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

OMB No. 1545-0052

Department of the Treasury

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

		■ Go to www.irs.gov/Form990PF to	r instructions a	and the late	est information	on. Open	to Public Inspection
		dar year 2017 or tax year beginning	ı	2017, and		· · · · · · · · · · · · · · · · · · ·	, 20
		undation			A Employe	r identification numbe	r
~ _		ZEMANEK MEMORIAL FOUNDATION, INC				46-4630770	
		d street (or P.O. box number if mail is not delivered to street address)		Room/suite	B Telephon	e number (see instructi	ons)
	BOX 2					802-505-9151	
-		n, state or province, country, and ZIP or foreign postal code ERMONT 05641			C If exempt	ion application is pendi	ng, check here ▶ 🔲 ̂
					4		_
G	Спеск		of a former pu	ublic charity	D 1. Foreigr	n organizations, check I	nere ▶ [_]
		☐ Final return ☐ Amended r ☐ Address change ☐ Name char			2. Foreign	organizations meeting	the 85% test,
ш .	Chook			inn 0'2-		here and attach compu foundation status was t	
		type of organization: Section 501(c)(3) exempt point 4947(a)(1) nonexempt charitable trust Cother tax			4	07(b)(1)(A), check here	_
		narket value of all assets at J Accounting method			1		
		f year (from Part II, col. (c),	. 🖭 Casii L) Accidai		ndation is in a 60-montl stron 507(b)(1)(B), check	
		3) ► \$ 40,522 (Part I, column (d) must be	on cash basis		1	,	,
	rt I	Analysis of Revenue and Expenses (The total of					(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue au expenses pe	, (D) IA6	et investment	(c) Adjusted net	for charitable purposes
		the amounts in column (a) (see instructions):)	books		income	income	(cash basis only)
2	1	Contributions, gifts, grants, etc., received (attach-schedule)		2187			
じし	2	Check ▶☐ if the foundation is not required to attach Sch. B.	er er				
13	3	Interest on savings and temporary cash investments	118 ₁ ,				
	4	Dividends and interest from securities	<u></u>	382	382	382	
	5a	Gross rents	UT				
	b	Net rental income or (loss)					
ē	6a	Net gain or (loss) from sale of assets not on line 10	1	1870			
Ĕ	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			1870		
ď	8	Net short-term capital gain				29	
	9	Income modifications				·	
	10a	Gross sales less returns and allowances 223				***********	
	b	Less: Cost of goods sold 0					
	C	Gross profit or (loss) (attach schedule)		223			
	11	Other income (attach schedule)			·		
\dashv	12	Total. Add lines 1 through 11	4.	1662	2252	411	
Sa	13 14	Compensation of officers, directors, trustees, etc.	<u> </u>	1002		411	<u> </u>
enses	15	Other employee salaries and wages				· · · · · · · · · · · · · · · · · · ·	<u> </u>
B	16a	Legal fees (attach schedule)					
ŭ	b	Accounting fees (attach schedule)	<u> </u>	 			
Š	_	Other professional fees (attach schedule)		40			40
ati	17	Interest					
st	18	Taxes (attach schedule) (see instructions)		14			14
Ξ.	19	Depreciation (attach schedule) and depletion	·		-		
틍	20	Occupancy		-		 	
Ă	21	Travel, conferences, and meetings					
2	22	Printing and publications		1562			1562
6	23	Other expenses (attach schedule)		1309			1309
멾	24	Total operating and administrative expenses.					
ř		Add lines 13 through 23		2925			2925
Operating and Administrative Exp	25	Contributions, gifts, grants paid		4265			4265
	26	Total expenses and disbursements. Add lines 24 and 25		7190			7190
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements		7472			
	b	Net investment income (if negative, enter -0-) .			2252		
	С	Adjusted net income (if negative, enter -0-)	I	,		411	



