SCANNED OCT 3 1 2018

Form **990-PF**

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

Depar	tment	of the Treasury								s it may be m		; .			
Intern	al Rey	renue Service	or tax year beg			rs.gov/Fo			uctions and and e	the latest inf	ormation. DEC	<u>ริ</u> 1 ว	017	Open to P	upiic inspection
		foundation	or ray hear neft	,ny	I AIN	, دع	ZU1/		, and e	, in a link		yer identif		number.	
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_		all that apply:	X Initi				Initial retur	n of a fo	rmer public	charity	D 1. Fore	ıan organi	zations	, check here	. ▶□
•		шрр.у.		al return			Amended r					•			-
				iress cha			Name char	nge			2. Fore	gn organizat k here and a	tions me	eting the 85% mputation	test,
H C	heck	type of organiz	zation; X	Section	1 501(c)(3) ex	cempt priv	vate founda	tion		11	1			tus was term	
	Se	ction 4947(a)(1	l) nonexempt ch	haritable	trust	Other tax	able private	e founda	tion	0-1				(A), check h	
I Fa	ır ma	rket value of al	l assets at end o	of year	J Accounti	ng metho	d: X	Cash	Acc	rual	1			60-month tei	
(fr	om F	art II, col. (c), l	ıne 16)		o	ther (spec	ufy)							(B), check h	
	\$_				(Part I, colun	nn (d) mu	ist be on ca	ish basi:	s.)			_			
Pa	řt; I	Analysis of F	Revenue and Ex ounts in columns ((penses	d (d) may not		Revenue ar			rvestment		djusted ne	et	(d) Disl	bursements able purposes
		necessarily equ	al the amounts in c	column (a)))	expe	nses per b		inc	ome		income		cash b	abie purposes basis only)
	1		gıfts, grants, et				1,0	00.	1884	7		I/A	i		
	2	Check X	if the foundation is not	it required to	attach Sch B	_ {		19 %			B) E	3: v	4		<u> </u>
	3	Interest on savin cash investment	gs and temporary s												W Z r
	4	Dividends and	interest from se	ecurities										*	
	5a	Gross rents													
	b	Net rental income	e or (loss)			3				\$ 137 A	ļ				<u> </u>
Φ	6a	Net gain or (loss)	from sale of asset	s not on li	ine 10				X 3.			DE	₹	VED	
Ĕ	b	Gross sales price assets on line 6a	e for all				*/ .				<u>.</u>	* LC	اشايك		10
Revenue	7	Capital gain net i	ncome (from Part I	IV, line 2)			<i>y</i> , ,		***************************************	0.		<u> </u>			181
E	8	Net short-term	ı capıtal gaın					- 2 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37 2 A J		SEP	24	2018	100
	9	Income modifications				<u> </u>				7 14 1	က				
	10a	and allowances	-					- 1		3,3		80	Re	J. TIT	
		Less Cost of go				ļ		ì		984		<u> </u>	UE.	14'50'1	
		Gross profit of	r (loss)						<u> </u>					<u> </u>	100
	11	Other income					1 0	000						* .	
	12		es 1 through 11				1,0	00.		<u> </u>					0.
	13	•	f officers, directors		, etc			٠٠	***						
	14		e salaries and w	-		<u> </u>					 				
ģ		•	, employee bene	enis											
Expense	168	Legal fees													
ğ	ן ו	Accounting fee Other professi													
É.	17	Interest	Uliai lees								 				
ŧ	18	Taxes				 		-				_			
stra	19	Depreciation a	nd depletion			-			 -		<u> </u>			\$. . .	
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퉏	21		ences, and meet	tinne											·
ď	22	Printing and p		ungs							 				
g ar	23	Other expense				<u> </u>					 				
Operating and Administrative		-	s ig and administ	trativo		 					 				
ē			d lines 13 throu					0.		0.	ŀ				0.
ဝိ	25	•	gifts, grants pa	-		\vdash		0.			3	<i>(*</i>		<u> </u>	0.
			es and disburse						\1894 ·	nst v	***		, <i>X</i>		
	20	Add lines 24 a						0.		0.]				0.
_	27	Subtract line 2				74 8	9	٠,	¥ ,	***	 	J: W			
	l -		e over expenses a	ard deche	sements	- %-	1.0	οô.	1 1 1	4 3			(
			nt income (if nega			N E.		***	*****	0.	V	1 \	*	· *&	18
	1		RCOME (if negative			 	1/1	7	, A	······································		∛/A		***	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

