Form **990-PF**

EXTENDED TO NOVEMBER 15, 2019 **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.

Depa	ertment	of the Treasury			social security numbers or rs.gov/Form990PF for inst				Open to Public Inspection
		dar year 2018 or tax ye		<u> </u>	13.9077 01110007 1 107 1170	, and e			Openitor aprilo inopositori
Na	me of	foundation		THOMPS	SON FOUNDATION	ON		A Employer identification	number
_		KIMBERLY S			- · · · · · · · · · · · · · · · · · · ·			82-1464626	
		nd street (or PO box number		vered to street a	ddress)		Room/suite	B Telephone number 913-661-96	00
Cit	y or to	own, state or province,			ostal code			C If exemption application is pe	nding, check here
		all that apply:	Initial return		Initial return of a	former public o	harity	D 1. Foreign organizations	, check here
			Final return Address cha		Name change			Foreign organizations mee check here and attach cor	eting the 85% test, nputation
H (type of organization: ction 4947(a)(1) nonex			kempt private foundation Other taxable private found	lation	ω	E If private foundation stat under section 507(b)(1)(_
		rket value of all assets Part II, col. (c), line 16)	at end of year	J Accounts	ng method: X Cash ther (specify)	Accr	ual	F If the foundation is in a 6 under section 507(b)(1)	
	\$				nn (d) must be on cash bas	is.)			
	art I	Analysis of Revenue (The total of amounts in connecessarily equal the amounts)	and Expenses olumns (b), (c), and ounts in column (a)	(d) may not)	(a) Revenue and expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
(h)	1	Contributions, gifts, gr	ants, etc., recen	ved	700,000.			N/A	
$\exists \lambda$	2		lation is not required to	attach Sch B			อีกเซอร์ส์ คือกับ * ค่า ๆ กาลอัก	district and the second	
V	3	Interest on savings and ten				-			8-4-5-5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6
	52	Dividends and interest Gross rents	HOIII SECURIES		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
		Net rental income or (loss)				1000			
	Ι.	Net gain or (loss) from sale	of assets not on lin	ne 10		704000			
1	Ь	tuross sales price for nil assets on line 6a			DOWN THE PROPERTY OF THE PARTY			02.15288.85888888880.4547.4.170°	70 S A K 7 20 7 2 L X 3 L X 1 L X
979	7	Capital gain net income (fro	om Part IV, line 2)		775.38 PRO 1853		0.		
a	8	Net short-term capital	gain						
	9	Income modifications Gross sales less returns	1		SOLUTION SERVICES		088/2107	50 869 5788 \$880 80 T/C/	
	Ι.	and allowances	 		777937	2000	SPECIAL CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT		
		Cross profit or (loss)	L	***	5.45.4 (c)			ALL MARKET CHARLES AND	
		Gross profit or (loss) Other income				2-2-1000E-PG-2-1PG-0-	KON ATOMORAN	<u></u>	
	12	Total. Add lines 1 thro	ough 11		700,000.	<u> </u>	0.		702.00000000000000000000000000000000000
	13	Compensation of officers,	-	etc	0.		0.		0.
20	14	Other employee salarie	es and wages		-				
20.		Pension plans, employ	ee benefits	~	DECTIVE				
0.3	51	Legal fees		1	RLOCITE	781			
~		Accounting fees			1 20 20				
FEB		Other professional fees	S	1	NOV 1 8 20	19 18			
Ŧ	17 18	Interest Taxes		1		+ 14	···-		
SCANNED STATES	19	Depreciátion and deple	etion		OGDEN,	 	-		12.77 AMES NOTA
	20	Оссирансу		1					
AA	21	Travel, conferences, ar	nd meetings						
SC	22	Printing and publication	ons		,	ļ			
		Other expenses	2.1	CMT 1	20.		0.		0.
r i	24	Total operating and a			20		0	· ·	^
Springer	2	expenses. Add lines 1			20.		0.		0.
	23	Contributions, gifts, gr Total expenses and di			<u> </u>	7.65400APROAT	But Larie . The	· · · · · · · · · · · · · · · · · · ·	•
	26	Add lines 24 and 25	ionniornicus.		20.		0.		0.
	27	Subtract line 26 from	line 12:			And Street Co.	0620010.	remo uma	And the second s
ų,	a	Excess of Fevenue over exp	penses and disburs	sements	699,980.	V 14 97 X			SOME SECTION AND AND AND AND AND AND AND AND AND AN
		Net investment incom			A STANTON OF THE STANTON	The mossesses	0.	NI / A	
		Adjusted net income			e see instructions		#*************************************	N/A	Form 990-PF (2018)