D۵	net II	Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End or	f year
Part II		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Vatue	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	18662	19104	19104
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►	1		
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	}		
	1	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use	3505	3282	3282
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments corporate stock (attach schedule)	10883	18136	18136
	С	Investments – corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)		 -	
	16	Total assets (to be completed by all filers—see the			
		ınstructions. Also, see page 1, item l)	33050	40522	40522
	17	Accounts payable and accrued expenses			
Ø	18	Grants payable	·		
Ë	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	ļ		
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)			
S	Į	Foundations that follow SFAS 117, check here ▶ ☑	1		
စ္ခ		and complete lines 24 through 26, and lines 30 and 31.			
an	24	Unrestricted	33050	40522	
Balances	25	Temporarily restricted		 	
ᅙ	26	Permanently restricted	ļ		
Fund		Foundations that do not follow SFAS 117, check here ▶ □			
우		and complete lines 27 through 31.			1
S	27	Capital stock, trust principal, or current funds		<u> </u>	
šet	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ş	29	Retained earnings, accumulated income, endowment, or other funds	20050	40500	
Net Assets	30	Total net assets or fund balances (see instructions)	33050	40522	
ž	31	Total liabilities and net assets/fund balances (see	20050	40500	
В	12.3	instructions)	33050	40522	
	rt III Tota	Analysis of Changes in Net Assets or Fund Balances at net assets or fund balances at beginning of year—Part II, colu	imn (a) line 20 (miles	agree with	
1		of-year figure reported on prior year's return)		•	33050
,				<u> </u>	7472
_		er amount from Part I, line 27a			14/2
3		er increases not included in line 2 (itemize) lines 1, 2, and 3		4	40522
	. Daa	recess not included in line 2 (itemize)		-	10022
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II column (b) lin	e 30 6	40522
`		22300 01 1210 22101000 01 0110 01 your (iiilo 7 11iiiloo 1110 0) -	, oolaliii (b), iiii		

	Capital Caina and	Lacaca for Toy on Investme					rage o
Part	(a) List and describe the kind	Losses for Tax on Investme (s) of property sold (for example, real esta t; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase	(c) Da	(d) Date sold (mo., day, yr.)		
1a	Life Strategy Mod Growth (V	<u> </u>		D-Donation P		15/2015	(,,
<u>'a</u>	3,	3,					
С		222 2222					
d							
е				<u> </u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale	L		or (loss)) minus (g))
a							
<u> </u>							
<u>_</u> _							
<u> </u>							_
<u>e</u>	Complete only for assets show	ring gain in column (h) and owned by	v the foundation	on on 12/31/69.		M Garna (Cal	(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	ess of col (i) ol. (i), if any		col. (k), but not	. (h) gain mınus less than -0-) or rom col (h))
a		20 01 120 1100		oi. (), ii wiy			
b							
<u>c</u>			<u></u>				
<u>d</u>							
<u>е</u>		(If goin a	lso enter in F	Part Llina 7			
2	Capital gain net income or	IDET CADITAL IDEEL (TO T	enter -0- in F	· .	2		1870
3	If gain, also enter in Part I,	or (loss) as defined in sections of the section of the secti	tions. If (los				
Part	'	r Section 4940(e) for Reduc		· · · · J	3		29
Was t		this part blank. ection 4942 tax on the distributa Ialify under section 4940(e). Do I			base p	eriod?	☐ Yes ☐ No
1	Enter the appropriate amou	int in each column for each year	; see the ins	tructions before m	aking a	any entries.	
Cale	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use a	ssets		(d) inbution ratio divided by col. (c))
	2016	9	185		25895	<u> </u>	.35
	2015	12	982		17027		.76
	2014	5	581		7309		.76
	2013						
	2012	<u> </u>					
2	Total of line 1, column (d)					2	1.87
3		or the 5-year base period—divi undation has been in existence i				3	.623
4	Enter the net value of nonc	haritable-use assets for 2017 fro	om Part X, lir	ne 5	. [4	32224
5	Multiply line 4 by line 3 .				.]	5	20070
6	Enter 1% of net investment	t income (1% of Part I, line 27b)				6	2:
7	Add lines 5 and 6				.	7	20099
8		ns from Part XII, line 4				8	7190
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in	Part VI, line	1b, and complete	that pa	art using a 1	1% tax rate. See th

5 1 3 1 C

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	ıstru	ction	is)					
1ą	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	_							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		45	00					
	here ▶ ☐ and enter 1% of Part I, line 27b								
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		45	00					
3	to the control of the								
4	,								
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		45	- 00					
6	Credits/Payments:								
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a		l						
b	Exempt foreign organizations—tax withheld at source		l						
c d	Backup withholding erroneously withheld 6d		ł						
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 8								
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		45	00					
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 ▶ 11								
	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 any political campaign?	1a	Yes	No ~					
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?	1c		~					
d									
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		~					
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?	4b							
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		V					
	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	<i>y</i>						
7 8a	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 Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	7_							
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	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	9							
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		~					
			0-PF	(2017)					

