

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br>Marion and Henry Bloch Family Foundation                                                                                                                                                                                                                                      |                                                                                                                                                                                                                | A Employer identification number<br>45-4047901                                                                                                                                            |                                                                                                                          |
| % DAVID MILES                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                          |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>1 H and R Block Way                                                                                                                                                                                            | Room/suite                                                                                                                                                                                                     | B Telephone number (see instructions)<br><br>(816) 854-4361                                                                                                                               |                                                                                                                          |
| City or town, state or province, country, and ZIP or foreign postal code<br>Kansas City, MO 641051905                                                                                                                                                                                               |                                                                                                                                                                                                                | C If exemption application is pending, check here ▶ <input type="checkbox"/>                                                                                                              |                                                                                                                          |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                                                                                | D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/> |                                                                                                                          |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                   |                                                                                                                                                                                                                | E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ <input type="checkbox"/>                                                                     |                                                                                                                          |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 421,817,140                                                                                                                                                                                                 | J Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input checked="" type="checkbox"/> Other (specify) <u>MODIFIED CASH</u><br>(Part I, column (d) must be on cash basis.) |                                                                                                                                                                                           | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) |                                                                                                      | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc., received (attach schedule)                                     | 120,239,989                        |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                       | 27,090                             | 27,090                    |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                   | 6,848,741                          | 6,588,904                 |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss)                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                             | 5,742,198                          |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a<br>248,934,250                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                           |                                    | 7,101,147                 |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances                                                          |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less: Cost of goods sold . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                          | 48,229,052                         | 877,390                   |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                           | 181,087,070                        | 14,594,531                |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc.                                               | 182,077                            | 29,132                    |                         | 152,945                                                     |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                       | 141,120                            | 22,579                    |                         | 118,541                                                     |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                        | 40,030                             | 6,405                     |                         | 33,625                                                      |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                           | 14,665                             | 733                       | 0                       | 13,932                                                      |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                        | 73,683                             | 28,854                    | 0                       | 22,105                                                      |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                | 2,091,190                          | 1,893,452                 |                         | 187,254                                                     |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                              | 335,411                            | 259                       |                         |                                                             |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                               | 4,446                              | 222                       |                         | 4,224                                                       |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                       | 5,994                              | 300                       |                         | 5,694                                                       |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                        | 33,201                             | 106                       |                         | 25,962                                                      |
|                                                                                                                                                                     | 24 Total operating and administrative expenses.<br>Add lines 13 through 23 . . . . .                 | 2,921,817                          | 1,982,042                 | 0                       | 564,282                                                     |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                       | 13,053,287                         |                           |                         | 13,053,287                                                  |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                             | 15,975,104                         | 1,982,042                 | 0                       | 13,617,569                                                  |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12:                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                  | 165,111,966                        |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                     |                                    | 12,612,489                |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                                      |                                                                                                      |                                    |                           |                         |                                                             |

| Part II Balance Sheets                                                                                       |                                                                                                                                               | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) |                |                       |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                                                                                              |                                                                                                                                               | Beginning of year                                                                                                    | End of year    |                       |
|                                                                                                              |                                                                                                                                               | (a) Book Value                                                                                                       | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                                       | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                  | 628,450                                                                                                              | 455,616        | 455,616               |
|                                                                                                              | <b>2</b> Savings and temporary cash investments . . . . .                                                                                     | 14,269,814                                                                                                           | 17,827,003     | 17,827,003            |
|                                                                                                              | <b>3</b> Accounts receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                         |                                                                                                                      |                |                       |
|                                                                                                              | <b>4</b> Pledges receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                          |                                                                                                                      |                |                       |
|                                                                                                              | <b>5</b> Grants receivable . . . . .                                                                                                          |                                                                                                                      |                |                       |
|                                                                                                              | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .    |                                                                                                                      |                |                       |
|                                                                                                              | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                          |                                                                                                                      |                |                       |
|                                                                                                              | <b>8</b> Inventories for sale or use . . . . .                                                                                                |                                                                                                                      |                |                       |
|                                                                                                              | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                      |                                                                                                                      |                |                       |
|                                                                                                              | <b>10a</b> Investments—U.S. and state government obligations (attach schedule)                                                                |                                                                                                                      |                |                       |
|                                                                                                              | <b>b</b> Investments—corporate stock (attach schedule) . . . . .                                                                              |                                                                                                                      |                |                       |
|                                                                                                              | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .                                                                              |                                                                                                                      |                |                       |
|                                                                                                              | <b>11</b> Investments—land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____               |                                                                                                                      |                |                       |
|                                                                                                              | <b>12</b> Investments—mortgage loans . . . . .                                                                                                |                                                                                                                      |                |                       |
|                                                                                                              | <b>13</b> Investments—other (attach schedule) . . . . .                                                                                       | 241,776,529                                                                                                          | 400,905,723    | 400,905,723           |
|                                                                                                              | <b>14</b> Land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                           |                                                                                                                      |                |                       |
| <b>15</b> Other assets (describe ▶ _____)                                                                    | 19,897                                                                                                                                        | 2,628,798                                                                                                            | 2,628,798      |                       |
| <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 256,694,690                                                                                                                                   | 421,817,140                                                                                                          | 421,817,140    |                       |
| Liabilities                                                                                                  | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                     |                                                                                                                      |                |                       |
|                                                                                                              | <b>18</b> Grants payable . . . . .                                                                                                            |                                                                                                                      |                |                       |
|                                                                                                              | <b>19</b> Deferred revenue . . . . .                                                                                                          |                                                                                                                      |                |                       |
|                                                                                                              | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons                                                            |                                                                                                                      |                |                       |
|                                                                                                              | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .                                                                       |                                                                                                                      |                |                       |
|                                                                                                              | <b>22</b> Other liabilities (describe ▶ _____)                                                                                                | 40,874                                                                                                               | 51,358         |                       |
|                                                                                                              | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                        | 40,874                                                                                                               | 51,358         |                       |
| Net Assets or Fund Balances                                                                                  | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 24, 25, 29 and 30.</b> |                                                                                                                      |                |                       |
|                                                                                                              | <b>24</b> Net assets without donor restrictions . . . . .                                                                                     | 256,653,816                                                                                                          | 421,765,782    |                       |
|                                                                                                              | <b>25</b> Net assets with donor restrictions . . . . .                                                                                        |                                                                                                                      |                |                       |
|                                                                                                              | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 26 through 30.</b>         |                                                                                                                      |                |                       |
|                                                                                                              | <b>26</b> Capital stock, trust principal, or current funds . . . . .                                                                          |                                                                                                                      |                |                       |
|                                                                                                              | <b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund                                                                      |                                                                                                                      |                |                       |
|                                                                                                              | <b>28</b> Retained earnings, accumulated income, endowment, or other funds                                                                    |                                                                                                                      |                |                       |
|                                                                                                              | <b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                               | 256,653,816                                                                                                          | 421,765,782    |                       |
| <b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .                         | 256,694,690                                                                                                                                   | 421,817,140                                                                                                          |                |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances                                                                                                                 |          |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|
| <b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 256,653,816 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | 165,111,966 |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> |             |
| <b>4</b> Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 421,765,782 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> |             |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .                                                              | <b>6</b> | 421,765,782 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a)<br>List and describe the kind(s) of property sold (e.g., real estate,<br>2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b> See Additional Data Table                                                                                                      |                                                 |                                         |                                     |
| <b>b</b>                                                                                                                                 |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                                 |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                                 |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                                 |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price           | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> See Additional Data Table |                                               |                                                    |                                                 |
| <b>b</b>                           |                                               |                                                    |                                                 |
| <b>c</b>                           |                                               |                                                    |                                                 |
| <b>d</b>                           |                                               |                                                    |                                                 |
| <b>e</b>                           |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                    | (l)<br>Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|
| (i)<br>F.M.V. as of 12/31/69                                                                | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col. (i)<br>over col. (j), if any |                                                                                                   |
| <b>a</b> See Additional Data Table                                                          |                                         |                                                    |                                                                                                   |
| <b>b</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>c</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>d</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>e</b>                                                                                    |                                         |                                                    |                                                                                                   |