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(D	art'	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
417	ai t.	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,000.	700,980.	700,980.
	2	Savings and temporary cash investments			
	3	Accounts receivable			grant than in a bridge and a superior for the
	١	Less: allowance for doubtful accounts	PROCESSOR CONTRACTOR STATE OF		
	٠,	Pledges receivable			
	4		The state of the s	C MADE THE MERITAGE WAS CONTRACTED BY	ONDARISTACION NA CONTRACTOR DE N
	_ ا	Less: allowance for doubtful accounts			
	5	Grants receivable		<u> </u>	·
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	ALVINORANIA CONTINUENTANIA AND AND AND AND AND AND AND AND AND AN	20. 670/46.6~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	philipse (Office and a lange) (profess of the speciments of the state)
	7	Other notes and loans receivable	2 A	77 (K. 747 78) (B. 57 57 58 58 58 58 58 58 58 58 58 58 58 58 58	\$3000 SOUTH TO SECTION S
		Less: allowance for doubtful accounts			<u> </u>
ß	8	Inventories for sale or use		, <u>.</u>	
ssets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U.S. and state government obligations			
	Ιь	Investments - corporate stock			
		Investments - corporate bonds			
	1 :	Investments - land, buildings, and equipment basis	THE PROPERTY OF STATE AND ADDRESS.	NAME OF THE PARTY	GNOTE CHOMAGEZ
	١	Less accumulated depreciation	477 4204 (000000 447) 74 4466 (000000	The Manual Annual Control of the Con	
	12	Investments - mortgage loans			
	12			3	
	13	Investments - other			
	14	Land, buildings, and equipment basis	BOOK STEEL OF AGE AND A STEEL OF STEEL	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	36361-7831-201-001-201-201-7
	ŀ	Less accumulated depreciation	<u> </u>		
	15	Other assets (describe		<u> </u>	
	16	Total assets (to be completed by all filers - see the		500 000	
	<u> </u>	instructions. Also, see page 1, item I)	1,000.	700,980.	700,980.
	17	Accounts payable and accrued expenses			
	18	Grants payable	,		经验的人人认识的证据是
s	19	Deferred revenue			Branch To Hill Control
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			學是為於於於於於是一個
Ē	21	Mortgages and other notes payable			经验证证金数据为证据
ڐ		Other liabilities (describe)			SOME MENTAGER
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	1	Foundations that follow SFAS 117, check here			全国 松公司公司公司
		and complete lines 24 through 26, and lines 30 and 31.			
Ģ					
ဥ		Unrestricted			1-200 / 1/21 1/24 1 1 1/2
Net Assets or Fund Balance	25	Temporarily restricted			188 8 J. T. 187 C. 18 C.
ñ	26	Permanently restricted			
Ę	i	Foundations that do not follow SFAS 117, check here			
Ē	ŀ	and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,000.	700,980.	AND RELIGIOUS CONTRACTOR
ě	30	Total net assets or fund balances	1,000.	700,980.	
_	l	'			
	31	Total liabilities and net assets/fund balances	1,000.	700,980.	
			alances		<u>-</u>
Γß	art	Analysis of Changes in Net Assets or Fund Ba	aiaiiCES		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
٠				1	1,000.
_	•	st agree with end-of-year figure reported on prior year's return)		· -	699,980.
		r amount from Part I, line 27a		2	0.
		r increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	700,980.
		eases not included in line 2 (itemize)		5	700 000
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	700,980.
					Form 990-PF (2018)

82-1464626 Page 3 Form 990-PF (2018) C/O KIMBERLY S. ZELLMER Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (for example, real estate, (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a NONE h C d (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) b C d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (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 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 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 (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 X 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 (b) (c) Net value of noncharitable-use assets Adjusted qualifying distributions (col. (b) divided by col. (c)) 0 985 .000000 2017 2016 2015 2014 2013 .000000 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 .000000 the foundation has been in existence if less than 5 years 3 29,708. 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 4 0. 5 Multiply line 4 by line 3 0. 6 Enter 1% of net investment income (1% of Part I, line 27b) 0. 7 Add lines 5 and 6 0. 8 8 Enter qualifying distributions from Part XII, line 4 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.