Part	VII-A Statements Regarding Activities (continued)			
		Π	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	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			
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12 13	~	
	Website address WWW.MZMF.ORG			
14	Trie books are in care or P	2-498-		
1 <i>E</i>	Located at ▶ 79 LEPAGE RD., BARRE, VT ZIP+4 ▶ Section 4047(a)(1) persymmetric beside by trusts filing Form 200 DE in line of Form 4041, about bore	0564	• •	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	· ·		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	<u> </u>
	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.	ļ	Yes	No
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(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No	į .		
	(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)?	1		
	(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.)]]
b	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	1b	ļ	
	Organizations relying on a current notice regarding disaster assistance, check here	T =		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			<u> </u>
	were not corrected before the first day of the tax year beginning in 2017?	1c	<u> </u>	<i>'</i>
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)):			
а	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 before 2017?	1		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20]	1	
р	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	V	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1	 	† –
-	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1	1	Ì
	at any time during the year?	1	1	[
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	1	1	1
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	1	-	}
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1	1	
	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.)	3b	<u> </u>	1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	t	1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	T	\vdash	† -
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		V

Page	€

Part	VII-B	Statements Regarding Activities	for Wh	ich Form	4720 N	May Be R	equire	d (contir	nued)			
5ą	During t	he year, did the foundation pay or incur a	any amou	unt to:							Yes	No
	(1) Carr	y on propaganda, or otherwise attempt to	o influenc	ce legislatio	n (secti	on 4945(e))? .	☐ Yes	☑ No]
		ence the outcome of any specific public		ı (see secti	on 495	5); or to ca	rry on,				ļ	1
	dire	ctly or indirectly, any voter registration dri	ive? .					🗌 Yes	✓ No	1 1		
		ride a grant to an individual for travel, stud						☐ Yes	✓ No			1
		ide a grant to an organization other than										1
								☐ Yes	✓ No		l	
		ide for any purpose other than religious,									į	
		oses, or for the prevention of cruelty to c						☐Yes	✓ No			į
b		nswer is "Yes" to 5a(1)-(5), did any of the							ibed in			}
	_	ons section 53.4945 or in a current notice		-					• •	5b		
	Organizations relying on a current notice regarding disaster assistance, check here											
С	1.22 6.24											
		•	_					∐ Yes	∐ No		,	, }
_		attach the statement required by Regula										
6a		foundation, during the year, receive any t	tunas, ai	rectly or inc	directly,	to pay pre	miums					
	•	rsonal benefit contract?						_ Yes	_ ✓ No			
b		foundation, during the year, pay premium	ns, direct	lly or indired	ctly, on	a personal	benefit	contract	? .	6b		~
_		to 6b, file Form 8870.		1 11 14								}
		me during the tax year, was the foundation a did the foundation receive any proceeds						☐ Yes			 	
	VIII	Information About Officers, Direct								7b	000	<u> </u>
r ar i	VIII	and Contractors	1018, 11	usices, ri	Juliua	uon wan	ıy c ı ə,	riiginy i	alu C	при	ccs,	
1	List all	officers, directors, trustees, and found	ation ma	anagers an	d their	compens	ation. S	ee instr	uctions	 -		
			(b) Title,	and average	(c) Cor	npensation	(d) (Contribution	s to	(e) Expe	ense ac	count
		(a) Name and address		per week I to position		ot paid, ter -0-)		yee benefit erred comp			allowar	
CARR	IE MCCO	OL	PRESIDI									
79 LEI	AGE RD	, BARRE, VT 05641	10 HOUF	15	0				U			0
DANIE	LLE FRA	TTINI		ESIDENT		0			0			0
17 WE	ST ST., #	6, BARRE, VT 05641	10 HOUF	10					J			
.	N HOULE		TREASU			0			0			0
_		R., MONTPELIER, VT 05602										
	LD MCGF		SECRET 5 HOURS			0			0			0
		HILL RD., VOORHEESVILLE, NY 12186-9585										
2	Compe "NONE	nsation of five highest-paid employee	es (othe	r than thos	se inclu	uded on li	ne 1—:	see instr	ruction	s). If n	one,	enter
_				(b) Title, and a	verage			(d) Contrib employee		(e) Expe	ence en	count
	(a) Name a	nd address of each employee paid more than \$50,00	30	hours per v devoted to p	veek	(c) Comper	nsation	plans and	deferred		allowar	
								compen	sation			
NONE	· • • • • • • • • • • • • • • • • • • •											
			$-\!\!\!-\!\!\!\!+$			ļ						
						 						
			[1		1				
			+			 		 -				
						ļ		ł				
			-+			 		 		 		
						ł		ļ		ļ		
Total	number	of other employees paid over \$50,000 .	• • •			' 			. ▶	<u> </u>		