  

|                                                                                                                                                                                                           |                                                                                     |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------|-----------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                    | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | <b>2</b> | 7,101,147 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8 |                                                                                     | <b>3</b> |           |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2018                                                                 | 13,248,037                               | 275,562,624                                  | 0.048076                                                    |
| 2017                                                                 | 12,517,055                               | 270,027,662                                  | 0.046355                                                    |
| 2016                                                                 | 12,858,929                               | 249,065,213                                  | 0.051629                                                    |
| 2015                                                                 | 13,270,716                               | 261,508,339                                  | 0.050747                                                    |
| 2014                                                                 | 8,417,928                                | 268,330,144                                  | 0.031372                                                    |

  

|                                                                                                                                                                                       |          |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                  | <b>2</b> | 0.228179    |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | <b>3</b> | 0.045636    |
| <b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5                                                                                                 | <b>4</b> | 304,345,248 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                    | <b>5</b> | 13,889,100  |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | <b>6</b> | 126,125     |
| <b>7</b> Add lines 5 and 6                                                                                                                                                            | <b>7</b> | 14,015,225  |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                         | <b>8</b> | 14,867,569  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                     |           |         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) |           |         |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                | <b>1</b>  | 126,125 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                             |           |         |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                           | <b>2</b>  |         |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                          | <b>3</b>  | 126,125 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>4</b>  |         |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                            | <b>5</b>  | 126,125 |
| <b>6</b>  | Credits/Payments:                                                                                                                                                                                                                   |           |         |
| <b>a</b>  | 2019 estimated tax payments and 2018 overpayment credited to 2019                                                                                                                                                                   | <b>6a</b> | 182,772 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                       | <b>6b</b> |         |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                       | <b>6c</b> | 60,000  |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                   | <b>6d</b> |         |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                        | <b>7</b>  | 242,772 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.                                                                                                | <b>8</b>  |         |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .                                                                                                                               | <b>9</b>  |         |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .                                                                                                                   | <b>10</b> | 116,647 |
| <b>11</b> | Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> 116,647 <b>Refunded</b>                                                                                                                                    | <b>11</b> |         |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                  | Yes       | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                                   | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br><i>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.</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation.  \$ 0 <b>(2)</b> On foundation managers.  \$ 0                                                                                                                                                                      |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.  \$ 0                                                                                                                                                                                                             |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                          | <b>2</b>  | No  |
| <b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i>                                                                                                                       | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  | <b>4a</b> | Yes |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | <b>4b</b> | Yes |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                                    | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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? . . . . .            | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .                                                                                                                                                                                                     | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br>MO                                                                                                                                                                                                                                               |           |     |
| <b>b</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) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>                                                                                                                                    | <b>8b</b> | Yes |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .                                                                                | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>                                                                                                                                                                                                             | <b>10</b> | Yes |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                   |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .   | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>BLOCHFAMILYFOUNDATION.ORG</b>                              | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>DAVID MILES</b> Telephone no. <b>(816) 854-4372</b>                                                                                                                   |           |            |           |

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|           |                                                                                                                                                                                                                                                                                                                                                  |           |                         |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>                                                                                                 |           |                         |
| <b>16</b> | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b> | <b>16</b> | <b>Yes</b><br><b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |           |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                              |           |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                            |           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                  |           |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                               |           |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                     |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>                                                                                                                                 | <b>1b</b> |            | <b>No</b> |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .                                                                                                                                                                                                                                                                                                         | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                            |           |            |           |
| <b>a</b>  | At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                       |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .                                                                                                                                                                           | <b>2b</b> |            | <b>No</b> |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                  |           |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . . | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                           | <b>4a</b> |            | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?                                                                                                                                                                                                                                                                         | <b>4b</b> |            | <b>No</b> |

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

|           |                                                                                                                                                                                                                                        |                                                                     |           |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|
|           |                                                                                                                                                                                                                                        | Yes                                                                 | No        |
| <b>5a</b> | During the year did the foundation pay or incur any amount to:                                                                                                                                                                         |                                                                     |           |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |
| (2)       | Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . . |                                                                     | <b>5b</b> |
| <b>c</b>  | Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/>                                                                                                                   |                                                                     |           |
|           | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |
|           | <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>                                                                                                                                                    |                                                                     |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                   |                                                                     | <b>6b</b> |
|           | <i>If "Yes" to 6b, file Form 8870.</i>                                                                                                                                                                                                 |                                                                     | <b>No</b> |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                               |                                                                     |           |
| <b>b</b>  | If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .                                                                                                                    |                                                                     | <b>7b</b> |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                                                | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| See Additional Data Table                                                                                                           |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (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 employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| JEAN-PAUL CHAURAND                                                                                                                  | EXEC VICE PRESIDENT                                       | 90,132                                    | 15,019                                                                | 0                                     |
| 1 H AND R BLOCK WAY<br>KANSAS CITY, MO 641051905                                                                                    | 40.0                                                      |                                           |                                                                       |                                       |
| RACHEL CARLTON                                                                                                                      | ASSOC GRANT DIRECTOR                                      | 50,988                                    | 6,505                                                                 | 0                                     |
| 1 H AND R BLOCK WAY<br>KANSAS CITY, MO 641051905                                                                                    | 40.0                                                      |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total number of other employees paid over \$50,000.</b> . . . . <input type="checkbox"/>                                         |                                                           |                                           |                                                                       |                                       |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than \$50,000                         | (b) Type of service | (c) Compensation |
|-------------------------------------------------------------------------------------|---------------------|------------------|
| HRB MANAGEMENT INC<br>1 H R BLOCK WAY<br>KANSAS CITY, MO 64105                      | MANAGEMENT          | 183,885          |
| CAMBRIDGE ASSOCIATES LLC<br>100 SUMMER STREET<br>BOSTON, MA 02110                   |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
| 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, conferences convened, research papers produced, etc.

|          | Expenses |
|----------|----------|
| <b>1</b> |          |
|          |          |
| <b>2</b> |          |
|          |          |
| <b>3</b> |          |
|          |          |
| <b>4</b> |          |
|          |          |
|          |          |

**Part IX-B Summary of Program-Related Investments (see instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|-------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                          |        |
|                                                                                                                   |        |
| <b>2</b>                                                                                                          |        |
|                                                                                                                   |        |
| All other program-related investments. See instructions.                                                          |        |
| <b>3</b>                                                                                                          |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| Total. Add lines 1 through 3 . . . . . ▶                                                                          |        |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                                    |           |             |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:        |           |             |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                           | <b>1a</b> | 211,448,491 |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                          | <b>1b</b> | 14,640,848  |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                  | <b>1c</b> | 82,890,608  |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .                                                                     | <b>1d</b> | 308,979,947 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> |             |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | <b>2</b>  | 0           |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                              | <b>3</b>  | 308,979,947 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 4,634,699   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b>  | 304,345,248 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .                                                      | <b>6</b>  | 15,217,262  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|           |                                                                                                                    |           |            |
|-----------|--------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .                                                             | <b>1</b>  | 15,217,262 |
| <b>2a</b> | Tax on investment income for 2019 from Part VI, line 5. . . . .                                                    | <b>2a</b> | 126,125    |
| <b>b</b>  | Income tax for 2019. (This does not include the tax from Part VI.). . . . .                                        | <b>2b</b> |            |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                       | <b>2c</b> | 126,125    |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                     | <b>3</b>  | 15,091,137 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                                 | <b>4</b>  |            |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                         | <b>5</b>  | 15,091,137 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                    | <b>6</b>  |            |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . . | <b>7</b>  | 15,091,137 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                              |           |            |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                   |           |            |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .                                                                         | <b>1a</b> | 13,617,569 |
| <b>b</b> | Program-related investments—total from Part IX-B. . . . .                                                                                                    | <b>1b</b> | 0          |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .                                           | <b>2</b>  | 0          |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                         |           |            |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                                                                      | <b>3a</b> | 0          |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                                                               | <b>3b</b> | 1,250,000  |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                            | <b>4</b>  | 14,867,569 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . . | <b>5</b>  | 126,125    |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .                                                                               | <b>6</b>  | 14,741,444 |

