







For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation JIM GILMORE JR FOUNDATION		A Employer identification number 36-3584018	
Number and street (or P O box number if mail is not delivered to street address) 162 E MICHIGAN AVE		Room/suite	B Telephone number (see instructions) (269) 381-3490
City or town, state or province, country, and ZIP or foreign postal code KALAMAZOO, MI 49007		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 13,562,795	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	236,598			
	2 Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	897	897		
	4 Dividends and interest from securities	209,223	209,223		
	5a Gross rents	1,579,007	1,579,007		
	b Net rental income or (loss) 368,148				
	6a Net gain or (loss) from sale of assets not on line 10	124,064			
	b Gross sales price for all assets on line 6a 886,230				
	7 Capital gain net income (from Part IV, line 2)		124,064		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	 137,718	117,665		
	12 Total. Add lines 1 through 11	2,287,507	2,030,856		
	13 Compensation of officers, directors, trustees, etc	198,433	67,930		130,503
	14 Other employee salaries and wages	172,692	135,295		37,397
	15 Pension plans, employee benefits	61,026	36,436		24,590
	16a Legal fees (attach schedule)	 70,083	51,930		18,153
	b Accounting fees (attach schedule)	 3,410	1,705		1,705
	c Other professional fees (attach schedule)	 112,601	107,368		5,233
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	 228,758	204,638		4,834
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	26,432	15,859		10,573
	21 Travel, conferences, and meetings	4,243	4,243		
	22 Printing and publications				
	23 Other expenses (attach schedule)	 954,358	931,731		7,404
	24 Total operating and administrative expenses. Add lines 13 through 23	1,832,036	1,557,135		240,392
	25 Contributions, gifts, grants paid	585,729			580,586
	26 Total expenses and disbursements. Add lines 24 and 25	2,417,765	1,557,135		820,978
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-130,258			
	b Net investment income (if negative, enter -0-)		473,721		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments	277,761	141,121		141,121	
	3	Accounts receivable ▶ <u>6,924</u>					
		Less allowance for doubtful accounts ▶ _____	8,600	6,924		6,924	
	4	Pledges receivable ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ <u>700,000</u>					
		Less allowance for doubtful accounts ▶ _____	700,000	700,000		700,000	
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges	166,067	132,476		132,476	
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ <u>6,791,765</u>					
	Less accumulated depreciation (attach schedule) ▶ <u>1,351,566</u>	5,310,037	5,440,199		6,257,143		
12	Investments—mortgage loans						
13	Investments—other (attach schedule)	6,889,453	6,325,131		6,325,131		
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 instructions Also, see page 1, item I)	13,351,918	12,745,851		13,562,795		
Liabilities	17	Accounts payable and accrued expenses	151,161	206,673			
	18	Grants payable					
	19	Deferred revenue	492,580	492,580			
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	643,741	699,253			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and 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 ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds	12,708,177	12,046,598			
	30	Total net assets or fund balances (see instructions)	12,708,177	12,046,598			
31	Total liabilities and net assets/fund balances (see instructions) .	13,351,918	12,745,851				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	12,708,177
2	Enter amount from Part I, line 27a	2	-130,258
3	Other increases not included in line 2 (itemize) ▶ _____	3	50,000
4	Add lines 1, 2, and 3	4	12,627,919
5	Decreases not included in line 2 (itemize) ▶ _____	5	581,321
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	12,046,598

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a GREENLEAF TRUST INVESTMENT SALES ST	P		
b GREENLEAF TRUST INVESTMENT SALES LT	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 10,196		9,189	1,007
b 876,034		752,977	123,057
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			1,007
b			123,057
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	124,064
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) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	1,007

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

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

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

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

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	767,789	12,862,158	0 059694
2016	726,486	12,177,588	0 059658
2015	666,028	12,711,702	0 052395
2014	727,832	13,387,586	0 054366
2013	569,539	12,030,415	0 047342