FRANK AND EVANGELINE

Form 990-PF (2017) Part II Balance Sheets Attached schedules and amounts in the description

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

n 990-PF (2017) C/O KIMBERLY S. ZELLME	Beginning of year		-1464626 Page :
Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	0.	1,000	
2 Savings and temporary cash investments			
3 Accounts receivable ▶		, W. B. B. F.	
L ess; allowance for doubtful accounts		I a s som som a stablisher til a s till a sillar si	* lib c
4 P ledges receivable ►			
L. ess: allowance for doubtful accounts	The same of the sa	1007-million control di	William and the William William
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
d isqualified persons			
7 Other notes and loans receivable			
L ess; allowance for doubtful accounts			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Irnvestments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 In vestments - land, buildings, and equipment basis			3.44
Less accumulated depreciation		^ ~ *** ****	
12 Investments - mortgage loans			
13 Investments - other			_
14 L and, buildings, and equipment; basis		.;. 10.74	
Less accumulated depreciation		.i. 111 144	
15 Other assets (describe ►			
16 Total assets (to be completed by all filers - see the			
instructions. Also, see page 1, item I)	0.	1,000	1,000.
17 Accounts payable and accrued expenses		_,	\$ 9 90 0000
18 Grants payable			1
19 Deferred revenue			-
20 Leans from officers, directors, trustees, and other disqualified persons	· -		7
21 Mortgages and other notes payable			┪ 。。
22 Other liabilities (describe ►)			t is
			1 .3 €
23 Total liabilities (add lines 17 through 22)	0.	0.	
F oundations that follow SFAS 117, check here			
a nd complete lines 24 through 26, and lines 30 and 31.			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
a nd complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	$\frac{0}{0}$	1,000.	
30 Total net assets or fund balances	0.	1,000.	
OU TOTAL HOLESONS OF TAINS SAIRHOUS			
31 Total liabilities and net assets/fund balances	0.	1,000.	
art III Analysis of Changes in Net Assets or Fund i	Balances	 	<u> </u>
otal net assets or fund balances at beginning of year - Part II, column (a), lin	e 30		
must agree with end-of-year figure reported on prior year's return)		1	0.
Inter amount from Part I line 27a		 	1 000

Part III Analysis of Changes in Net Assets or Fur Total net assets or fund balances at beginning of year - Part II, column (a (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize)

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Fund Balances

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82-1464626

Page 3

Form **990-PF** (2017)

C/O KIMBERLY S. ZELLMER

Form 990-PF (2017)

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Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (d) Date sold (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) 1a NONE b C d е (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price ((e) plus (f) minus (g)) (or allowable) plus expense of sale а b C d (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) Comp lete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (k) Excess of col. (i) (j) Adjusted basis (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any а b C d е If gain, also enter in Part I, line 7 2 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income N/A (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. Yes No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) Base period years Calendar year (or tax year beginning in) (d)
Distribution ratio
(col. (b) divided by col. (c)) Adjusted qualifying distributions Net value of noncharitable-use assets 2016 2015 2014 2013 2012 2 2 Total of line 1, column (d) 3 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 3 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 5 Multiply line 4 by line 3 5 6 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 8 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.

C/O KIMBERLY S. ZELLMER Form 990-PF (2017) 82-1464626 Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exermpt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Dome estic foundations that meet the section 4940(e) requirements in Part V, check here
— and enter 1% 0 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Cred its/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source 6b 0 O. 6c c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Tota I credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded > Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Yesl No any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 • (2) On foundation managers. > \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 X If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 6 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 8a Enter the states to which the foundation reports or with which it is registered. See instructions. KS 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) N/A of each state as required by General Instruction G? If "No," attach explanation 8b 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 10

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FRANK AND EVANGELINE THOMPSON FOUNDATION C/O KIMBERLY S. ZELLMER Form 990-PF (2017) 82-1464626 Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 11 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 X 11 12 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 12 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ KIMBERLY S. ZELLMER Telephone no. > 913 - 661 - 9600Located at ▶ 11150 OVERBROOK ROAD, SUITE 350, LEAWOOD, ZIP+4 >66211-2239 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, Yes No securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country 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. Yes No 1a During the year, did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes 🗓 No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53,4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c 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 2017? 10 2 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)): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2017? If "Yes," list the years

b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement - see instructions.)