**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.



**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7                                                                                                                                |               |                            |             | 15,091,137  |
| <b>2</b> Undistributed income, if any, as of the end of 2019:                                                                                                                              |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only. . . . .                                                                                                                                               |               |                            | 13,094,524  |             |
| <b>b</b> Total for prior years: 2017, 2016, 2015                                                                                                                                           |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019:                                                                                                                                  |               |                            |             |             |
| <b>a</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2015. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2016. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2017. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2018. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>f</b> Total of lines 3a through e. . . . .                                                                                                                                              |               |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>14,867,569</u>                                                                                                   |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a                                                                                                                                        |               |                            | 13,094,524  |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              |               |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount. . . . .                                                                                                                                     |               |                            |             | 1,773,045   |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019.<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                             |               |                            |             |             |
| <b>6 Enter the net total of each column as indicated below:</b>                                                                                                                            |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                                 | 0             |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .                                                                                                         |               |                            |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .                                                                                                           |               |                            |             |             |
| <b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .                                                                            |               |                            |             |             |
| <b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .                                                              |               |                            |             | 13,318,092  |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .                                                                              |               |                            |             |             |
| <b>9 Excess distributions carryover to 2020.</b><br>Subtract lines 7 and 8 from line 6a. . . . .                                                                                           | 0             |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                              |               |                            |             |             |
| <b>a</b> Excess from 2015. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2017. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2018. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>e</b> Excess from 2019. . . . .                                                                                                                                                         | 0             |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ☐

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

|                                                                                                                                                                    | Tax year | Prior 3 years |          |          | (e) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                                    | (a) 2019 | (b) 2018      | (c) 2017 | (d) 2016 |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                      |          |               |          |          |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:                                                                                                |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter:                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter:                                                                                                                         |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                 |          |               |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 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).)

HENRY W BLOCH

**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

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ 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. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

MARIONHENRY BLOCH FAM FOUNDATION  
1 H AND R BLOCK WAY  
KANSAS CITY, MO 64105  
(816) 854-4361

**b** The form in which applications should be submitted and information and materials they should include:

VISIT BLOCHFAMILYFOUNDATION.ORG FOR GRANT APPLICATIONS AND SUBMISSION GUIDELINES.

**c** Any submission deadlines:

VISIT BLOCHFAMILYFOUNDATION.ORG FOR CURRENT SUBMISSION DEADLINES.

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

THE FOUNDATION GENERALLY MAKES ONE-YEAR GRANTS. HOWEVER, THE FOUNDATION WILL CONSIDER MULTI-YEAR REQUESTS. GRANTS ARE MADE ONLY TO TAX EXEMPT 501(C)(3) ORGANIZATIONS THAT ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS. THE FOUNDATION CONSIDERS SUPPORT FOR ORGANIZATIONS THAT ARE BASED IN AND SERVICE RESIDENTS WITHIN THE GREATER KANSAS CITY AREA.

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount     |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|------------|
| Name and address (home or business)                                      |                                                                                                                    |                                      |                                     |            |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table        |                                                                                                                    |                                      |                                     |            |
| <b>Total</b> . . . . .                                                   |                                                                                                                    |                                      | <b>▶ 3a</b>                         | 13,053,287 |
| <b>b</b> <i>Approved for future payment</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |            |
| <b>Total</b> . . . . .                                                   |                                                                                                                    |                                      | <b>▶ 3b</b>                         | 18,983,500 |

Enter gross amounts unless otherwise indicated.

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

|                      |                                                                                                                                                                                                                                                   |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Line No.</b><br>▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

[illegible]

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

|  |  |     |    |
|--|--|-----|----|
|  |  | Yes | No |
|--|--|-----|----|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|       |  |    |
|-------|--|----|
| 1a(1) |  | No |
| 1a(2) |  | No |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|              |           |
|--------------|-----------|
| <b>1b(1)</b> | <b>No</b> |
|--------------|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(2)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |           |
|--------------|-----------|
| <b>1b(3)</b> | <b>No</b> |
|--------------|-----------|

|              |           |
|--------------|-----------|
| <b>1b(4)</b> | <b>No</b> |
|--------------|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(5)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |           |
|--------------|-----------|
| <b>1b(6)</b> | <b>No</b> |
|--------------|-----------|

|           |  |           |
|-----------|--|-----------|
| <b>1c</b> |  | <b>No</b> |
|-----------|--|-----------|

value  
ue

[illegible]

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                                                                                                                      |                                                                        |                                                                    |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|
| <p><b>Sign Here</b></p> <p>*****</p> <hr style="border: 0.5px solid black;"/> <p>Signature of officer or trustee</p> | <p>2020-11-16</p> <hr style="border: 0.5px solid black;"/> <p>Date</p> | <p>*****</p> <hr style="border: 0.5px solid black;"/> <p>Title</p> |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

|                                       |                                                                      |                      |      |                                                 |                          |
|---------------------------------------|----------------------------------------------------------------------|----------------------|------|-------------------------------------------------|--------------------------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name                                           | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><br>P00482834    |
|                                       | Michael J Engle                                                      |                      |      |                                                 |                          |
|                                       | Firm's name ▶ BKD LLP                                                |                      |      |                                                 | Firm's EIN ▶             |
|                                       | Firm's address ▶ 1201 Walnut Suite 1700<br>Kansas City, MO 641062246 |                      |      |                                                 | Phone no. (816) 221-6300 |

## Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

| <b>(a)</b> List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | <b>(b)</b><br>How acquired<br>P—Purchase<br>D—Donation | <b>(c)</b><br>Date acquired<br>(mo., day, yr.) | <b>(d)</b><br>Date sold<br>(mo., day, yr.) |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|--------------------------------------------|
| MPLX LP                                                                                                                                   |                                                        |                                                |                                            |
| NUSTAR ENERGY                                                                                                                             |                                                        |                                                |                                            |
| PHILLIPS 66 PTRS                                                                                                                          |                                                        |                                                |                                            |
| WESTERN MIDSTREAM PTRS                                                                                                                    |                                                        |                                                |                                            |
| CID CAPITAL OPPORTUNITY FUND II                                                                                                           |                                                        |                                                |                                            |
| OAKWOOD RE PTRS II                                                                                                                        |                                                        |                                                |                                            |
| PARAMETRIC GLOBAL DEFENSIVE                                                                                                               |                                                        |                                                |                                            |
| RENAISSANCE INSTITUTIONAL                                                                                                                 |                                                        |                                                |                                            |
| RIVERVEST VENTURE FUND III                                                                                                                |                                                        |                                                |                                            |
| WELLINGTON TRUST CO                                                                                                                       |                                                        |                                                |                                            |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
|                       |                                            |                                                 | 972                                          |
|                       |                                            |                                                 | -1,375                                       |
|                       |                                            |                                                 | 23                                           |
|                       |                                            |                                                 | 477                                          |
|                       |                                            |                                                 | 795,100                                      |
|                       |                                            |                                                 | 60,107                                       |
|                       |                                            |                                                 | 578,486                                      |
|                       |                                            |                                                 | 21,098                                       |
|                       |                                            |                                                 | 2,135                                        |
|                       |                                            |                                                 | 767,177                                      |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**[illegible]

## Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

| <b>(a)</b> List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | <b>(b)</b><br>How acquired<br>P—Purchase<br>D—Donation | <b>(c)</b><br>Date acquired<br>(mo., day, yr.) | <b>(d)</b><br>Date sold<br>(mo., day, yr.) |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|--------------------------------------------|
| WINGATE PTRS V                                                                                                                            |                                                        |                                                |                                            |
| BUCKEYE PARTNERS                                                                                                                          |                                                        |                                                |                                            |
| PUBLICLY TRADED SECURITIES                                                                                                                |                                                        |                                                |                                            |
| NHIT: CREDIT ASSET TRUST                                                                                                                  |                                                        |                                                |                                            |
| FIR TRUST INTERNATIONAL VALUE FUND II                                                                                                     |                                                        |                                                |                                            |
| FIR TRUST INTERNATIONAL VALUE FUND                                                                                                        |                                                        |                                                |                                            |
| DOVER STREET IX CAYMAN FUND                                                                                                               |                                                        |                                                |                                            |
| LITTLEJOHN OPPORTUNITIES FUND II                                                                                                          |                                                        |                                                |                                            |
| AXIOM ASIA IV LP                                                                                                                          |                                                        |                                                |                                            |
| ARTEMIS REAL ESTATE PTRS HEALTHCARE FUND                                                                                                  |                                                        |                                                |                                            |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
|                       |                                            |                                                 | -624,981                                     |
|                       |                                            |                                                 | -10,194                                      |
| 248,934,250           |                                            | 243,684,606                                     | 5,249,644                                    |
|                       |                                            |                                                 | 75,031                                       |
|                       |                                            |                                                 | 68,270                                       |
|                       |                                            |                                                 | -75,890                                      |
|                       |                                            |                                                 | 351,627                                      |
|                       |                                            |                                                 | -200,052                                     |
|                       |                                            |                                                 | 819                                          |
|                       |                                            |                                                 | 4,318                                        |

## Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

[illegible]

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e.g., real estate,<br><b>(a)</b> 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | <b>(b)</b><br>How acquired<br>P—Purchase<br>D—Donation | <b>(c)</b><br>Date acquired<br>(mo., day, yr.) | <b>(d)</b><br>Date sold<br>(mo., day, yr.) |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|--------------------------------------------|
| AXIOM ASIA V LP                                                                                                                              |                                                        |                                                |                                            |
| ARROWSTREET INTERNATIONAL EQUITY                                                                                                             |                                                        |                                                |                                            |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| <b>(e)</b> Gross sales price | Depreciation allowed<br><b>(f)</b> (or allowable) | Cost or other basis<br><b>(g)</b> plus expense of sale | Gain or (loss)<br><b>(h)</b> (e) plus (f) minus (g) |
|------------------------------|---------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
|                              |                                                   |                                                        | -9,103                                              |
|                              |                                                   |                                                        | 47,458                                              |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                          |                                                     | <b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>(i)</b> F.M.V. as of 12/31/69                                                            | <b>(j)</b> Adjusted basis as of 12/31/69 | <b>(k)</b> Excess of col. (i) over col. (j), if any |                                                                                                 |
|                                                                                             |                                          |                                                     |                                                                                                 |
|                                                                                             |                                          |                                                     |                                                                                                 |



Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address                             | Title, and average hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| HENRY W BLOCH                                    | CHAIRMAN EMERITUS & DIRECTOR<br>0.75                         | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| THOMAS M BLOCH                                   | CHAIRMAN & DIRECTOR<br>3.0                                   | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| ROBERT L BLOCH                                   | V.<br>CHAIRMAN/TREASURER/DIRECTOR<br>0.5                     | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| MARY JO BROWN                                    | ASSISTANT SECRETARY & DIRECTOR<br>0.5                        | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| BRUCE C DAVISON                                  | VICE CHAIRMAN & DIRECTOR<br>0.5                              | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| WILLIAM A HALL                                   | DIRECTOR<br>0.75                                             | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| EDWARD T MATHENY JR                              | DIRECTOR<br>0.5                                              | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| JOHN R PHILLIPS                                  | DIRECTOR<br>0.5                                              | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| MORTON I SOSLAND                                 | DIRECTOR<br>0.5                                              | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| ELIZABETH A UHLMANN                              | SECRETARY & DIRECTOR<br>0.5                                  | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| LEO MORTON                                       | DIRECTOR<br>0.25                                             | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| DAVID P MILES                                    | PRESIDENT<br>30.0                                            | 182,077                                   | 18,506                                                                | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| DEBBIE SOSLAND-EDELMAN                           | DIRECTOR<br>0.25                                             | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |
| SCOTT ANDREASEN                                  | ASSISTANT TREASURER<br>0.5                                   | 0                                         | 0                                                                     | 0                                     |
| 1 H and R Block Way<br>Kansas City, MO 641051905 |                                                              |                                           |                                                                       |                                       |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |            |
| American Public Square Inc<br>300 E 39th Street<br>Kansas City, MO 64111                                 | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 650        |
| American Public Square Inc<br>300 E 39th Street<br>Kansas City, MO 64105                                 | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 2,000      |
| Anna and Max Zalcmn Torah Learning Center<br>8800 W 103rd St<br>Overland Park, KS 66212                  | JEWISH COMM ORG                                                                                           | PC                             | the Kosher Meals on Wheels program                | 5,000      |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                   | 13,053,287 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                    | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                   | Amount     |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|------------|
| Name and address (home or business)                                                          |                                                                                                                    |                                      |                                                       |            |
| <b>a</b> <i>Paid during the year</i>                                                         |                                                                                                                    |                                      |                                                       |            |
| ARTS KC-Regional Arts Council<br>106 Southwest Blvd<br>Kansas City, MO 64105                 | NONE                                                                                                               | PC                                   | MHBFF Board of Directors<br>Matching Gift Program     | 666        |
| Avodah125 Maiden Lane<br>New York, NY 100385041                                              | JEWISH COMM ORG                                                                                                    | PC                                   | continued engagement with the<br>Avodah Justice Fello | 6,000      |
| Boys and Girls Clubs of Greater Kansas<br>City<br>4001 Blue Parkway<br>Kansas City, MO 64130 | NONE                                                                                                               | PC                                   | construction of and expanded<br>programming for the J | 100,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                  |                                                                                                                    |                                      |                                                       | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| Children's Mercy Hospital<br>2401 Gillham Road<br>Kansas City, MO 641084619                              | NONE                                                                                                      | PC                             | Bloch Family Matching Gift Program             | 4,000      |
| Children's Mercy Hospital<br>2401 Gillham Road<br>Kansas City, MO 64105                                  | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 5,000      |
| Children's Mercy Hospital<br>2401 Gillham Road<br>Kansas City, MO 641084619                              | NONE                                                                                                      | PC                             | the Children's Mercy East expansion project.   | 250,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| Children's Mercy Hospital<br>2402 Gillham Road<br>Kansas City, MO 641084620                              | NONE                                                                                                      | PC                             | the Children's Mercy East expansion project.   | 250,000    |
| City Year Kansas City415 Delaware St<br>Kansas City, MO 64105                                            | NONE                                                                                                      | PC                             | expansion to Whittier Elementary School.       | 100,000    |
| Community LINCPO Box 32697<br>Kansas City, MO 64171                                                      | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 5,000      |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                    |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                    |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                    |            |
| Credit & Homeownership Empowerment Services<br>3125 Gillham Plaza<br>Kansas City, MO 64109               | NONE                                                                                                      | PC                             | Project ""Build, Restore, Engage""                 | 71,000     |
| Crossroads Charter Schools1011 Central<br>Kansas City, MO 64105                                          | NONE                                                                                                      | PC                             | renovations and equipment for Crossroads Preparato | 50,000     |
| Donnelly College608 N 18th Street<br>Kansas City, KS 66102                                               | NONE                                                                                                      | PC                             | the new academic building.                         | 250,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                    | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| Donnelly College608 N 18th Street<br>Kansas City, KS 66102                                               | NONE                                                                                                      | PC                             | the new academic building.                     | 250,000    |
| Elevate Metro KCPO Box 4477<br>Overland Park, KS 66204                                                   | NONE                                                                                                      | PC                             | program growth at Southeast High School        | 34,000     |
| Fremar Foundation2816 W 87th Terrace<br>Leawood, KS 662061606                                            | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 200        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |            |
| Friends of University Academy<br>8080 Ward Parkway<br>Kansas City, MO 64114                              | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 5,000      |
| Friends of University Academy<br>8080 Ward Parkway<br>Kansas City, MO 64114                              | NONE                                                                                                      | PC                             | expansion of the Career<br>Acceleration Program   | 75,000     |
| Grandview Park Presbyterian Church<br>1613 Wilson Blvd<br>Kansas City, KS 66102                          | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 2,000      |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                   | 13,053,287 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                    |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                    |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                    |            |
| Greater Kansas City Hispanic Development Fund<br>1055 Broadway Blvd<br>Kansas City, MO 64105             | NONE                                                                                                      | PC                             | the HDF Bilingual Family College Prep Program      | 100,000    |
| Harry S Truman Library Institute for National and<br>5151 Troost Ave<br>Kansas City, MO 64110            | NONE                                                                                                      | PC                             | expanding President Truman's Classroom for Democra | 250,000    |
| Harvesters - The Community Food Network<br>3801 Topping Avenue<br>Kansas City, MO 64129                  | NONE                                                                                                      | PC                             | In honor of Morton Sosland                         | 10,000     |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                                                       |                                                                                                           |                                |                                                    | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                    |            |
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| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                    |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                    |            |
| Henry W Bloch School of Management Fund at the Gr<br>1055 Broadway<br>Kansas City, MO 64105              | LEGACY ORG                                                                                                | PC                             | activites of the Henry W. Bloch School of Manageme | 5,380,000  |
| High Aspirations6320 Brookside Plaza<br>Kansas City, MO 641131709                                        | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program     | 400        |
| High Aspirations6320 Brookside Plaza<br>Kansas City, MO 641131709                                        | NONE                                                                                                      | PC                             | building renovations and future programming        | 25,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                    | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| Hyman Brand Hebrew Academy<br>5801 West 11th Street<br>Overland Park, KS 662111800                       | JEWISH COMM ORG                                                                                           | PC                             | ongoing programs and operations                | 107,000    |
| Jackson County Historical Society<br>PO Box 4241<br>Independence, MO 640514241                           | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 200        |
| Jewish Community Center of Greater Kansas City<br>5801 W 115th Street<br>Overland Park, KS 66211         | JEWISH COMM ORG                                                                                           | PC                             | ongoing programs and operations                | 10,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                    |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                    |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                    |            |
| Jewish Community Center of Greater Kansas City<br>5801 W 115th Street<br>Overland Park, KS 66211         | NONE                                                                                                      | PC                             | non-sports related aspects of the Jewish Community | 50,000     |
| Jewish Community Relations Bureau-American Jewish<br>5801 W 115th Street<br>Overland Park, KS 66211      | JEWISH COMM ORG                                                                                           | PC                             | ongoing programs and operations                    | 40,000     |
| Jewish Family Services<br>5801 W 115th Street<br>Overland Park, KS 66211                                 | NONE                                                                                                      | PC                             | Bloch Family Matching Gift Program                 | 500        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                    | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| Jewish Family Services<br>5801 W 115th Street<br>Overland Park, KS 66211                                 | JEWISH COMM ORG                                                                                           | PC                             | ongoing programs and operations                | 25,000     |
| Jewish Federation of Greater Kansas City<br>5801 W 115th Street<br>Overland Park, KS 662111800           | NONE                                                                                                      | PC                             | Bloch Family Matching Gift Program             | 1,000      |
| Jewish Federation of Greater Kansas City<br>5801 W 115th Street<br>Overland Park, KS 662111800           | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 6,500      |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
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| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| Jewish Federation of Greater Kansas City<br>5801 W 115th Street<br>Overland Park, KS 662111800           | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 6,666      |
| Jewish Federation of Greater Kansas City<br>5802 W 115th Street<br>Overland Park, KS 662111800           | JEWISH COMM ORG                                                                                           | PC                             | improve critical security measures             | 50,000     |
| Jewish Federation of Greater Kansas City<br>5801 W 115th Street<br>Overland Park, KS 662111800           | JEWISH COMM ORG                                                                                           | PC                             | ongoing programs and operations                | 250,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                      |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution     | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                      |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                      |            |
| Jewish Vocational Service<br>4600 The Paseo<br>Kansas City, MO 64110                                     | JEWISH COMM ORG                                                                                           | PC                             | ongoing programs and operations      | 5,000      |
| Kansas City Art Institute<br>4415 Warwick Blvd<br>Kansas City, MO 64111                                  | NONE                                                                                                      | PC                             | the Space to Create capital campaign | 100,000    |
| Kansas City Girls Preparatory Academy<br>5000 East 17th Street<br>Kansas City, MO 64127                  | NONE                                                                                                      | PC                             | facility renovations                 | 75,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                      | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                    |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                    |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                    |            |
| Kansas City Museum Foundation Inc<br>4600 E 63rd<br>Kansas City, MO 64130                                | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program     | 5,256      |
| Kansas City Pet Project<br>4400 Raytown Rd<br>Kansas City, MO 641292185                                  | NONE                                                                                                      | PC                             | Bloch Family Matching Gift Program                 | 1,500      |
| Kansas City Pre-K Cooperative Fund at the Greater<br>1055 Broadway St<br>Kansas City, MO 64105           | NONE                                                                                                      | PC                             | the Kansas City Pre-K Cooperative Fund at the Grea | 50,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                    | 13,053,287 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
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| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| Kansas City Repertory Theatre<br>4825 Troost Ave<br>Kansas City, MO 64110                                | NONE                                                                                                      | PC                             | BSEB Matching Gift Program                     | 650        |
| Kansas City Repertory Theatre<br>4825 Troost Ave<br>Kansas City, MO 64110                                | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 2,000      |
| Kansas City Repertory Theatre<br>4825 Troost Ave<br>Kansas City, MO 64110                                | NONE                                                                                                      | PC                             | BSEB Matching Gift Program                     | 10,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
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| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| Kansas City Repertory Theatre<br>4825 Troost Ave<br>Kansas City, MO 64110                                | NONE                                                                                                      | PC                             | the Creative Future Fund.                      | 50,000     |
| Kansas City Symphony<br>1703 Wyandotte St<br>Kansas City, MO 64108                                       | NONE                                                                                                      | PC                             | the Investment in Excellence Initiative        | 100,000    |
| Kansas University Endowment Association<br>3901 Rainbow Blvd<br>Kansas City, KS 66160                    | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 3,000      |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                | Amount     |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|------------|
| Name and address (home or business)                                               |                                                                                                                    |                                      |                                                    |            |
| <b>a</b> <i>Paid during the year</i>                                              |                                                                                                                    |                                      |                                                    |            |
| Kauffman Center for the Performing Arts<br>1601 Broadway<br>Kansas City, MO 64108 | NONE                                                                                                               | PC                                   | security infrastructure for the Kauffman Center fo | 43,000     |
| KCPT- Public Television 19<br>125 East 31st Street<br>Kansas City, MO 64108       | NONE                                                                                                               | PC                                   | MHBFF Board of Directors<br>Matching Gift Program  | 5,000      |
| KCPT- Public Television 19<br>125 East 31st Street<br>Kansas City, MO 64108       | NONE                                                                                                               | PC                                   | unrestricted gift in honor of Ed Matheny           | 10,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                |                                                                                                                    |                                      |                                                    | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                       |            |
