                                      |          |                            | P                        | VARI                 | OUS                           | VARIOUS                                   |
| b CAPITAL GAIN D  | ISTRI                   | BUTIONS (ST)   |                 |                                      |          |                            | P                        | VARI                 | OUS                           | VARIOUS                                   |
| c CAPITAL GAIN D  | ISTRI                   | BUTIONS (LT)   |                 |                                      |          |                            | P                        | VARI                 | OUS                           | VARIOUS                                   |
| _d  |                         |  |                 | ·····                                |          |                            |                          |                      |                               |   |
| _e  |                         |  |                 |                                      | L_,      |                            |                          |                      |                               | <u> </u>                                  |
| (e) Gross sales price   | (f) [                   | Depreciation allowed (or allowable)                    |                 | st or other basis<br>expense of sale |          |                            |                          |                      | ain or (loss<br>s (f) minus   |   |
| a 900,006.  |                         |  |                 | 605,23                               | 6.       |                            |                          |                      |                               | 294,770.                                  |
| ь 7,206.  |                         |  |                 | - <del></del>                        |          |                            |                          |                      |                               | 7,206.                                    |
| c 191,310.  |                         |  |                 |                                      |          |                            |                          |                      |                               | 191,310.                                  |
| _d  |                         |  |                 |                                      |          |                            |                          |                      |                               |   |
| <u>e</u>  |                         |  |                 |                                      |          |                            |                          |                      |                               |   |
| Complete only for assets showing  | ig gain in i            | column (h) and owned by the                            | ne foundation   | on 12/31/69.                         |          |                            | (1)                      | Gains (C             | ol. (h) gain                  | minus                                     |
| (i) FMV as of 12/31/69  | (                       | j) Adjusted basis<br>as of 12/31/69                    |                 | cess of col. (i)<br>col. (j), if any |          |                            | col.                     | (k), but r<br>Losses | not less that<br>(from col. ( | n -0-) <b>or</b><br>(h))                  |
| a   |                         |  |                 |                                      |          |                            |                          |                      |                               | 294,770.                                  |
| b   |                         |  |                 |                                      |          |                            |                          |                      |                               | 7,206.                                    |
| c   |                         |  |                 |                                      |          |                            |                          |                      |                               | 191,310.                                  |
| d   |                         |  |                 |                                      | -1       |                            |                          |                      |                               |   |
| e   |                         |  |                 |                                      |          |                            |                          |                      |                               |   |
| 2 Capital gain net income or (net ca  | pital loss)             | If gain, also enter                                    |                 |                                      | }        | 2                          |                          |                      | <del> </del>                  | 493,286.                                  |
| 3 Net short-term capital gain or (los   |                         |  | -               | •                                    | 1        |                            |                          |                      |                               |   |
| If gain, also enter in Part I, line 8,  |                         |  | 1 (0).          |                                      | 11       |                            |                          |                      |                               |   |
| If (loss), enter -0- in Part I, line 8  | 001011111 (4            | .,.  |                 |                                      | <i>-</i> | 3                          | i.                       |                      | N/A                           |   |
| Part V Qualification U  | nder S                  | ection 4940(e) for I                                   | Reduced         | Tax on Net                           | nve      | stm                        | ent Inco                 | me                   |                               |   |
| If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation doesn't qualification to the section of the section | tion 4942<br>y under se | tax on the distributable amo                           | olete this part | ·                                    |          |                            |                          |                      |                               | Yes X No                                  |
| 1 Enter the appropriate amount in (a)   | acii coluli             | <del></del>  | su ucuons bei   | ore making any en                    |          |                            |                          | <del></del>          |                               | 74)                                       |
| Base period years<br>Calendar year (or tax year beginnii  | ng in)                  | Adjusted qualifying distr                              |                 | Net value of no                      |          |                            |                          |                      | Distril<br>(col. (b) div      | (d)<br>bution ratio<br>vided by col. (c)) |
| 2016  |                         |  | 2,932.          |                                      |          |                            | 2,694                    |                      |                               | .051101                                   |
| 2015  |                         |  | 7,906.          |                                      |          |                            | 1,735                    |                      |                               | .048600                                   |
| 2014  |                         |  | 3,157.          |                                      | 14       | <u>, 95</u>                | 7,645                    |                      |                               | .039656                                   |
| 2013  |                         |  | 1,662.          |                                      |          |                            | 6,288                    |                      |                               | .051600                                   |
| 2012  |                         | 611  | L,541.          |                                      | 12       | , 16                       | 4,948                    | •                    |                               | .050271                                   |
| 2 Total of line 1, column (d)   |                         |  |                 |                                      |          |                            |                          | 2                    |                               | .241228                                   |
| 3 Average distribution ratio for the<br>the foundation has been in existe   | •                       | •  | n line 2 by 5.0 | ), or by the numbe                   | er of y  | rears                      |                          | 3                    |                               | .048246                                   |
| 4 Enter the net value of noncharitab  | le-use ass              | ets for 2017 from Part X, III                          | ne 5            |                                      |          |                            |                          | 4                    | 1                             | 5,890,018.                                |
| 5 Multiply line 4 by line 3   |                         |  |                 |                                      |          |                            |                          | 5                    |                               | 766,630.                                  |
| 6 Enter 1% of net investment incom  | ne (1% of l             | Part I. line 27b)                                      |                 |                                      |          |                            |                          | 6                    |                               | 7,747.                                    |
| 7 Add lines 5 and 6   | ,                       | ,,   |                 |                                      |          |                            |                          | 7                    |                               | 774,377.                                  |
|   | n Dord VII              | lina A   |                 |                                      |          |                            |                          |                      | -                             |   |
| 8 Enter qualifying distributions from   | -                       |  |                 |                                      |          |                            | _                        | 8                    |                               | 736,253.                                  |
| If line 8 is equal to or greater than<br>See the Part VI instructions.  | i line 7, ch            | eck the box in Part VI, line                           | 1b, and comp    | lete that part using                 | g a 19   | % tax r                    | ate.                     |                      |                               |   |
| 723521 01-03-18   |                         | <del></del>  |                 |                                      |          |                            |                          |                      |                               | Form <b>990-PF</b> (2017)                 |

THE MCGEE FOUNDATION C/O BERNARD J. DUFFY, 44-6006285 Form 990-PF (2017) III Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔙 and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: 6,640 a 2017 estimated tax payments and 2016 overpayment credited to 2017 0. b Exempt foreign organizations - tax withheld at source 6b Ō. c Tax paid with application for extension of time to file (Form 8868) 6c 0. 6d d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8 8,854 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2018 estimated tax 11 Part VII-A Statements Regarding Activities No Yesi 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (2) On foundation managers. > \$ (1) On the foundation. > \$\_ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A b if "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7