Form 990-PF (2018) C/O KIMBERLY S. ZELLMER Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see instructions Part VI __ and enter "N/A" on line 1. 1a Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 0 b Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\bigs \subset \subse 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 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2018 estimated tax payments and 2017 overpayment credited to 2018 0. b Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6с 0 d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached R 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2019 estimated tax Refunded Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X 1a any political campaign? X 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. X 1c c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. 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 0. managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 X remain in the governing instrument? X 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 8a Enter the states to which the foundation reports or with which it is registered. See instructions. 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? If "No," attach explanation 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 2018 or the tax year beginning in 2018? 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

10

X

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Кa	TEVITAL Statements Regarding Activities (continued)		
		Ye	s 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	11	<u> </u>
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	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13 3	
	Website address ► N/A	4 0 5 5	
14	The books are in care of ► KIMBERLY S. ZELLMER Telephone no. ► 913-66		
	Located at ► 11150 OVERBROOK ROAD, SUITE 350, LEAWOOD, KS ZIP+4 ►66	211-2	239
15	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	N/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,	Ye	
	securities, or other financial account in a foreign country?	16	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		
D.:	foreign country TEVILEB Statements Regarding Activities for Which Form 4720 May Be Required	**************************************	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Ę			s No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	31 286
1a	During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		
	(i) and also we want and a second as a sec		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No Yes X No Yes X No		
	(4) Pay compensation to, or pay or remibulise the expenses of, a disqualified person. (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)? Yes X No		
	(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		
	termination of government service, if terminating within 90 days.)		
h	If any answer is "Yes" to 1a(1)-(6), did any 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 N/A	1b	
	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 2018?	1c	X
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		
	before 2018? X Yes No		
	If "Yes," list the years ▶,,,,		
þ	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.)	2b 2	<u> </u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
	<u> </u>		
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
þ	If "Yes," did it have excess business holdings in 2018 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 2018.)	3b	POLE PURSUE
4	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	44	
0	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	X
_	For	rm 990-F	
	···		· - · - /

			<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		
(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
NONE				1
	<u></u>			
, a <u>-</u>	_			I
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	_			I
				
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			· · · · · ·]
	†			1
Total number of other employees paid over \$50,000		•		0

FRANK AND EVANGELINE THOMPSON FOUNDATION C/O KIMBERLY C 7FILMED

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Paid Employees, and Contractors (continued)	idation wanagers, riigiliy	
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
T		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant s	statistical information such as the	<u> </u>
number of organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	Expenses
1 N/A	·	<u> </u>
]
2		
3		-
4		
* 		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	r on lines 1 and 2.	Amount
1 <u>N/A</u>		
		-
2		-
		1
All other program-related investments. See instructions.		
3		
]
]
]
		1
T. (1) (1) (1)		0.
Total Add lines 1 through 3		

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	30,160.
C	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	30,160.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	30,160.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	452.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	29,708.
6	Minimum Investment return. Enter 5% of line 5	6	1,485.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	1,485.
	Tax on investment income for 2018 from Part VI, line 5		<u> </u>
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,485.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,485.
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	1,485.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	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.	ualifies for th	e section