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| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution      | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                       |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                       |            |
| KCPT- Public Television 19<br>125 East 31st Street<br>Kansas City, MO 64108                              | NONE                                                                                                      | PC                             | the Kansas City Picture This campaign | 100,000    |
| Liberty Memorial Association dba<br>National World<br>2 Memorial Drive<br>Kansas City, MO 641084603      | NONE                                                                                                      | PC                             | 2019 Night at the Tower Annual Gala.  | 50,000     |
| Mid-America Regional Council<br>600 Broadway Blvd<br>Kansas City, MO 64105                               | NONE                                                                                                      | PC                             | KC Degrees.                           | 50,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                       | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
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| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| Midwest Center for Holocaust Education<br>5801 W 115Th St<br>Overland Park, KS 662111800                 | JEWISH COMM ORG                                                                                           | PC                             | ongoing programs and operations                | 8,000      |
| Miracle Of Innocence Inc13725 Metcalf<br>Overland Park, KS 66223                                         | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 1,600      |
| National Museum Of Toys And Miniatures<br>5235 Oak Street<br>Kansas City, MO 641122877                   | NONE                                                                                                      | POF                            | MHBFF Board of Directors Matching Gift Program | 2,000      |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |            |
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| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |            |
| New Reform Temple7100 Main<br>Kansas City, MO 64114                                                      | NONE                                                                                                      | PC                             | Rabbi's Discretionary Fund                        | 500        |
| New Reform Temple7100 Main<br>Kansas City, MO 64114                                                      | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 2,000      |
| New Reform Temple7100 Main<br>Kansas City, MO 64114                                                      | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 15,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                   | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
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| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| Parkinson's Foundation<br>200 SE 1st Street<br>Miami, FL 33131                                           | NONE                                                                                                      | PC                             | in memory of Milton H. Klaas of Freeport, IL   | 100        |
| Pembroke Hill School400 W 51st St<br>Kansas City, MO 641122316                                           | NONE                                                                                                      | PC                             | Bloch Family Matching Gift Program             | 500        |
| Pembroke Hill School400 W 51st St<br>Kansas City, MO 641122316                                           | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 500        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution               | Amount     |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------|------------|
| Name and address (home or business)                                       |                                                                                                                    |                                      |                                                   |            |
| <b>a</b> <i>Paid during the year</i>                                      |                                                                                                                    |                                      |                                                   |            |
| Pembroke Hill School400 W 51st St<br>Kansas City, MO 641122316            | NONE                                                                                                               | PC                                   | Bloch Family Matching Gift<br>Program             | 1,500      |
| Plaza Academy<br>3930 Broadway Boulevard<br>Kansas City, MO 64111         | NONE                                                                                                               | PC                                   | Bloch Family Matching Gift<br>Program             | 3,000      |
| Police Foundation of Kansas City<br>PO Box 25198<br>Kansas City, MO 64119 | NONE                                                                                                               | PC                                   | MHBFF Board of Directors<br>Matching Gift Program | 2,000      |
| <b>Total . . . . . ▶ 3a</b>                                               |                                                                                                                    |                                      |                                                   | 13,053,287 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |            |
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| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |            |
| reStart Inc918 E 9th Street<br>Kansas City, MO 64106                                                     | NONE                                                                                                      | PC                             | the organization's Recovery Plan               | 50,000     |
| Rightfully Sewn (co Community Capital Fund org's<br>1800 Wyandotte St<br>Kansas City, MO 64108           | NONE                                                                                                      | PC                             | Bloch Family Matching Gift Program             | 500        |
| Rightfully Sewn (co Community Capital Fund org's<br>1800 Wyandotte St<br>Kansas City, MO 64108           | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program | 825        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |            |
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| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |            |
| Saint Luke's Foundation<br>901 E 104th Street<br>Kansas City, MO 64131                                   | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 200        |
| Saint Luke's Foundation<br>901 E 104th Street<br>Kansas City, MO 64131                                   | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 1,250      |
| Saint Luke's Foundation<br>901 E 104th Street<br>Kansas City, MO 64131                                   | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 10,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                   | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                    |            |
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| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                    |            |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                                    |            |
| Saint Luke's Foundation<br>901 E 104th Street<br>Kansas City, MO 64131                                   | NONE                                                                                                      | PC                             | Gift to Saint Luke's Home Care & Hospice, in memor | 50,000     |
| Saint Luke's Foundation<br>901 E 104th Street<br>Kansas City, MO 64131                                   | LEGACY ORG                                                                                                | PC                             | SLMBNI Five Year Strategy (2019-2023)              | 1,300,000  |
| Saint Luke's Foundation<br>901 E 104th Street<br>Kansas City, MO 64131                                   | LEGACY ORG                                                                                                | PC                             | SLMBNI Five Year Strategy (2019-2023)              | 1,300,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                    | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                    |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                    |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                    |            |
| Sasone Committee at the Jewish Federation of Great<br>5801 W 115th St<br>Overland Park, KS 662111800     | JEWISH COMM ORG                                                                                           | PC                             | ongoing programs and operations                    | 10,000     |
| St Paul's Episcopal Day School<br>4041 Main Street<br>Kansas City, MO 64111                              | NONE                                                                                                      | PC                             | MHBFF Board of Directors Matching Gift Program     | 200        |
| Swope Corridor RenaissanceThe Upper Room Inc<br>300 E 39th Street<br>Kansas City, MO 64111               | NONE                                                                                                      | PC                             | the purchase and installation of playground equipm | 68,300     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                    | 13,053,287 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution               | Amount     |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------|------------|
| Name and address (home or business)                                               |                                                                                                                    |                                      |                                                   |            |
| <b>a</b> <i>Paid during the year</i>                                              |                                                                                                                    |                                      |                                                   |            |
| The Children's Place<br>2 E 59th Street<br>Kansas City, MO 64133                  | NONE                                                                                                               | PC                                   | MHBFF Board of Directors<br>Matching Gift Program | 1,300      |
| The Nelson Gallery Foundation<br>4525 Oak Street<br>Kansas City, MO 64111<br>1818 | NONE                                                                                                               | PC                                   | MHBFF Board of Directors<br>Matching Gift Program | 175        |
| The Nelson Gallery Foundation<br>4525 Oak Street<br>Kansas City, MO 64111<br>1818 | NONE                                                                                                               | PC                                   | MHBFF Board of Directors<br>Matching Gift Program | 1,214      |
| <b>Total . . . . . ▶ 3a</b>                                                       |                                                                                                                    |                                      |                                                   | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                      |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                     | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                      |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                      |            |
| The Nelson Gallery Foundation<br>4525 Oak Street<br>Kansas City, MO 641111818                            | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program    | 1,500      |
| The Nelson Gallery Foundation<br>4525 Oak Street<br>Kansas City, MO 641111818                            | NONE                                                                                                      | PC                             | Unrestricted                                         | 10,000     |
| The Nelson Gallery Foundation<br>4525 Oak Street<br>Kansas City, MO 641111818                            | LEGACY ORG                                                                                                | PC                             | the museum's efforts to further<br>advance the Bloch | 200,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                      | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |            |
| The Nelson Gallery Foundation<br>4525 Oak Street<br>Kansas City, MO 64111818                             | LEGACY ORG                                                                                                | PC                             | the museum's efforts to further advance the Bloch | 500,000    |
| The Nelson Gallery Foundation<br>4525 Oak Street<br>Kansas City, MO 64111818                             | LEGACY ORG                                                                                                | PC                             | the museum's efforts to further advance the Bloch | 500,000    |
| The Temple Congregataion B'nai Jehudah<br>12320 Nall Ave<br>Overland Park, KS 66209                      | NONE                                                                                                      | PC                             | Rabbi's Discretionary Fund                        | 500        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                   | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |            |
| The Temple Congregation B'nai Jehudah<br>12320 Nall Ave<br>Overland Park, KS 66209                       | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 370        |
| The Temple Congregation B'nai Jehudah<br>12320 Nall Ave<br>Overland Park, KS 66209                       | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 700        |
| The Temple Congregation B'nai Jehudah<br>12320 Nall Ave<br>Overland Park, KS 66209                       | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program | 4,915      |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                   | 13,053,287 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                       |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                      | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                       |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                       |            |
| UMKC Foundation5115 Oak St<br>Kansas City, MO 64112                                                      | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program     | 600        |
| UMKC Foundation5115 Oak St<br>Kansas City, MO 64112                                                      | NONE                                                                                                      | PC                             | BSEB Matching Gift Program                            | 650        |
| UMKC Foundation5115 Oak St<br>Kansas City, MO 64112                                                      | NONE                                                                                                      | PC                             | Gift designated for the UMKC<br>Conservatory of Music | 2,500      |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                       | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                       |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                      | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                       |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                       |            |
| UMKC Foundation5115 Oak St<br>Kansas City, MO 64112                                                      | NONE                                                                                                      | PC                             | BSEB Matching Gift Program                            | 3,000      |
| UMKC Foundation5115 Oak St<br>Kansas City, MO 64112                                                      | NONE                                                                                                      | PC                             | MHBFF Board of Directors<br>Matching Gift Program     | 3,200      |
| UMKC Foundation5115 Oak St<br>Kansas City, MO 64112                                                      | NONE                                                                                                      | PC                             | 34th Annual Entrepreneur of the<br>Year Awards Ceremo | 10,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                       | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                    |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                    |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                    |            |
| UMKC Foundation5115 Oak St<br>Kansas City, MO 64112                                                      | NONE                                                                                                      | PC                             | BSEB Matching Gift Program                         | 10,000     |
| UMKC Foundation5115 Oak St<br>Kansas City, MO 64112                                                      | NONE                                                                                                      | PC                             | intensive support services provided for students a | 45,000     |
| UMKC Foundation5115 Oak St<br>Kansas City, MO 64112                                                      | NONE                                                                                                      | PC                             | the RooSTRONG Success Model                        | 300,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                    | 13,053,287 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                           | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                   | Amount     |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|------------|
| Name and address (home or business)                                                 |                                                                                                                    |                                      |                                                       |            |
| <b>a</b> <i>Paid during the year</i>                                                |                                                                                                                    |                                      |                                                       |            |
| United Inner City Services<br>2008 E 12th Street<br>Kansas City, MO 64127           | NONE                                                                                                               | PC                                   | start-up of the Metro Child and<br>Family Development | 37,500     |
| United Way of Greater Kansas City<br>801 W 47th Street<br>Kansas City, MO 641121239 | NONE                                                                                                               | PC                                   | the organization's 100th<br>anniversary in 2018 and t | 25,000     |
| United Way of Greater Kansas City<br>801 W 47th Street<br>Kansas City, MO 641121239 | NONE                                                                                                               | PC                                   | United Way's expansion of the<br>Family Stability Ini | 50,000     |
| <b>Total . . . . . ▶ 3a</b>                                                         |                                                                                                                    |                                      |                                                       | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                    |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution   | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                    |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                    |            |
| Unleashed Pet Rescue & Adoption<br>5918 Broadmoor Street<br>Mission, KS 662023226                        | NONE                                                                                                      | PC                             | Bloch Family Matching Gift Program | 5,000      |
| Vaad Hakashruth of Kansas City<br>9900 Antioch<br>Overland Park, KS 66212                                | JEWISH COMM ORG                                                                                           | PC                             | ongoing programs and operations    | 4,000      |
| Veterans Community Project<br>8900 Troost<br>Kansas City, MO 64131                                       | NONE                                                                                                      | PC                             | Bloch Family Matching Gift Program | 5,000      |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                    | 13,053,287 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                             |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution            | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                             |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                             |            |
| Village Shalom Inc5500 W 123rd Street<br>Overland Park, KS 66209                                         | JEWISH COMM ORG                                                                                           | PC                             | ongoing programs and operations             | 30,000     |
| Wildwood Outdoor Education Center<br>1403 Southwest Blvd<br>Kansas City, KS 66103                        | NONE                                                                                                      | PC                             | the Commuity Engagement and Growth project. | 35,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                             | 13,053,287 |