Form **990-PF** (2017)

8b

MO

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing ther names and address

of each state as required by General Instruction G2 if "No," attach explanation

b. If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

THE MCGEE FOUNDATION C/O BERNARD J. DUFFY, III

| Pá         | art VII-A     | Statements Regarding Activities (continued)   |  | _          |
|------------|---------------|---|--|------------|
|            |               |   |  | <u> </u>   |
| 11         | At any time   | during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                            | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\         | <u>-</u>   |
|            |               | 2(b)(13)? If "Yes," attach schedule. See instructions   | 11 X   |            |
| 12         |               | ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?       | <del>                                   </del> | -          |
|            |               | ach statement. See instructions   | 12 X   |            |
| 13         | •             | ndation comply with the public inspection requirements for its annual returns and exemption application?                              | 12 X   | _          |
|            |               | dress > N/A   |  | _          |
| 14         |               | are in care of ▶ BERNARD J. DUFFY III Telephone no. ▶816-4  | 171-1700                                       | -          |
| •          |               | ▶814 WESTOVER, KANSAS CITY, MO  |  | -          |
| 15         |               | 47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here                                      | 04113  | ī          |
| ,,,        |               |   | NI / 3   | J          |
| 16         |               | the amount of tax-exempt interest received or accrued during the year to the same that is a signature or other authority over a bank, | N/A<br>Yes No                                  | _          |
| 10         |               | or other financial account in a foreign country?  |  | _          |
|            |               | ·   | 16 X   | _          |
|            |               | tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the                                 |  |            |
| Pa         | foreign cou   | Statements Regarding Activities for Which Form 4720 May Be Required   | \$ %,,   | ú          |
| V28        |               |   |  | _          |
| 4.         |               | 4720 if any item is checked in the "Yes" column, unless an exception applies.   | Yes No   | <u> </u>   |
| 18         | _             | year, did the foundation (either directly or indirectly):   |  | × × ×      |
|            |               | e in the sale or exchange, or leasing of property with a disqualified person?   |  | *          |
|            |               | w money from, lend money to, or otherwise extend credit to (or accept it from)  |  | 8          |
|            | -             | valified person?  |  |            |
|            |               | n goods, services, or facilities to (or accept them from) a disqualified person?  |  | š          |
|            |               | mpensation to, or pay or reimburse the expenses of, a disqualified person?  |  | ×          |
|            |               | er any income or assets to a disqualified person (or make any of either available   |  | ž.         |
|            |               | benefit or use of a disqualified person)?   |  |            |
|            |               | to pay money or property to a government official? (Exception. Check "No"   | Žy.  | 2          |
|            |               | oundation agreed to make a grant to or to employ the official for a period after  |  | (N/40) An. |
|            |               | ation of government service, if terminating within 90 days.)  |  | ξ.         |
| b          |               | er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                           |  |            |
|            |               | 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A  | 1b   | _          |
|            |               | ns relying on a current notice regarding disaster assistance, check here  |  |            |
| C          |               | ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected                  |  |            |
|            |               | irst day of the tax year beginning in 2017?   | 1c X   | _          |
| 2          |               | ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation                 |  |            |
|            |               | ection 4942(j)(3) or 4942(j)(5)):   |  |            |
| a          |               | of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning             |  |            |
|            | before 2017   | 103 <u></u> NU  |  |            |
|            |               | the years <b>&gt;</b> ,,,,,,  |  | ,          |
| b          |               | ny years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect     |  |            |
|            |               | assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach               |  |            |
|            |               | see instructions.) N/A  | 2b   | _          |
| C          | If the provis | sions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.                           |  | >          |
|            | <b></b>       | ,   |  | ,          |
| 3 <b>a</b> |               | ndation hold more than a 2% direct or indirect interest in any business enterprise at any time  |  |            |
|            | during the y  | 103 [22] 10   |  |            |
| b          |               | it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after              |  | v          |
|            |               | 69; <b>(2)</b> the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose     |  | ,          |
|            |               | acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,                |  | 3          |
|            |               | to determine if the foundation had excess business holdings in 2017.) N/A   | 3b   | _          |
|            |               | idation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                  | 4a X   | _          |
| b          |               | idation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that           | ***  | *          |
|            | had not bee   | n removed from jeopardy before the first day of the tax year beginning in 2017?   | 4b X   | _          |
|            |               |   | Form <b>990-PF</b> (2017)                      | )          |

|    |  |   |                  |  | 000 DE (004                                 |
|----|--|---|------------------|--|---|
| To | otal number of other employees paid over \$50,000                |   |                  |  | (   |
| _  |  | 7   | 1                |  |   |
| _  |  |   |                  |  |   |
| _  |  |   | 1                | }  |   |
|    |  |   | 1                |  |   |
|    |  | ]   |                  | 1  |   |
|    |  |   | 1                |  |   |
|    | ······································                           | 7   |                  | 1  |   |
|    |  |   | Ţ                |  |   |
| _  |  | 7   | 1                |  | ĺ   |
| _  | NONE   |   | <u> </u>         |  |   |
|    | (a) Name and address of each employee paid more than \$50,000    | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) Expense<br>account, other<br>allowances |
| 2  | Compensation of five highest-paid employees (other than those in | cluded on line 1). If none,                               | enter "NONE."    |  |   |
| _  |  | -   | }                | <b>,</b>   |   |
|    |  | 1   | <b>I</b>         | !  | {   |