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Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2017	(c) 2017	(a) 2018
1	Distributable amount for 2018 from Part XI, line 7			:	1,485.
2	Undistributed income, if any, as of the end of 2018				
a	a Enter amount for 2017 only			30.	
t	Total for prior years:		_		
•	Excess distributions carryover, if any, to 2018:		0.		
	1				
	a From 2013 b From 2014				
	From 2015				
	d From 2016				
	e From 2017				
	Total of lines 3a through e	0.			
	Qualifying distributions for 2018 from				
4	Part XII, line 4: > \$ 0.				
	a Applied to 2017, but not more than line 2a		i	0.	
	b Applied to undistributed income of prior				· · · · · · · · · · · · · · · · · · ·
١	years (Election required - see instructions)		0.		
	c Treated as distributions out of corpus		· · · · · · · · · · · · · · · · · · ·		
•	(Election required - see instructions)	0.			
	d Applied to 2018 distributable amount	<u> </u>			0.
	e Remaining amount distributed out of corpus	0.		· · · · · · · · · · · · · · · · · · ·	
	Excess distributions carryover applied to 2018	0.			0.
Ĭ	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:	_			
á	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
ı	Prior years' undistributed income. Subtract		_		
	line 4b from line 2b		0.		
(c 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		0.		
(d Subtract line 6c from line 6b. Taxable				
	amount - see instructions		0.		
(e Undistributed income for 2017. Subtract line				
	4a from line 2a. Taxable amount - see instr.			30.	
1	f Undistributed income for 2018. Subtract				
	lines 4d and 5 from line 1. This amount must				4 40=
	be distributed in 2019				1,485.
7	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)	0.		· · · · · · · · · · · · · · · · · · ·	
8	Excess distributions carryover from 2013	•			
	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2019.	_			
	Subtract lines 7 and 8 from line 6a	0.			-
	Analysis of line 9:				
	a Excess from 2014				
	b Excess from 2015				
	c Excess from 2016				
	d Excess from 2017				
	e Excess from 2018				

FRANK AND EVANGELINE THOMPSON FOUNDATION 82-1464626 Form 990-PF (2018) C/O KIMBERLY S. ZELLMER Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 4942(1)(5 b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (b) 2017 (c) 2016 (d) 2015 (e) Total (a) 2018 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: Total support other than gross investment income (interest dividends, rents, payments on securities loans (section 512(a)(5)), or payalties) (2) Support from general public and 5 or more exempt organizations as provided in ection 4942(j)(3)(B)(III) Largest amount of support from an exempt organization Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\bigcup \big| X \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2018) C/O KIMBERLY S. ZELLMER

Part XV Supplementary Information (contract)

82-1464626 Page 11

Supplementary information				
3 Grants and Contributions Paid During the	Year or Approved for Future P	Payment	I	
Recipient 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
a Paid during the year				•
NONE				
				
Total		I	<u>▶ 3a</u>	
b Approved for future payment				
NONE				
Tatal		<u></u>	▶ 3b	-
Total				

82-1464626

Page 12

Part XVI-A	Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	711100111	code	Amount	Tanction income
a			<u> </u>		
b				· · · · · · · · · · · · · · · · · · ·	
C					
d					
e		-			
f					
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	—		1		
4 Dividends and interest from securities			┢		
5 Net rental income or (loss) from real estate:		*	-		ļ
a Debt-financed property			-	<u> </u>	·
b Not debt-financed property	ļ		 - -		
6 Net rental income or (loss) from personal			1		
property			ļ		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	ļ				
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					-
11 Other revenue:			 		
					1
a			-		
b			 		
d	-		+-		
d			+		
e			┼		
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>		0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13_	0.
Explain below how each activity for which income the foundation's exempt purposes (other than			Contril	buted importantly to the accor	nplishment of
			Contril	buted importantly to the according	nplishment of