**TY 2019 Accounting Fees Schedule****Name:** Marion and Henry Bloch Family Foundation**EIN:** 45-4047901

| Category                  | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| ACCOUNTING AND AUDIT FEES | 73,683 | 28,854                   |                        | 22,105                                      |

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

## **TY 2019 Depreciation Schedule**

**Name:** Marion and Henry Bloch Family Foundation

**EIN:** 45-4047901



**TY 2019 Legal Fees Schedule****Name:** Marion and Henry Bloch Family Foundation**EIN:** 45-4047901

| Category   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|------------|--------|--------------------------|------------------------|---------------------------------------------|
| LEGAL FEES | 14,665 | 733                      |                        | 13,932                                      |

**TY 2019 Other Assets Schedule****Name:** Marion and Henry Bloch Family Foundation**EIN:** 45-4047901**Other Assets Schedule**

| Description            | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|------------------------|-----------------------------------|-----------------------------|------------------------------------|
| DUE FROM FIR TREE INTL | 10,854                            | 2,424,110                   | 2,424,110                          |
| DUE FROM FIR TREE II   | 9,043                             | 204,688                     | 204,688                            |

**TY 2019 Other Expenses Schedule****Name:** Marion and Henry Bloch Family Foundation**EIN:** 45-4047901**Other Expenses Schedule**

| Description            | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| INFORMATION TECHNOLOGY | 16,834                               |                          |                        | 16,834                                      |
| SPECIAL EVENT EXPENSES | 2,125                                | 106                      |                        | 2,019                                       |
| INSURANCE              | 7,133                                |                          |                        |                                             |
| MISCELLANEOUS          | 7,109                                |                          |                        | 7,109                                       |

**TY 2019 Other Income Schedule****Name:** Marion and Henry Bloch Family Foundation**EIN:** 45-4047901**Other Income Schedule**

| Description                           | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|---------------------------------------|-----------------------------------|--------------------------|---------------------|
| Income (Loss) from Schedules K-1      |                                   | 877,390                  |                     |
| Unrealized Gain (Loss) on Investments | 48,229,052                        |                          |                     |

**TY 2019 Other Liabilities Schedule****Name:** Marion and Henry Bloch Family Foundation**EIN:** 45-4047901

| Description           | Beginning of Year<br>- Book Value | End of Year -<br>Book Value |
|-----------------------|-----------------------------------|-----------------------------|
| DUE TO HRB MANAGEMENT | 40,874                            | 51,358                      |

**TY 2019 Other Professional Fees Schedule****Name:** Marion and Henry Bloch Family Foundation**EIN:** 45-4047901

| <b>Category</b>                | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|--------------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| INVESTMENT ADV. & SERVICE FEES | 1,872,033     | 1,864,030                        |                                | 8,003                                                |
| MANAGEMENT FEES                | 183,885       | 29,422                           |                                | 143,979                                              |
| CONSULTING FEES                | 35,272        |                                  |                                | 35,272                                               |

**TY 2019 Substantial Contributors  
Schedule****Name:** Marion and Henry Bloch Family Foundation**EIN:** 45-4047901

| Name                        | Address                                                    |
|-----------------------------|------------------------------------------------------------|
| HENRY W BLOCH INTERIM TRUST | C/O COMMERCE BANK 118 W 47TH STRE<br>KANSAS CITY, MO 64112 |