# THE MCGEE FOUNDATION

| Paid Employees, and Contractors (continued)  3 Five highest-paid independent contractors for professional services. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE  Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries served, continenes convened, research papers produced, etc.  \$\frac{\text{SEE STATEMENT 10}}{\text{3}} \frac{34,456.}{\text{2}} \frac{\text{SEE STATEMENT 10}}{\text{3}} \frac{34,456.}{\text{2}} \frac{\text{Anount}}{\text{3}} \frac{\text{Anount}}{\text{4}} \frac{\text{4}}{\text{4}} \frac{\text{4}}{ | Form 990-PF (2017) C/O BERNARD J. DUFFY, III  |                            | 5006285 Page 7            |
|--|---|----------------------------|---------------------------|
| (c) Compensation  NONE  Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other bundhauries served, contentiones convened, research papers produced, etc.  SEE STATEMENT 10  34,456.  Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  Anount  N/A  All other program-related investments. See instructions.  | Part VIII. Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)  | Managers, Highly           |                           |
| NONE  Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities or received or organizations and other beneficiaries served, conferences convened, research papers produced, etc.  SEE STATEMENT 10  34,456.  Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  Annount  Total. Add lines 1 through 3   | 3 Five highest-paid independent contractors for professional services. If none, enter "NOI  | NE."                       |                           |
| Total number of others receiving over \$50,000 for professional services    Part IX-A   Summary of Direct Charitable Activities   List the foundation's four largest direct charitable activities (unsubset of organizations and other beneficiaries served, conferences convened, research papers produced, etc.   SEE STATEMENT 10   34,456.   | (a) Name and address of each person paid more than \$50,000   | (b) Type of service        | (c) Compensation          |
| Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10  | NONE  |                            |                           |
| Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10  |   |                            |                           |
| Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10  |   |                            |                           |
| Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10  |   |                            |                           |
| Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10  |   |                            |                           |
| Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10  |   |                            |                           |
| Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10  |   |                            |                           |
| Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10  |   |                            |                           |
| Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10  |   |                            |                           |
| Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10  |   |                            |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10   | Total number of others receiving over \$50,000 for professional services  |                            | ▶ 0                       |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.    SEE STATEMENT 10   | Part IX-A Summary of Direct Charitable Activities   |                            |                           |
| SEE STATEMENT 10  34,456.  2    Part IX-B   Summary of Program-Related Investments   Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.   | List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,  | formation such as the etc. | Expenses                  |
| SEE STATEMENT 10  34,456.  2  3  4  Part IX-B   Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount  1 N/A  All other program-related investments. See instructions. 3  Total, Add lines 1 through 3   |   |                            |                           |
| 2  3  4  Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount  1   | ' <del></del>   |                            |                           |
| 2  3  4  Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount  1   | SEE STATEMENT 10  |                            | 34.456.                   |
| Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount  N/A  All other program-related investments. See instructions.  Total. Add lines 1 through 3  |   |                            |                           |
| All other program-related investments. See instructions.  Total. Add lines 1 through 3   |   |                            |                           |
| All other program-related investments. See instructions.  Total. Add lines 1 through 3   |   |                            |                           |
| All other program-related investments. See instructions.  Total. Add lines 1 through 3   | 3   |                            |                           |
| Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  All other program-related investments. See instructions.  Total. Add lines 1 through 3  ▶ 0.  |   |                            |                           |
| Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  All other program-related investments. See instructions.  Total. Add lines 1 through 3  ▶ 0.  |   |                            |                           |
| Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  All other program-related investments. See instructions.  Total. Add lines 1 through 3  ▶ 0.  | 4   |                            |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  Amount  All other program-related investments. See instructions.  Total. Add lines 1 through 3  |   |                            |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  Amount  All other program-related investments. See instructions.  Total. Add lines 1 through 3  |   |                            |                           |
| 1 N/A  2   |   |                            |                           |
| All other program-related investments. See instructions.  Total. Add lines 1 through 3   |   | and 2.                     | Amount                    |
| All other program-related investments. See instructions.  3  Total. Add lines 1 through 3  | 1 N/A   |                            |                           |
| All other program-related investments. See instructions.  3  Total. Add lines 1 through 3  |   |                            |                           |
| All other program-related investments. See instructions.  3  Total. Add lines 1 through 3  |   |                            |                           |
| Total. Add lines 1 through 3   | 2   |                            |                           |
| Total. Add lines 1 through 3   |   |                            |                           |
| Total. Add lines 1 through 3   |   | }                          | <del></del>               |
| Total. Add lines 1 through 3 ▶ 0.  |   |                            |                           |
|  | 3   |                            |                           |
|  |   |                            |                           |
|  |   | <del></del>                |                           |
|  |   |                            |                           |
|  |   |                            |                           |
|  | Total Add lines 1 through 3   |                            | <u></u>                   |
|  | rount rought of the couple of | <u>-</u>                   | Form <b>990-PF</b> (2017) |

723561 01-03-18

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

44-6006285 C/O BERNARD J. DUFFY, III Form 990-PF (2017) Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 15,911,372. a Average monthly fair market value of securities 1a 220,285. b Average of monthly cash balances 1b 341. c Fair market value of all other assets 1c 998. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 16,131,998. Subtract line 2 from line 1d 3 241,980. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 15,890,018. 5 794,501. Minimum investment return. Enter 5% of line 5 Part;XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain and do not complete this part.) foreign organizations, check here 794,501. Minimum investment return from Part X, line 6 2a Tax on investment income for 2017 from Part VI, line 5 15,494 2a b Income tax for 2017. (This does not include the tax from Part VI.) 2h 15,494 c Add lines 2a and 2b 779,007. Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 779,007. Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 779,007. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 736,253. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 736,253. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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736,253.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2016            | (c)<br>2016       | (d)<br>2017                    |
|--|---------------|---------------------------------------|-------------------|--------------------------------|
| 1 Distributable amount for 2017 from Part XI, line 7   |               |                                       |                   | 779,007.                       |
| 2 Undistributed income, if any, as of the end of 2017  |               |                                       |                   |                                |
| a Enter amount for 2016 only   |               |                                       | 689,586.          |                                |
| b Total for prior years:   |               |                                       | 12 % 3 3 3 T      |                                |
| <u>2015</u> , <u>2014</u> , <u>2013</u>  |               | 0.                                    |                   |                                |
| 3 Excess distributions carryover, if any, to 2017:   |               |                                       |                   | ) , \$ { ? ; / <sub>2</sub> }. |
| a From 2012  |               |                                       |                   |                                |
| <b>b</b> From 2013   |               |                                       |                   |                                |
| c From 2014  |               |                                       |                   |                                |
| d From 2015  |               |                                       |                   |                                |
| e From 2016  |               |                                       |                   |                                |
| f Total of lines 3a through e  | 0.            |                                       |                   |                                |
| 4 Qualifying distributions for 2017 from   |               |                                       |                   |                                |
| Part XII, line 4: ► \$ 736, 253.   |               |                                       |                   |                                |
| a Applied to 2016, but not more than line 2a   |               | <u> </u>                              | 689,586.          |                                |
| <b>b</b> Applied to undistributed income of prior  |               | _                                     |                   |                                |
| years (Election required - see instructions)   | **            | 0.                                    |                   |                                |
| c Treated as distributions out of corpus   |               |                                       |                   | * *                            |
| (Election required - see instructions)   | 0.            | * * *                                 | · 88 37 %         | A Y X &                        |
| d Applied to 2017 distributable amount   |               |                                       |                   | 46,667.                        |
| e Remaining amount distributed out of corpus   | 0.            |                                       | . % () %          |                                |
| 5 Excess distributions carryover applied to 2017<br>(If an amount appears in column (d), the same amount<br>must be shown in column (a)) | 0.            |                                       |                   | 0.                             |
| 6 Enter the net total of each column as  |               |                                       |                   |                                |
| indicated below.   |               |                                       |                   |                                |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 0.1           |                                       |                   |                                |
| b Prior years' undistributed income. Subtract  |               |                                       | ¥ % %             |                                |
| line 4b from line 2b   |               | 0.                                    |                   |                                |
| c Enter the amount of prior years'   |               |                                       |                   | * * ½                          |
| undistributed income for which a notice of deficiency has been issued, or on which   |               |                                       |                   |                                |
| the section 4942(a) tax has been previously  |               |                                       |                   |                                |
| assessed   |               | 0.                                    |                   |                                |
| d Subtract line 6c from line 6b. Taxable   |               |                                       | \$ (° ).          |                                |
| amount - see instructions  |               | 0.                                    |                   |                                |
| e Undistributed income for 2016. Subtract line   |               |                                       |                   |                                |
| 4a from line 2a. Taxable amount - see instr.   |               |                                       | 0.                |                                |
| f Undistributed income for 2017. Subtract  |               |                                       |                   |                                |
| lines 4d and 5 from line 1. This amount must   |               |                                       |                   |                                |
| be distributed in 2018   |               |                                       |                   | 732,340.                       |
| 7 Amounts treated as distributions out of  |               |                                       |                   |                                |
| corpus to satisfy requirements imposed by  |               |                                       |                   |                                |
| section 170(b)(1)(F) or 4942(g)(3) (Election   | _             |                                       |                   | D 85 35 4                      |
| may be required - see instructions)  | 0.            |                                       | <u> </u>          |                                |
| B Excess distributions carryover from 2012   | _             | ** * * */                             | · * * ·           |                                |
| not applied on line 5 or line 7  | 0.            |                                       | The second second |                                |
| 9 Excess distributions carryover to 2018.  |               |                                       | * 2 3             |                                |
| Subtract lines 7 and 8 from line 6a  | 0.            |                                       | , % .             |                                |
| Analysis of line 9:  |               | ₹ ,                                   | y '               | <u> </u>                       |
| a Excess from 2013   |               | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ·                 |                                |
| b Excess from 2014   |               | · , ,                                 | 45 "              |                                |
| c Excess from 2015   |               | <i>i</i> ' ' '                        |                   |                                |
| d Excess from 2016   | í l           | , ,                                   | ` ' `             | * *                            |
| e Excess from 2017   | `             | `                                     |                   |                                |
| 3581 01-03-18  |               |                                       |                   | F 000 DE (0047)                |