N/A

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

Yes X No

b If "Yes," did it have excess business holdings in 2017 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 2017.)

N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2017?

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Form 990-PF (2017) C/O KIMBERLY S. ZELLMER 82-1464626 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

Part VII-by Statements Regarding Activities for William	Offit 4720 Way Be F	tequired (contin	uea)	
5a During the year, did the foundation pay or incur any amount to:				Yes No
			es 🗶 No 🛚	* 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,				
any voter registration drive?				
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Y	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			_ ^}
4945(d)(4)(A)? See instructions		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Y	es 🗓 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations	ļ	
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check t	nere .		▶□	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned		
expenditure responsibility for the grant?	N	i/A 🔲 y	es 🔲 No 📗	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y	es 🗶 No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ĺ	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🗶 No	,_ , (1)
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		<u>N/A</u>	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y	
List all officers, directors, trustees, and foundation managers and t	heir compensation.	_ 		
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	to position	enter -o-j	compensation	allowalices
				}
SEE STATEMENT 2		0.	0	. 0.
DEE DIRIBHINI 2			_	·
				
				+
				Ì
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	<u> </u>	
2 Compensation of the ingliest-paid employees (other than those inc		enter HOILE.	(d) Contributions to	(e) Expense
(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	(e) Expense account, other allowances
NONE	devoted to position		compensation	allowalices
NONENONE			j	
	· · · · · · · · · · · · · · · · · · ·			
				1
			<u> </u>	+
		!		
				
				
			<u> </u>	1
Total number of other employees paid over \$50,000				0
			Form	n QQA_DF (2017)

FRANK AND EVANGELINE THOMPSON FOUNDATION C/O KIMBERLY S. ZELLMER 82-1464626 Form 990-PF (2017) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Expenses N/A Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions.

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Total, Add lines 1 through 3

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P	art X. Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	1	
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,000.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,000.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	985.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	30.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	30.
2a	Tax on investment income for 2017 from Part VI, line 5		
b			
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	30.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	30.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	30.
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	- XI	
1		1.0	0
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 1b	<u> </u>
þ		2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
b		3b 4	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	
5	Foun dations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	Λ
_	income. Enter 1% of Part I, line 27b	5	<u>0.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualities for t	he section

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Form 990-PF (2017) C/O KIMBER	LY S. ZELLMER	<u> </u>	82-	-1464626 Page 9
Part XIII* Undistributed Income (see instructions)			
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distrib utable amount for 2017 from Part XI, line 7	Water of			0.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only	<u> </u>		0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2 013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ▶\$ N/A				
a Applied to 2016, but not more than line 2a			0.	<u> </u>
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	0.			* #
5 Excess distributions carryover applied to 2017 (If an armount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				78 7 7 7
line 4b from line 2b		0.		à à à à à
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which		Ì		
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line			0.	
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2017, Subtract				<u> </u>
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2018 7 Amounts treated as distributions out of	}- <u>*</u> <u>*</u>			W 2 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
corpus to satisfy requirements imposed by				14 × 1
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			' ,
8 Excess distributions carryover from 2012		* # 2 A A A A A A A A A A A A A A A A A A	%	*
not applied on line 5 or line 7	0.			
-/-pp://d drd d 01 HHQ /		N ₁	, , , , , , , , , , , , , , , , , , ,	

0.