orm <u>9</u> 9	0-PF (2	018) C/O K	IMBERLY S	S. ZELL	MER				82-1464	<u>626</u>	Pa	ige 13
Part	XVII	Information Re	egarding Trar	nsfers to a	nd Transactions a	nd Re	elationsh	ips With	Noncharit	able		
		Exempt Organ	izations									
1 Dic	the or	ganization directly or indi	rectly engage in any	of the following	ng with any other organizati	ion desc	cribed in sect	ion 501(c)			Yes	No
					g to political organizations?							
-		from the reporting found	•									
	Cash				3					1a(1)		X
		assets								1a(2)		X
		sactions:								,,,,,,,		
-		of assets to a noncharita	hle evernt organiza	ation						1b(1)		X
		nases of assets from a no								1b(2)		X
		il of facilities, equipment,		or yanızatıon						16(3)		X
٠,										Γ		X
٠,		bursement arrangements								1b(4)	Н	X
٠,		s or loan guarantees								1b(5)	\vdash	X
٠,		rmance of services or me	•	•						1b(6)	\vdash	X
	•	facilities, equipment, ma	- ,		• •		h 41			<u> 1c</u>		
		•		-	edule. Column (b) should al				-		ets,	
					ed less than fair market vali	ue in any	y transaction	or sharing ar	rangement, she	ow in		
) the value of the goods,					, n					
a) Line n	<u> </u>	(b) Amount involved	(c) Name (e exempt organization		(0) Description	of transfers, tra	insactions, and sh	aring arra	angemen	ts
	+			N/A								
						$-\!$						
			ļ									
	_					\bot						
										_		
										_		
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	\top					 			·			
2a le 1	he four	dation directly or indirect	tly affiliated with or	related to one	or more tax-exempt organ	L	described					
		501(c) (other than section			or more tax exempt organ	izations	described		Γ.	7 vec	X	1 No
		implete the following sch		CUIUN 321 *						_] 168	L_43.	טאו נ
וי ט	165, 66	(a) Name of org			(b) Type of organization	Υ		(c) Description	n of relationsh			
		N/A	Janization		(b) Type of organization	+-		(c) Description	on or relationsh	<u>η</u>		
		N/A				+-						
						+						
					<u> </u>	+						
						+						
				,								
C:					accompanying schedules and staxpayer) is based on all information				_ May		iscuss the	
Sign Here		(1 6)	1 1/1/2	111	. 1					n below	See ins	. 6
. 1518	K	7/1 an 1	70	meso			TRUSTE	<u>SE</u> _	[∐Ϫ	Yes		No
	Sign	ature of officer or trustee		/	Date	,	ıtle	01		=		
		Print/Type preparer's na	ıme	Preparer's s	ignature -	Date		Check] if PTIN			
D-:-				Thum	oury turk	1		self- employ	ı			
Paid		TIMOTHY A.		TIMOTH	Y A J ERNEST	10/	18/19	<u> </u>		224		
Prepa		Firm's name ► MAR	KSNELSON	LLC				Firm's EIN	► 48-12	386	45	
Use (Only											

Form **990-PF** (2018)

Phone no. 816-743-7700

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

MarksNelson LLC FEIN 48-1238645 1310 E. 104th Street, Suite 300 Kansas City, Missouri 64131

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization

FRANK AND EVANGELINE THOMPSON FOUNDATION C/O KIMBERLY S. ZELLMER

Employer identification number

82-1464626

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Organization type (check one)						
Filers of	:	Section:				
Form 990	0 or 990-EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	0-PF	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	-	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions				
General	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions				
Special I	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 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, line 1 Complete Parts I and II				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),				
	year, contributions is checked, enter he purpose Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year.				
but it mu	ıst answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

FRANK AND EVANGELINE THOMPSON FOUNDATION C/O KIMBERLY S. ZELLMER

82-1464626

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	FRANK & EVANGELINE THOMPSON 2152 W. 114TH TERRACE LEAWOOD, KS 66211	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Onncash Complete Part II for noncash contributions)		

Name of organization

FRANK AND EVANGELINE THOMPSON FOUNDATION

C/O KIMBERLY S. ZELLMER

Employer identification number

82-1464626

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		

ame of organ	ND EVANGELINE THOMPSON	FOUNDATION	Employer identification number			
/O KIM	BERLY S. ZELLMER		82-1464626			
	om any one contributor. Complete columns (a)	through (e) and the following line entr	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye try For organizations			
CC	ompleting Part III, enter the total of exclusively religious, of lise duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or le	less for the year (Enter this info once)			
(a) No.						
from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
_						
		(e) Transfer of gift	<u> </u>			
	(e) transier of girt					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
	<u></u>					
-			4.5 00-1			
(a) No. from	(h) Dawn and aid	(a) I los of sift	(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of now girt is field			
_						
-						
						
		(e) Transfer of gift	t			
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
-		,				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-						
<u> </u>						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
_						
<u> </u>	(a) Transfer of sift					
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
_						

FORM 990-PF	OTHER EXPENSES		STATEMENT 1		
DESCRIPTION		(B) NET INVEST- MENT INCOME			
BANK SERVICE FEES	20.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	20.	0.		0.	
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	s s	TATEMENT 2	
		LINE 10	s s	TATEMENT 2	
	PART VII-A, ADDR 2152	LINE 10		TATEMENT 2	

	T OF OFFICERS, D FOUNDATION MANA	STATEMENT 3		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		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 1201 WALNUT STREET, STE 2900 KANSAS CITY, MO 64106-2150	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.