THE MCGEE FOUNDATION Form 990-PF (2017) C/O BERNARD J. DUFFY. 44-6006285 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2017 (b) 2016 (c) 2015 (d) 2014 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 🔝 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds, If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 11 b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

C/O BERNARD J. DUFFY, III

| Part XV Supplementary Information                         | (continued)  |                         |                                  |                       |
|---|--|-------------------------|----------------------------------|-----------------------|
| 3 Grants and Contributions Paid During the Y              |  | Payment                 | <del></del>                      | · <del>_</del>        |
| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of | Purpose of grant or contribution | Amount                |
| Name and address (home or business)                       | any foundation manager<br>or substantial contributor                                 | recipient               |                                  | <del>.</del>          |
| Paid during the year                                      |  |                         |                                  |                       |
|   |  |                         |                                  |                       |
|   |  | 1                       |                                  |                       |
| AVILA UNIVERSITY  |  | )                       | SCHOLARSHIPS                     |                       |
| 11901 WORNALL   |  | 1                       |                                  | <b>50.00</b>          |
| KANSAS CITY, MO 64145                                     | <del> </del>   | <del> </del>            | <del> </del>                     | 50,00                 |
|   |  | }                       |                                  |                       |
| anning at three (not province of three)                   |  |                         |                                  |                       |
| CARITAS CLINICS (DBA DUCHESNE CLINIC) 636 TAUROMEE AVENUE |  | İ                       | PROGRAM SUPPORT                  |                       |
| KANSAS CITY, MO 66101                                     |  |                         |                                  | 27,500                |
|   |  |                         |                                  | <del></del>           |
|   |  | 1                       | +                                |                       |
| CATHOLIC EDUCATION FOUNDATION                             |  | 1                       | SCHOLARSHIPS                     |                       |
| 12615 PARALLEL PARKWAY                                    | 1  |                         |                                  |                       |
| KANSAS CITY, KS 66109                                     |  |                         |                                  | 16,800                |
|   |  | ļ                       |                                  |                       |
|   |  |                         |                                  |                       |
| COMMUNITY SERVICES LEAGUE                                 |  |                         | OPERATING SUPPORT                |                       |
| 404 NORTH NOLAND ROAD                                     |  |                         |                                  |                       |
| INDEPENDENCE, MO 64050                                    | <del> </del>   | <del> </del>            | <del> </del>                     | 25,000                |
|   |  |                         |                                  |                       |
|   |  |                         |                                  |                       |
| CORNERSTONE OF CARE                                       |  | i                       | OPERATING SUPPORT                |                       |
| 300 E 36TH ST<br>KANSAS CITY, MO 64111                    |  | ]                       | ]                                | 25,310                |
|   | TINUATION SHEE   | T(S)                    | ▶ 3a                             | 701,796               |
| b Approved for future payment                             |  |                         |                                  | <u> </u>              |
|   |  | ł                       | <u> </u>                         |                       |
| NONE  |  |                         | 1                                |                       |
| 210212  |  |                         |                                  |                       |
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|   |  | }                       | 1                                |                       |
|   |  | 1                       | 1                                |                       |
|   |  |                         | 1                                |                       |
|   | <u> </u>   |                         | <u> </u>                         |                       |
| Total   |  |                         | <u>▶ 3b</u>                      | rm <b>990-PF</b> (201 |