10 Analysis of line 9: a Excess from 2013 **b** Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

9 Excess distributions carryover to 2018.

Subtract lines 7 and 8 from line 6a

	BERLY S. ZE			82-146	4626 Page 1
Part XIV Private Operating Fo			I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	•	▶		
b Check box to indicate whether the founda		ig foundation described i		4942(j)(3) or 4942	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	/	/
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed	<u></u>	ļ <u></u> -			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.		_	Ï		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					-
alter native test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed				 	
c "Sup port" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section		•			
512(a)(5)), or royalties)			_		
(2) Support from general public					
and 5 or more exempt organizations as provided in			1]	
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from		_			
an exempt organization					
(4) Gross investment income					
Part XV/ Supplementary Infor				າ had \$5,000 or mor	e in assets
at any time during th	ne year-see instr	ructions.)	N/A	<u>.</u>	
1 Information Regarding Foundation					
a List any managers of the foundation who	have contributed more	than 2% of the total cont	ributions received by the	foundation before the close	of any tax
year (but only if they have contributed mo	ore than \$5,000). (See s	ection 507(d)(2).)			
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation ((or an equally large porti	on of the ownership of a part	nership or
other entity) of which the foundation has	a 10% or greater interes	il,			
				···· <u>·</u> ····	
2 Information Regarding Contribution					
Check here ► X if the foundation on	lly makes contributions t	to preselected charitable	organizations and does i	not accept unsolicited reques	ts for funds. If
the foundation makes gifts, grants, etc., to					
a The name, address, and telephone number	er or email address of th	e person to whom applic	ations should be addres	sed;	
	Land I I				
b The form in which applications should be	submitted and informat	tion and materials they sh	nould include:		
					
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by apparantion	al areas, charitable fields	kinds of institutions or	other factors:	
a Any restrictions of limitations on awards,	Such as by geographica	اا عادعي, دااعا العداد الدالاي,	ninas or matitutions, or	omor Iactora.	

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Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Name and address (home or business)	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
	or substantial continuutor	recipient		
a Paid during the year				
NONE				
Total .	<u> </u>		▶ 3a	0.
b Approved for future payment				
NONE				
		 		
	[
		1		
				<u>-</u>
		1		
		<u> </u>		
Total			▶ 3b	0.

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C/O KIMBERLY S. ZELLMER

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Part XVI-A Analysis of Income-Prod	ucing Activitie	es			
Enter gross amounts unless otherwise indicated.	Unrelated (a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_				
b	_		11		
c	_		1-1		
d	-		1		
e	_		1-1		
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments			1_1		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					<u>**</u>
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal			1 7		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other		-			
than in ventory					
9 Net income or (loss) from special events			11		
10 Gross profit or (loss) from sales of inventory			 _		·
11 Other revenue:	1 1		1 1		
a	-		 _ 		
b	-		4		
C	-		↓ _ ↓		
d			 		
e			 _		
12 Subtotal. Add columns (b), (d), and (e)	*	0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI; B Relationship of Activities	to the Accon	nplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which inc			\ contribi	uted importantly to the accom	plishment of
the foundation's exempt purposes (other that	in by providing fund:	s for such purposes).			
	. <u> </u>				
		<u> </u>			
					
				 	
					
					
					