**TY 2019 Taxes Schedule****Name:** Marion and Henry Bloch Family Foundation**EIN:** 45-4047901

| Category                     | Amount  | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|------------------------------|---------|--------------------------|------------------------|---------------------------------------------|
| EXCISE TAXES AND STATE TAXES | 335,152 |                          |                        |                                             |
| FOREIGN TAXES                | 259     | 259                      |                        |                                             |



|                                                                                                                              |                                                                                                                                                                                            |                                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Schedule of Contributors</b><br><br>▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b><br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. | OMB No. 1545-0047                                   |
|                                                                                                                              |                                                                                                                                                                                            | <b>2019</b>                                         |
| Name of the organization<br>Marion and Henry Bloch Family Foundation                                                         |                                                                                                                                                                                            | <b>Employer identification number</b><br>45-4047901 |

**Organization type** (check one):

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
Marion and Henry Bloch Family Foundation

Employer identification number  
45-4047901

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                    |
|------------|-----------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | HENRY W BLOCH INTERIM TRUST<br>C/O COMMERCE BANK 118 W 47TH STRE<br><br>KANSAS CITY, MO 64112 | \$ 120,239,989             | <input checked="" type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input checked="" type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                    |
|            |                                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)                       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                    |
|            |                                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)                       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                    |
|            |                                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)                       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                    |
|            |                                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)                       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                    |
|            |                                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)                       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                    |
|            |                                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)                       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                    |
|            |                                                                                               | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)                       |

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of organization<br>Marion and Henry Bloch Family Foundation | Employer identification number<br>45-4047901 |
|------------------------------------------------------------------|----------------------------------------------|

| Part II Noncash Property  |                                                                                                                                    |                                                |                      |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------|
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given<br>(see instructions). Use duplicate copies of Part II if additional space is needed. | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| 1                         | VARIOUS STOCKS - SEE ATTACHED LIST                                                                                                 | \$ 120,239,989                                 | 2019-08-01           |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                       | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                    | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                       | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                    | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                       | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                    | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                       | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                    | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                       | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                    | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                       | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                                                                                                                    | \$                                             |                      |

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of organization<br>Marion and Henry Bloch Family Foundation | Employer identification number<br>45-4047901 |
|------------------------------------------------------------------|----------------------------------------------|

Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_**

Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                     | (d) Description of how gift is held      |
|---------------------------|---------------------------------------|-------------------------------------|------------------------------------------|
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>      |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                     | (d) Description of how gift is held      |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>      |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                     | (d) Description of how gift is held      |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>      |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                     | (d) Description of how gift is held      |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>      |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |

FEDERAL FOOTNOTES

FORM 990-PF, PART VIII, LINE 1 AND 2, OFFICER COMPENSATION AND  
HIGHEST-PAID EMPLOYEES  
=====

THE FOUNDATION HAS NO EMPLOYEES. ALL MANAGEMENT SERVICES ARE PROVIDED THROUGH HRB MANAGEMENT, INC. WHO IS PAID A MANAGEMENT FEE AS DISCLOSED IN PART VIII, LINE 3, HIGHLY PAID CONTRACTORS. OFFICER DAVID P. MILES AND HIGHLY-COMPENSATED EMPLOYEES JEAN-PAUL CHAURAND AND RACHEL CARLTON ARE EMPLOYEES OF AND ARE PAID BY HRB MANAGEMENT, INC. PURSUANT TO THE FORM 990-PF INSTRUCTIONS, THE PORTION OF THE COMPENSATION PAID TO THE MANAGEMENT SERVICES COMPANY (HRB MANAGEMENT, INC.) THAT RELATES TO SERVICES PROVIDED BY THE FOUNDATION OFFICERS AND EMPLOYEES ARE REPORTED IN PART VIII, LINE 1, OFFICER COMPENSATION AND PART VIII, LINE 2, HIGHEST-PAID EMPLOYEES AS IF THE FOUNDATION HAD PAID THE OFFICERS AND EMPLOYEES DIRECTLY. THE TOTAL AMOUNT PAID TO HRB MANAGEMENT, INC. REPORTED IN PART VIII, LINE 3, HIGHLY PAID CONTRACTORS DOES NOT INCLUDE THE AMOUNT OF OFFICER AND HIGHEST-PAID EMPLOYEE COMPENSATION SEPARATELY REPORTED IN PART VIII, LINE 1, OFFICER COMPENSATION AND PART VIII, LINE 2, HIGHEST-PAID EMPLOYEES.

FEDERAL FOOTNOTES

FORM 990-PF, PART XVI-A  
=====

THE FOUNDATION FILES A FEDERAL FORM 990-T TO REPORT NET INCOME OR LOSS FROM UNRELATED BUSINESS INCOME RESULTING FROM INVESTMENTS IN VARIOUS PARTNERSHIPS. THE FOUNDATION ACCOUNTS FOR INVESTMENTS IN PARTNERSHIPS ON A GAAP BASIS, AND THEREFORE DOES NOT RECORD UNRELATED BUSINESS INCOME OR LOSS REPORTED ON TAX SCHEDULE K-1 IN ITS BOOKS AND RECORDS. AS A RESULT, NO UNRELATED BUSINESS INCOME OR LOSS IS REPORTED ON FORM 990-PF PART I, COLUMN A, REVENUE AND EXPENSES PER BOOKS OR ON PART XVI-A, ANALYSIS OF INCOME-PRODUCING ACTIVITIES, COLUMNS (A) AND (B), UNRELATED BUSINESS INCOME.

**Marion and Henry Bloch Family Foundation**  
**FEIN: 45-4047901**  
**Reporting Set-Asides under the Cash Distribution Test**  
**Year Ended: 12/31/2019**

**Form 990-PF, Part XII, Line 3b - Reporting set-asides under the cash distribution test**

1. The Marion and Henry Bloch Family Foundation is setting aside \$1,250,000 in funds for approved contribution/grant agreement. The nature and purposes of the project for which the amounts are to be set aside are for renovations and additions to the UMKC Bloch Heritage Hall. The goals of the project are to:
- a. Meet the future growth needs of the Bloch School.
  - b. Transform Bloch Heritage Hall into a 21st century learning environment.
  - c. Attract and retain students locally and regionally.
  - d. Strengthen the Bloch School's ability to recruit and retain top faculty.
  - e. Demonstrate the Bloch School's intention to be Kansas City's business school.
  - f. Create synergistic connection with Bloch Executive Hall.
2. The amounts set aside for the project described in item 1 will actually be paid with the 12- month period that ends no more than 60 months after the date of the set-aside.
3. The project will not be completed before the end of the above-referenced tax year (the year in which the set-aside was made). The project is set to be substantially completed by July 31, 2022.
4. The Marion and Henry Bloch Family Foundation was incorporated on December 15, 2011 as a nonprofit Missouri charitable organization. The Marion and Henry Bloch Family distributed in cash the start up period minimum amount as well as the full payment period minimum amounts in each taxable year of the Foundation's full payment period. To continue to grow the foundation's asset, the foundation makes qualifying distributions for undistributed income within the following year. The following are the distributable amounts under Section 4942(d) and the actual payments made for the past 5 years:

| <u>Date</u> | <u>Distributable</u> | <u>Undistributable</u> | <u>Date Paid</u> | <u>Actual</u>         |
|-------------|----------------------|------------------------|------------------|-----------------------|
|             | <u>Amount</u>        | <u>Amount</u>          |                  | <u>Amount Distrib</u> |
| 12/31/2018  | 13,657,163           | 13,094,524             | 12/31/2019       | 13,633,483            |
| 12/31/2017  | 13,389,173           | 12,806,366             | 12/31/2018       | 13,369,005            |
| 12/31/2016  | 12,874,199           | 12,046,458             | 12/31/2017       | 12,629,265            |
| 12/31/2015  | 13,349,981           | 12,482,666             | 12/31/2016       | 12,874,199            |
| 12/31/2014  | 8,548,479            | 12,836,495             | 12/31/2015       | 13,349,981            |