THE MCGEE FOUNDATION
C/O BERNARD J. DUFFY, III

| Enter gross amounts unless otherwise indicated.             | Unrelated                             | business income        |  | y section 512, 513, or 514 | (e)                               |
|---|---------------------------------------|------------------------|--|----------------------------|-----------------------------------|
| -   | (a)<br>Business<br>code               | (b)<br>Amount          | Exclu-<br>sion<br>code                             | (d)<br>Amount              | Related or exempt function income |
| 1 Program service revenue:                                  | code                                  | <del></del>            | -   -  |                            |                                   |
| a<br>b  |                                       | <del></del>            |  |                            |                                   |
|   | 1 1                                   | <del></del>            | +  | ———— <del>—</del>          |                                   |
| c   |                                       | <del></del>            | <del></del>  | <del></del>                |                                   |
| d   | 1 1                                   | <del></del>            | +  |                            | <del></del>                       |
| e   | _                                     |                        | <del></del>  | <del></del>                | <del></del>                       |
| g Fees and contracts from government agencies               |                                       |                        | <del></del>  | ——— <del>—</del>           |                                   |
| 2 Membership dues and assessments                           |                                       | <del></del>            | +-+-   |                            | <del></del>                       |
| 3 Interest on savings and temporary cash                    |                                       |                        | +-+-   |                            |                                   |
| investments   | 1 1                                   |                        | 1 1  |                            |                                   |
| 4 Dividends and interest from securities                    |                                       |                        | 14   | 298,669.                   |                                   |
| 5 Net rental income or (loss) from real estate:             | 7 4 1                                 |                        | * * * * * * * * * * * * * * * * * * *              |                            |                                   |
| a Debt-financed property                                    | * * *                                 | - XX - XX - X          | <del>-                                     </del>  |                            | <u>_</u>                          |
| b Not debt-financed property                                |                                       |                        | +  |                            | <del></del>                       |
| 6 Net rental income or (loss) from personal                 |                                       |                        | +-+  |                            |                                   |
| property  | -                                     |                        | 1  |                            |                                   |
| 7 Other investment income                                   |                                       | · —                    | 18   | 847.                       | <del></del>                       |
| 8 Gain or (loss) from sales of assets other                 |                                       |                        | +  | <u> </u>                   | <del></del>                       |
| than inventory  |                                       |                        | 18   | 493,286.                   |                                   |
| 9 Net income or (loss) from special events                  | <del></del>                           |                        | +  | 133,233.                   |                                   |
| O Gross profit or (loss) from sales of inventory            |                                       |                        | +  |                            |                                   |
| 1 Other revenue:  |                                       | <del></del>            | +-+-   |                            |                                   |
| a   |                                       |                        |  |                            |                                   |
| b   |                                       | <del></del>            |  |                            |                                   |
| c   |                                       |                        |  |                            | <del></del>                       |
| d   |                                       | <del></del>            | +  |                            |                                   |
| e   |                                       |                        | <del>                                     </del>   |                            |                                   |
| 2 Subtotal. Add columns (b), (d), and (e)                   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 0                      | . 🖫  | 792,802.                   | 0                                 |
| 3 Total. Add line 12, columns (b), (d), and (e)             | <u>L " - " - 1 - </u>                 |                        | <del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del> | 13                         | 792,802                           |
| See worksheet in line 13 instructions to verify calculation | ıs.)                                  |                        |  |                            |                                   |
| Part XVI_B Relationship of Activitie                        |                                       | onlishment of E        | vomnt Du   | rnococ                     |                                   |
| Fair Avisb Helationship of Activitie                        | s to the Accom                        | inpliatilitetit of E   | xempt Pu   | poses                      |                                   |
| Line No. Explain below how each activity for which          | income is reported in                 | column (e) of Part XVI | -A contributed                                     | importantly to the accomp  | olishment of                      |
| the foundation's exempt purposes (other t                   |                                       |                        |  |                            |                                   |
|   |                                       |                        |  |                            |                                   |
|   |                                       |                        |  |                            |                                   |
|   |                                       |                        |  |                            |                                   |
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|   |                                       |                        |  |                            |                                   |
|   |                                       |                        |  |                            |                                   |
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|   |                                       |                        |  |                            |                                   |
|   |                                       |                        |  |                            |                                   |
|   |                                       |                        |  |                            | ·                                 |
|   |                                       |                        |  |                            |                                   |

723621 01-03-18

#### 17) C/O BERNARD J. DUFFY, III 44-6006285 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

| I Did tile of       | yamzanon un echy or mun           | rectly engage in any or the followi        | ing with any other organization                  | ii described iii sectit                          | )(i 30 i(c)                            | S 73                        |            |        |
|---------------------|-----------------------------------|--|--|--|--|-----------------------------|------------|--------|
| (other tha          | n section 501(c)(3) organ         | nizations) or in section 527, relatir      | ng to political organizations?                   |  |  |                             | 1885       | . 1    |
| a Transfers         | from the reporting founda         | ation to a noncharitable exempt of         | rganization of:                                  |  |  | £ . 2                       | No.        | × *    |
| (1) Cash            |                                   |  |  |  |  | 1a(1)                       |            | X      |
| (2) Other           | assets                            |  |  |  |  | 1a(2)                       |            | X      |
| <b>b</b> Other tran | sactions;                         |  |  |  |  | 2. L                        | . <u>À</u> | 5X     |
| (1) Sales           | of assets to a noncharital        | ble exempt organization                    |  |  |  | 16(1)                       |            | X      |
| (2) Purch           | hases of assets from a nor        | ncharitable exempt organization            |  |  |  | 1b(2)                       |            | Х      |
| (3) Renta           | al of facilities, equipment,      | or other assets                            |  |  |  | 1b(3)                       |            | X      |
| (4) Reim            | bursement arrangements            |  |  |  |  | 1b(4)                       |            | X      |
| (5) Loans           | s or loan guarantees              |  |  |  |  | 1b(5)                       |            | X      |
| (6) Perfo           | rmance of services or me          | embership or fundraising solicitati        | ons  |  |  | 1b(6)                       |            | X      |
|                     |                                   | uling lists, other assets, or paid er      |  |  |  | 10                          |            | X      |
| _                   |                                   | "Yes," complete the following sch          | •  | avs show the fair m                              | arket value of the goods. o            | ther asse                   | ts.        |        |
|                     |                                   | oundation. If the foundation receiv        |  |  |  |                             | ,          |        |
|                     |                                   | other assets, or services received         |  | •  |  |                             |            |        |
| a)Line no           | (b) Amount involved               | (c) Name of noncharitab                    | le exempt organization                           | (d) Description                                  | of transfers, transactions, and s      | haring arra                 | ngemen     | ts.    |
|                     | <u></u>                           | N/A  |  |  |  |                             |            |        |
|                     |                                   |  |  | <u> </u>   |  |                             |            |        |
|                     |                                   |  |  |  |  |                             |            |        |
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| 2a la tha fau       | ndation directly or indirect      | tly affiliated with, or related to, on     | a or more toy everent everence                   | ations described                                 | <del></del>                            |                             |            |        |
|                     |                                   | in 501(c)(3)) or in section 527?           | e or more tax-exempt organiza                    | ations described                                 | Г                                      | Yes                         | T          | No     |
|                     | omplete the following sch         |  |  |  |  |                             | A          | ט או   |
| <u>u</u> 11 165, Ct | (a) Name of org                   | :  | (b) Type of organization                         |  | c) Description of relations            | nın                         |            |        |
|                     | N/A                               | ,  | (b) type or organization                         |  | o j Bood i paon o i roladono.          |                             |            |        |
|                     | 11/21                             |  | <del>                                     </del> |  |  |                             |            |        |
|                     |                                   | <del></del>                                | <del>                                     </del> |  |  |                             |            |        |
|                     | <del></del>                       | <del></del>                                | <del>                                     </del> |  |  |                             |            |        |
|                     |                                   | <del></del>                                | <del>                                     </del> |  |  |                             |            |        |
| Under               | penalties of perjury, I declare t | that I have examined this return, includin | ig accompanying schedules and stat               | tements, and to the bes                          | t of my knowledge                      |                             |            |        |
|                     |                                   | nplete Declaration of preparer (other than |  |  | s any knowledge ret.                   | y the IRS di<br>rn with the | prepare    | ¥      |
| Here                | Xextall                           | π  | 1X 5/13/2018                                     | OFFICE   |  | wn below?<br>Yes            | See inst   | 1      |
| Sign                | nature of officer or trustee      | <del></del>                                | Date   | Title  | <u>``</u>                              | iz res                      |            | J No ∣ |
|                     | Print/Type preparer's na          | <del></del>                                |  |  | Check   If PTIN                        |                             |            |        |
|                     | , into type property of the       | 1 10 1                                     | 1.00.  |  | self- employed                         |                             |            |        |
| Paid                | MICHELLE B                        |  | MUVVI termini                                    | 5/1/10, 1  |  | 2252                        | 262        |        |
| Preparer            | Firm's name ► CBI                 |  | · MANY IS SUMMI                                  |  | Firm's EIN ▶ 34-18                     |                             |            |        |
| Use Only            | rams name - CDI                   | д гин, шис                                 |  |  | riimsciN ► 34-1(                       | , , <del>4</del> 4 (        | , 0        |        |
| <b>- · · · · y</b>  | Firm's address > 70               | 0 WEST 47TH STR                            | REET, SUITE 11                                   | 00   | <del> </del>                           |                             |            |        |
|                     |                                   | NSAS CITY, MO 6                            |  |  | Phone no. 816-94                       | 15-55                       | รกก        |        |
|                     | 1 1/4                             | 110.110 C111, 110 C                        |  |  |  | orm <b>990</b>              |            | /2017\ |
|                     |                                   |  |  |  | r                                      | ,,,,, <b>030</b>            | • • (      | (2017) |