1					

Form 99	0-PF (2		. AND EVAN IMBERLY S			MPSON FO	JUNDATION		1464626	Pa	age 13
Part		Information Re				nsactions a	and Relations				.go 10
		Exempt Organ	izations								
		ganızatıon directly or indi						ction 501(c)	*	Yes	No
(ot	her tha	n section 501(c)(3) organ	nzations) or in sectio	n 527, relatınç	g to politic	al organizations	?		,	^	3°
a Tra	ınsfers	from the reporting found	ation to a noncharital	ble exempt or	ganızatıon	of:]	À.]
(1)	Cash								1a(1)		Х
(2)	Other	assets							1a(2)		X
b Oth	ner tran	sactions:							LA.		W.
(1)	Sales	of assets to a noncharita	ble exempt organizat	tion					1b(1)		X
(2)	Purch	nases of assets from a no	ncharitable exempt o	rganization					1b(2)		X
(3)		I of facilities, equipment,	•						1b(3)		X
(4)		bursement arrangements							1b(4)	\vdash	X
		s or loan guarantees							1b(5)		X
		rmance of services or me	mharchin or fundras	sına salıcıtatıa	ne				1b(6)	\vdash	X
• •		f facilities, equipment, ma	•	•					10(0)		X
		ver to any of the above is	-			mn (h) chould a	hugus chow the fair	market value of the		L	Λ
		-		-			-			eis,	
		s given by the reporting f I) the value of the goods,			8U 1855 IIId	iii iaii iiiaiket vai	iue iii aliy iralisaciii	in or snaring arrange	ement, snow m		
	<u>`</u>	(b) Amount involved		noncharitable	avemnt o	raanization	(d) December				
(a)Line r	10	(b) Amount mvolved	(c) Name of	N/A	exempt o	rganization	(u) Descripti	on of transfers, transacti	ons, and snaring an	rangeme	ents
	-		<u>.</u>	N/A							
	_		<u> </u>				_ -			_	
											_
										_	
	_							·			
	- 										
	-										
22 lc	the four	ndation directly or indirec	tly affiliated with or r	elated to one	or more to	x-exempt organ	uzations described				
		501(c) (other than section			01 111010 11	zx oxompt organ	iizationo acconibca		Yes	X	No
		omplete the following sch		CHOH OZ7 :						Lee	_ 140
	163, 66	(a) Name of org			(h) Tyne	of organization	т ——	(c) Description of r	elationship		
		N/A			(2) .) p o	or or gameation	 	(0) 0 000 (1)	old tion on the		
		H/A_					-				
							 				
		<u> </u>					 				
							 -				
	Linder	penalties of perjury, I declare	that I have examined this	e return includes	d accompan	ving schedules and	d statements and to the	ne hest of my knowled			
O:	and be	elef, it is true, correct, and cor							May the IHS of return with the		
Sign Here		2200	1011	111-	1.4	20.0	mpuca		shown below	See in	str T
11016	<u> </u>	JI) WHY	LATKON	The contract of	<u></u>	<u> </u>	TRUST	<u> </u>	_ X Yes	Ĺ	J No
	Sign	lature of officer or trustee		Dennaranta :	Dat	<u>e</u>	Title	Charl 12	LDTIN		
		Print/Type preparer's na	11116	Preparer's si	ynaure	E AA	Date	Check if	PTIN		
D-11				sund	ruly	mesh	100,000,00	self- employed	D0000	^ * =	
Paid	orc-	TIMOTHY A.		TIMOTH	Y A:	ERNEST	08/09/18		P00224		

Form **990-PF** (2017)

Firm's EIN ► 48-1238645

Phone no. 816-743-7700

Firm's address ▶ 1310 E. 104TH ST., SUITE 300 KANSAS CITY, MO 64131

Firm's name ► MARKSNELSON LLC

Preparer

Use Only

1201 WALNUT STREET, STE 2900 KANSAS CITY, MO 64106-2150

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

	BSTANTIAL CONTRIE VII-A, LINE 10	BUTORS	STAT	EMENT :
NAME OF CONTRIBUTOR	ADDRESS			
FRANK THOMPSON	2152 WEST 114 LEAWOOD, KS 6			
EVANGELINE THOMPSON	2152 WEST 114 LEAWOOD, KS 6			
	ST OF OFFICERS, D D FOUNDATION MANA		STAT	EMENT :
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
FRANK L. THOMPSON 2152 WEST 114TH TERRACE LEAWOOD, KS 66211	TRUSTEE 0.00	0.	0.	0 .
EVANGELINE A. THOMPSON 2152 WEST 114TH TERRACE LEAWOOD, KS 66211	TRUSTEE 0.00	0.	0.	0
KIMBERLY S. ZELLMER 11150 OVERBROOK ROAD, STE. 350 LEAWOOD, KS 66211	TRUSTEE 0.00	0.	0.	0
VINCENT LEM 9229 HIGH DRIVE LEAWOOD, KS 66206	TRUSTEE 0.00	0.	0.	0.
TRACY L. STEVENS 8005 NW TIMBERCREST WAY PARKVILLE, MO 64162	TRUSTEE 0.00	0.	0.	0 .
ALLEN W. BLAIR	TRUSTEE	0	0	0

0.00

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