Part VIII	and Contractors (continued)	
3 Fiv	re highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
NONE	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Total num	nber of others receiving over \$50,000 for professional services	
Part IX-		
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of tions and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 FINA	NCIAL ASSISTANCE PROVIDED TO VERMONT LAW ENFORCEMENT OFFICER(S) MEDICAL TREATMENT EXPENSES	3122
	NCIAL ASSISTANCE PROVIDED TO A VERMONT STATE TROOPER THAT BATTLED BRAIN CANCER AND PASSED AY IN 2017 AND LEFT BEHIND A YOUNG CHILD AND WIFE.	1143
3		
4		
Part IX-		
1 NON	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
2		
All -45		
3	program-related investments. See instructions.	
Total. Ad	d lines 1 through 3	
		Form 990-PF (201)

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn founda	tions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	, ,	
	purposes:		
а	Average monthly fair market value of securities	1a	17255
b	Average of monthly cash balances	1b	15460
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	32715
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	
3	Subtract line 2 from line 1d	3	32715
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	491
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	32224
6	Minimum investment return. Enter 5% of line 5	6	1611
Part		oundation	s
1	Minimum investment return from Part X, line 6	1	DNA
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	 	
	line 1	7	DNA
Part	XII Qualifying Distributions (see instructions)	 	
- 1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
' a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	7190
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	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	7190
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. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7190
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years		the foundation

Part	XIII Undistributed Income (see instruction		<u> </u>	 · · · · · · · · · · · · · · · · · · · · · ·	
1	Distributable amount for 2017 from Part XI, line 7	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017 DNA
2 a	Undistributed income, if any, as of the end of 2017: Enter amount for 2016 only			DNA	
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2017:		 	 	
a	From 2012				
b	From 2013]	1
C	From 2014				1
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII, line 4: ▶ \$				
а	Applied to 2016, but not more than line 2a .	·			
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required – see instructions)				
d	Applied to 2017 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same			1	
~	amount must be shown in column (a).) Enter the net total of each column as				
6	indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5			ļ	
b	Prior years' undistributed income. Subtract line 4b from line 2b		j	1	
_			·	 	<u>. </u>
С	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]	
đ	Subtract line 6c from line 6b. Taxable amount—see instructions				
е	Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount-see			1	
	instructions			DNA	
f	Undistributed income for 2017. Subtract lines	-			
	4d and 5 from line 1. This amount must be distributed in 2018				DNA
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)		ļ	<u> </u>	
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a			1	
10	Analysis of line 9:				
a	Excess from 2013	Į			
b	Excess from 2014	ļ			
9	Excess from 2015			1	
d e	Excess from 2016 Excess from 2017				
=		•			

The name, address, and telephone number or email address of the person to whom applications should be addressed:

MICHAEL ZEMANEK MEMORIAL FOUNDATION, INC. PO BOX 224, BARRE, VT 05641 802-505-9151 The form in which applications should be submitted and information and materials they should include:

APPLICATIONS SHOULD INCLUDE THE NAME AND CONTACT INFORMATION OF THE SWORN VERMONT LAW ENFORCEMENT OFFICER AS WELL AS SUPPORTING DOCUMENTATION DESCRIBING THE NEED FOR ASSISTANCE. APPLICATIONS CAN BE MADE ON THE **MZMF.ORG WEBSITE**

c Any submission deadlines:

SHOULD BE SUBMITTED BY THE END OF THE YEAR OF NEED.

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

LIMITED TO SWORN LAW ENFORCEMENT MEMBERS IN THE STATE OF VERMONT.

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient **Foundation** show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year Brattleboro Retreat (Office Tousingnault to assist with N/A ı **Provide Financial Assistance** \$1,136 medical expenses) Brattleboro Retreat (Officer Beers to assist with medical N/A Provide Financial Assistance \$ 662 expenses) Brattleboro Retreat (Officer Beers to assist with medical N/A **Provide Financial Assistance** \$ 662 expenses) Brattleborr Retreat (Officer Beers extended care to N/A **Provide Financial Assistance** \$ 662 assist with medical expenses) Trooper Dan (Marcellus (Brain Cancer and from Roller Derby fundraiser) N/A Provide Financial Assistance \$ 123 **Trooper Dan Marcellus (Brain Cancer Donation)** N/A Provide Financial Assistance \$ 20 Jessica Marcellus, spouse of deceased Trooper Dan N/A Provide Financial Assistance \$1,000 Marcellus (funeral expenses) 4265 3a Approved for future payment