| 3 Grants and Contributions Paid During the Y        |   | ·                      | <b></b>             |        |
|---|---|------------------------|---------------------|--------|
| Recipient   | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or | Amount |
| Name and address (home or business)                 | any foundation manager<br>or substantial contributor    | status of<br>recipient | contribution        | Amount |
|   |   |                        |                     |        |
| DON BOSCO COMMUNITY CENTER                          |   |                        | PROGRAM SUPPORT     |        |
| 580 CAMPBELL STREET                                 |   |                        |                     |        |
| KANSAS CITY, MO 64106                               |   | <del></del>            | <del> </del>        | 15,00  |
| EPISCOPAL COMMUNITY SERVICES, INC                   |   |                        | PROGRAM SUPPORT     |        |
| 11 EAST 40TH STREET                                 |   |                        |                     |        |
| KANSAS CITY, MO 64111                               |   |                        | <del> </del>        | 10,00  |
| FIRST CALL ALCOHOL DRUG PREVENTION &                |   |                        | PROGRAM SUPPORT     | 1      |
| RECOVERY  |   |                        |                     | !      |
| 9091 STATE LINE ROAD                                |   |                        |                     |        |
| KANSAS CITY, MO 64114                               |   |                        | +                   | 10,00  |
| GUADALUPE CENTER INC.                               |   |                        | PROGRAM SUPPORT     |        |
| 1015 AVENIDA CESAR E CHAVEZ                         |   |                        | TROOLUM BOTTOKT     | l      |
| KANSAS CITY, MO 64108                               |   |                        |                     | 17,00  |
|   |   |                        |                     |        |
| JOURNEY TO NEW LIFE INC.                            |   |                        | PROGRAM SUPPORT     |        |
| 3120 TROOST AVENUE                                  |   |                        |                     |        |
| KANSAS CITY, MO 64109                               |   | <del></del>            | ļ                   | 20,00  |
|   |   |                        | į.                  |        |
| KANSAS CITY COMMUNITY GARDENS, INC.                 |   |                        | PROGRAM SUPPORT     |        |
| 6917 KENSINGTON                                     |   |                        |                     | 6 50   |
| KANSAS CITY, MO 64132                               |   |                        |                     | 6,50   |
| LITTLE BROTHERS OF THE LAMB                         |   |                        | OPERATING SUPPORT   |        |
| 801 VERMONT AVENUE                                  |   |                        |                     |        |
| KANSAS CITY, MO 66101                               |   | <del>.</del>           | <u> </u>            | 16,00  |
|   |   |                        |                     |        |
| MERCEDERIAN MISSIONARIES OF BERRIZ 2115 MATURANA DR |   |                        | OPERATING SUPPORT   |        |
| LIBERTY, MO 64068                                   | 1   |                        |                     | 48,32  |
|   |   |                        |                     |        |
| METROPOLITAN ORGANIZATION TO COUNTER                |   |                        | PROGRAM SUPPORT     |        |
| SEXUAL ASSAULT                                      |   |                        |                     |        |
| 3100 BROADWAY, SUITE 400                            |   |                        |                     | 0.04   |
| KANSAS CITY, MO 64154                               |   |                        | <del> </del>        | 9,91   |
| NOTRE DAME DE SION SCHOOL                           |   |                        | OPERATING SUPPORT   |        |
| 3823 LOCUST STREET                                  |   |                        | }                   |        |
| KANSAS CITY, MO 64109                               | <u> </u>  |                        | <u> </u>            | 50,00  |
| Total from continuation sheets                      |   |                        |                     | 557,18 |

| 3 Grants and Contributions Paid During the Ye  | ar (Continuation)                               |                      |                                       |        |
|--|---|----------------------|---------------------------------------|--------|
| Recipient  | If recipient is an individual,                  |                      | Durnoss of seasons                    |        |
| Name and address (home or business)  | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution      | Amount |
|  | or substantial contributor                      | recipient            |                                       |        |
| REDEMPTORIST SOCIAL SERVICES CENTER,   |   |                      | PROGRAM SUPPORT                       |        |
| INC.   | 1   |                      | PROGRAM SUFFORI                       |        |
| 207 WEST LINWOOD   | 1   |                      |                                       |        |
| KANSAS CITY, MO 64111  | ]   |                      | ]                                     | 52,50  |
| and the state of t |   |                      |                                       | 32,30  |
|  |   |                      |                                       |        |
| RESTART, INC   |   |                      | PROGRAM SUPPORT                       |        |
| 918 E. 9TH STREET  |   |                      |                                       |        |
| KANSAS CITY, MO 64106  |   | <del></del>          | <del> </del>                          | 15,00  |
|  |   |                      |                                       |        |
| ROCKHURST HIGH SCHOOL  |   |                      | SCHOLARSHIPS                          |        |
| 9301 STATE LINE ROAD   |   |                      |                                       |        |
| KANSAS CITY, MO 64114  |   | <del></del>          |                                       | 50,00  |
|  |   |                      |                                       | •      |
| ROCKHURST UNIVERSITY   | }   |                      | OPERATING SUPPORT                     |        |
| 1100 ROCKHURST ROAD  |   |                      |                                       |        |
| KANSAS CITY, MO 64110  |   |                      |                                       | 50,00  |
|  |   |                      |                                       |        |
| DOGE PROOFE CHIMIN   |   |                      | DDAGDAW GUDDADA                       |        |
| ROSE BROOKS CENTER   | <u> </u>  |                      | PROGRAM SUPPORT                       |        |
| P.O. BOX 320599  | }   |                      | 1                                     | 15.00  |
| KANSAS CITY, MO 64132  |   | <u></u>              | · · · · · · · · · · · · · · · · · · · | 15,00  |
|  |   |                      |                                       |        |
| SAMUEL U. RODGERS HEALTH CENTER, INC.  |   |                      | PROGRAM SUPPORT                       |        |
| 825 EUCLID AVENUE  |   |                      |                                       |        |
| KANSAS CITY, MO 64124  |   |                      |                                       | 37,50  |
|  | Ì   |                      |                                       |        |
| SETON CENTER, INC.   |   |                      | PROGRAM SUPPORT                       |        |
| 2816 E 23RD STREET   |   |                      | 1                                     |        |
| KANSAS CITY, MO 64127  |   |                      |                                       | 42,50  |
|  |   |                      |                                       |        |
| SHEFFIELD PLACE  |   |                      | PROGRAM SUPPORT                       |        |
| 6604 EAST 12TH STREET  | 1   |                      |                                       |        |
| KANSAS CITY, MO 64126  | <del> </del>                                    |                      |                                       | 14,38  |
|  |   |                      |                                       |        |
| SHEPHERDS CENTER   |   |                      | PROGRAM SUPPORT                       |        |
| 5200 OAK ST.   |   |                      |                                       |        |
| KANSAS CITY, MO 64112  |   |                      |                                       | 10,00  |
|  |   |                      |                                       |        |
| ST. TERESA'S ACADEMY   |   |                      | PROGRAM SUPPORT                       |        |
| 5600 MAIN ST.  | ]   |                      |                                       |        |
| KANSAS CITY, MO 64113  |   |                      | 1                                     | 47,56  |

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) SYNERGY SERVICES, INC. PROGRAM SUPPORT 400 EAST 6TH STREET PARKVILLE, MO 64152 20,000. Total from continuation sheets

| FORM 990-PF D  | DIVIDENDS       | AND INT                                     | EREST                      | FROM SECU                             | JRITIES S  | STATEMENT 1   |  |
|--|-----------------|---|----------------------------|---------------------------------------|--|---|--|
|  | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS I             |                            | (A)<br>REVENUE<br>PER BOOKS           | (B)<br>NET INVEST-<br>MENT INCOME                | (C)<br>ADJUSTED<br>NET INCOME                                       |  |
| STOCK DIVIDENDS  | 298,669.        | 0.  |                            | 298,669                               | 298,669.   |   |  |
| TO PART I, LINE 4  | 298,669.        |   | 0.                         | 298,669                               | 298,669.   |   |  |
| FORM 990-PF  |                 | OTHER                                       | INCO                       | ME                                    | S  | STATEMENT 2   |  |
| DESCRIPTION  |                 |   | RE                         | (A)<br>VENUE<br>BOOKS                 | (B)<br>NET INVEST-<br>MENT INCOME                | (C) ADJUSTED NET INCOME   |  |
| LITIGATION PROCEEDS  |                 |   |                            | 847.                                  | 847.   |   |  |
|  | D3DE T          | T.TNE 11                                    |                            | 847.                                  | 847.   |   |  |
| TOTAL TO FORM 990-PF,  | PART I,         |   |                            | 047.                                  | 047.   |   |  |
| TOTAL TO FORM 990-PF, FORM 990-PF                                | PART 1,         | ACCOUN                                      | TING                       | FEES                                  | S  | STATEMENT 3   |  |
|  | PART 1,         | ·   | NE'                        | FEES                                  |  | (D)   |  |
| FORM 990-PF  | PART 1,         | ACCOUN (A) EXPENSES                         | NE'S MEI                   | FEES<br>(B)<br>T INVEST-              | (C) ADJUSTED NET INCOME                          | (D)<br>CHARITABLE<br>PURPOSES                                       |  |
| FORM 990-PF DESCRIPTION  |                 | ACCOUN  (A)  EXPENSES PER BOOK              | NE'S MEI                   | FEES  (B) T INVEST- NT INCOME         | (C) ADJUSTED NET INCOME                          | (D)<br>CHARITABLE   |  |
| FORM 990-PF  DESCRIPTION  ACCOUNTING FEES                        |                 | ACCOUN  (A)  EXPENSES PER BOOK  10,58       | NE'S MEI                   | FEES  (B) T INVEST- NT INCOME  1,588. | (C) ADJUSTED NET INCOME                          | (D)<br>CHARITABLE<br>PURPOSES<br>8,999.                             |  |
| FORM 990-PF  DESCRIPTION  ACCOUNTING FEES  TO FORM 990-PF, PG 1, |                 | ACCOUN  (A)  EXPENSES PER BOOK  10,58       | S MEI 7. 7. AXES           | FEES  (B) T INVEST- NT INCOME  1,588. | (C) ADJUSTED NET INCOME                          | (D) CHARITABLE PURPOSES  8,999.                                     |  |
| FORM 990-PF  DESCRIPTION  ACCOUNTING FEES  TO FORM 990-PF, PG 1, |                 | ACCOUN  (A) EXPENSES PER BOOK  10,58  10,58 | S MEI 7. 7. AXES NE' 8 MEI | (B) T INVEST- NT INCOME 1,588. 1,588. | (C) ADJUSTED NET INCOME  (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES  8,999.  8,999.  TATEMENT 4  (D) CHARITABLE |  |