Par	t X\	/I-A Analysis of Income-Producing Ac	tivities		<u></u>		
_	_	ss amounts unless otherwise indicated.		siness income	Excluded by secti	on 512, 513, or 514	(e)
1	Pro	gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
	а	_					
	b						
	С		i				
	d						
	0						
	f						
	g	Fees and contracts from government agencies					
2	Mei	nbership dues and assessments					
3	Inte	rest on savings and temporary cash investments					
4	Divi	dends and interest from securities	523000	382			
5		rental income or (loss) from real estate:					
		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory	523000	1870			L
9		income or (loss) from special events				<u> </u>	
10		ss profit or (loss) from sales of inventory					
11	Oth	er revenue: a					
	b	<u> </u>	<u> </u>				
	C	 					
	d				ļ <u> </u>		
	_		1		1		ł
	е		<u></u>				
12	Sub	ototal. Add columns (b), (d), and (e)		2252			
13	Sub	al. Add line 12, columns (b), (d), and (e)		1		13	2252
1 3 (See	Sub Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	 ıs.)			13	2252
13 (See Par	Suk Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		
13 (See Par Lin	Sub Tot wor	al. Add line 12, columns (b), (d), and (e)	ıs.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pat Lin	Sub Tot wor t X	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pat Lin	Sub Tot wor t X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pat Lin	Sub Tot wor t X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pat Lin	Sub Tot wor t X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pat Lin	Sub Tot wor t X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pat Lin	Sub Tot wor t X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pat Lin	Sub Tot wor t X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		
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13 (See Pat Lin	Sub Tot wor t X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		
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13 (See Pat Lin	Sub Tot wor t X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		
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13 (See Pat Lin	Sub Tot wor t X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ıs.) Accomplishm	ent of Exemp	t Purposes		

Part	XVII			Trans	fers to and Trans	sactions	and Re	lationship	s With	Nonchar	itable	Exe	mpt
1			lirectly or indire		ngage in any of the							Yes	No
		ction 501(c) (of izations?	ther than sec	tion 5	501(c)(3) organizatio	ons) or i	n sectio	n 527, rela	tting to	political			4
а	Transf	ers from the rep	oorting foundat	ion to	a noncharitable exe	mpt orga	nization o	of:					
	• •										1a(1)		
	• •	her assets .									1a(2)		
D		transactions:	a ====baritabl	0 0V05	nnt organization						45/41		7
					npt organization . ble exempt organiza					• • •	1b(1)		~
	- •				assets				• •	• • •	1b(3)	<u> </u>	~
	• •	-							• •		1b(4)	_	7
			_						• •		1b(5)	_	~
					p or fundraising soli						1b(6)		~
С					ts, other assets, or p						1c		~
d					," complete the folio						w the	fair m	arket
	value	of the goods, of	ther assets, or	servic	es given by the rep	orting fou	ndation.	If the found	ation re	ceived less	than	fair m	narket
	vaiue	in any transaction	on or sharing a	rrange	ment, show in colur	nn (d) the	value of	the goods,	other as	ssets, or se	ervices	rece	ived.
(a) Lin	e no. (1) Amount involved	(c) Name o	f noncha	aritable exempt organizati	ion	(d) Descri	ption of transfer	s, transac	tions, and sh	anng an	angem	ents
			. <u>.</u>									_	
													
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								·					
2a	Is the	foundation dire	ectly or indirection (c) (other the	tly affi	iliated with, or related tion 501(c)(3)) or in:	ed to, one	e or mor	e tax-exemp	ot organ		 _] Ye	د احا	No
b		s," complete the										<u> </u>	
		(a) Name of organ	nization		(b) Type of org	ganization		·	(c) Descri	ption of relate	onship		
													
			· · · · · · · · · · · · · · · · · · ·	+									
													
													
	Unde	r nenalties of perium	I declare that I have	evamine	d this return, including acco	moanving sc	hodulos and	etatemente and	to the bea	t of my knowle	adoe and	1 helief	it is true
Sign	corre	ct, and complete. Decl	laration of preparer (other tha	in taxpayer) is based on all i	nformation of	which prep	arer has any kno	wiedge.				_
Here			es NN	(3	11/2/11	PRE	SIDENT			May the with the			
, 101		eture of officer or tru			Date	Title	<u> </u>			- See instr	uctions.	∏Ye:	s∏No
		Print/Type preparer	r's name		Preparer's signature			Date	T	آیز 🗖 یادده	PTIN		
Paid										heck if elf-employed			
	oarer Only	Firm's name ▶			<u> </u>		ŗ		Firm's E				
	Jilly	Firm's address ▶							Phone n				