| FORM 990-PF   | OTHER E                      | XPENSES                     | STATEMENT 5                           |                              |                         |  |
|---|------------------------------|-----------------------------|---------------------------------------|------------------------------|-------------------------|--|
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVE<br>MENT INC |                                       | (C)<br>ADJUSTED<br>NET INCOM |                         |  |
| MISCELLANEOUS CUSTODIAL FEES CONTRACT ADMINISTRATION FEES | 1,950.<br>12,045.<br>28,000. | 12,                         | 292.<br>045.<br>200.                  |                              | 1,658.<br>0.<br>23,800. |  |
| TO FORM 990-PF, PG 1, LN 23                               | 41,995.                      | 16,                         | 537.                                  |                              | 25,458.                 |  |
| FORM 990-PF   | CORPORAT                     | E STOCK                     |                                       |                              | STATEMENT 6             |  |
| DESCRIPTION   |                              |                             | вос                                   | K VALUE                      | FAIR MARKET<br>VALUE    |  |
| EQUITY INVESTMENTS - SEE ATTACHED                         |                              |                             |                                       | 7,699,417.                   | 13,522,064.             |  |
| TOTAL TO FORM 990-PF, PART II                             | , LINE 10B                   | =                           | 7                                     | 7,699,417.                   | 13,522,064.             |  |
| FORM 990-PF   | OTHER INV                    | ESTMENTS                    | · · · · · · · · · · · · · · · · · · · |                              | STATEMENT 7             |  |
| DESCRIPTION   |                              | LUATION<br>ETHOD            | вос                                   | K VALUE                      | FAIR MARKET<br>VALUE    |  |
| FIXED INCOME INVESTMENTS - SEL<br>ATTACHED                | COST                         |                             | 3                                     | 3,182,362.                   | 3,114,396.              |  |
| TOTAL TO FORM 990-PF, PART II                             | , LINE 13                    | =                           | 3                                     | ,182,362.                    | 3,114,396.              |  |
|   | OTHER LIA                    | BILITIES                    |                                       |                              | STATEMENT 8             |  |
| FORM 990-PF   |                              |                             |                                       |                              |                         |  |
| DESCRIPTION   |                              | <u></u>                     | воу                                   | AMOUNT                       | EOY AMOUNT              |  |

762.

8,853.

TOTAL TO FORM 990-PF, PART II, LINE 22

| NAME AND ADDRESS                                | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
|---|--------------------------|-------------------|---------------------------------|--------------------|
| THOMAS R. MCGEE, JR.<br>KANSAS CITY, MO 64112   | VICE PRESIDENT           | 0.                | 0.                              | 0                  |
| SIMON P. MCGEE<br>KANSAS CITY, MO 64163         | PRESIDENT<br>0.00        | 0.                | 0.                              | 0                  |
| SHEILA M. LILLIS<br>GLADSTONE, MO 64118         | SECRETARY<br>0.00        | 0.                | 0.                              | 0 .                |
| VIRGINIA L. COPPINGER<br>KANSAS CITY, MO 64113  | DIRECTOR<br>0.00         | 0.                | 0.                              | 0 .                |
| JOHN R. MCGEE<br>KANSAS CITY, MO 64108          | DIRECTOR<br>0.00         | 0.                | 0.                              | 0 .                |
| BERNARD J. DUFFY III<br>KANSAS CITY, MO 64113   | TREASURER<br>0.00        | 0.                | 0.                              | 0 .                |
| CLYDE WENDEL<br>KANSAS CITY, MO 64112           | DIRECTOR<br>0.00         | 0.                | 0.                              | 0 .                |
| MOLLY MCGEE<br>KANSAS CITY, MO 64113            | DIRECTOR<br>0.00         | 0.                | 0.                              | 0 .                |
| STEPHEN REINTJES<br>NORTH KANSAS CITY, MO 64116 | DIRECTOR<br>0.00         | 0.                | 0.                              | 0 .                |
| TOTALS INCLUDED ON 990-PF, PAGE                 | 6, PART VIII             | 0.                | 0.                              | 0.                 |

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 10

## ACTIVITY ONE

FOOTNOTE 1 - PAGE 7, PART IX-1 - SUMMARY OF DIRECT CHARITABLE ACTIVITIES TOTAL GRANTS PAID DURING THE YEAR EQUALED \$701,796 AND WENT TO MANY DIFFERENT ORGANIZATIONS. SEE THE ATTACHED STATEMENT. TOTAL EXPENSES RELATED TO GRANTS AND PROGRAM RELATED INVESTMENTS TOTALED \$34,456.

THIS AMOUNT INCLUDES \$8,999 IN PROFESSIONAL FEES, \$23,800 IN CONTRACT ADMINISTRATION FEES & \$1,658 IN MISCELLANEOUS EXPENSES. ALLOCATION BETWEEN INVESTMENT & CHARITABLE PURPOSE IS BASED ON THE APPROXIMATE TIME SPENT ON GRANTS & PROGRAM INVESTMENTS. IF NO ALLOCATION IS POSSIBLE, EXPENSES ARE SPLIT 15% TO INVESTMENTS AND 85% TO GRANT COSTS.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 1

34,456.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MR. MATTHER FULLER 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105

TELEPHONE NUMBER

816-627-3420

## FORM AND CONTENT OF APPLICATIONS

REQUESTS SHOULD BE PRESENTED IN A ONE OR TWO PAGE LETTER DESCRIBING THE NEED, PURPOSE, PROGRAM OF THE REQUESTING ORGANIZATION, PROOF OF THE ORGANIZATION'S TAX-EXEMPT ELIGIBILITY FOR CHARITABLE CONTRIBUTIONS, AS WELL AS THE AMOUNT SOUGHT AND WHEN NEEDED.

#### ANY SUBMISSION DEADLINES

THERE ARE NO SUBMISSION DEADLINES: REQUESTS ARE ACCEPTED THROUGHOUT THE YEAR.

## RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION GENERALLY DOES NOT FUND INSTITUTIONS OR PROGRAMS OUTSIDE THE GREATER METROPOLITAN KANSAS CITY AREA. THE FOUNDATION DOES NOT MAKE CONTRIBUTIONS TO PRIVATE FOUNDATIONS OR TO ORGANIZATIONS CLASSIFIED AS PRIVATE FOUNDATIONS AND, WITH RARE EXCEPTION, THE FOUNDATION DOES NOT FUND INSTITUTIONS OR PROGRAMS IN THE VISUAL AND PERFORMING ARTS OR PROJECTS FOR THE PRESERVATION OF HISTORIC PLACES. WITH THE EXCEPTION FOR APPLIED RESEARCH, THE FOUNDATION DOES NOT FUND SCHOLARLY RESEARCH PROJECTS AND PROGRAMS.