2 Total of line 1, column (d)	2	0 273455
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	0 054691
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	12,913,962
5 Multiply line 4 by line 3	5	706,277
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	4,737
7 Add lines 5 and 6	7	711,014
8 Enter qualifying distributions from Part XII, line 4 ,	8	820,978

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	4,737
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-)	2	
3	Add lines 1 and 2.	3	4,737
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	4,737
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	10,994
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	10,994
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	6,257
11	Enter the amount of line 10 to be Credited to 2019 estimated tax <input type="checkbox"/> 6,257 Refunded <input type="checkbox"/>	11	

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 any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
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? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MI _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
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 taxable year beginning in 2018? See the instructions for Part XIV <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.JGFDN.ORG	13	Yes	
14	The books are in care of ► CHRISTOPHER SHOOK Telephone no ► (269) 381-3490			

Located at ► 162 E MICHIGAN AVE KALAMAZOO MI ZIP+4 ► 49007

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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		No
	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		
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
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).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	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		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2018?	4b		No

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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
SUE BROCKELBANK 162 E MICHIGAN AVE KALAMAZOO, MI 49007	CONTROLLER 50 00	74,795	8,215	
Total number of other employees paid over \$50,000.				▶

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
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
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	6,382,901
b	Average of monthly cash balances.	1b	595,720
c	Fair market value of all other assets (see instructions).	1c	6,132,000
d	Total (add lines 1a, b, and c).	1d	13,110,621
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	13,110,621
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	196,659
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	12,913,962
6	Minimum investment return. Enter 5% of line 5.	6	645,698

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

1	Minimum investment return from Part X, line 6.	1	645,698
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	4,737
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4,737
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	640,961
4	Recoveries of amounts treated as qualifying distributions.	4	50,000
5	Add lines 3 and 4.	5	690,961
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	690,961

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	820,978
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
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	820,978
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	4,737
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	816,241

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				690,961
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				59,895
f Total of lines 3a through e.	59,895			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>820,978</u>				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				690,961
e Remaining amount distributed out of corpus	130,017			
5 Excess distributions carryover applied to 2018 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	189,912			
b Prior years' undistributed income Subtract line 4b from line 2b				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
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).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	189,912			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				59,895
e Excess from 2018.				130,017

Part XIV

- Supplementary Information (Complete this part only if the foundation had \$5,000 or more in**

Part XV

- Form
- 990-PF**
- (2018)

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

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

Enter gross amounts unless otherwise indicated

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

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

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c)(3) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2019-10-30	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☒ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RHONDA L NEWMAN		2019-10-31		P00047726
	Firm's name ▶ JANSEN VALK THOMPSON & REAHM PC				Firm's EIN ▶ 38-3186775
Firm's address ▶ 7171 STADIUM DR KALAMAZOO, MI 490094943					Phone no (269) 381-7600

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CASE HOOGENDOORN 122 S MICHIGAN AVENUE SUITE 1220 CHICAGO, IL 60603	SECRETARY/TR 1 00	0	0	0
CHRISTOPHER SHOOK 162 E MICHIGAN AVE KALAMAZOO, MI 49007				
GEORGE LENNON 1051 DOGWOOD DR PORTAGE, MI 49024	PRESIDENT 50 00	186,433	14,611	0
MARIETTE LEMIEUX 1051 DOGWOOD DR PORTAGE, MI 49024				
JAMES S GILMORE III 424 HANSHAW RD ITHACA, NY 14850	DIRECTOR 4 00	12,000	0	0
BETHANY GILMORE 12275 S SHERMAN LAKE DR AUGUSTA, MI 49012				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASCENSION BORGESS FOUNDATION 1521 GULL RD KALAMAZOO, MI 49048	NONE	PUBLIC	PSYCHIATRIC CRISIS INTERVENTION UNIT	1,000
BONEFISH & TARPON TRUST 2937 SW 27TH AVE STE 203 MIAMI, FL 33133	NONE	PUBLIC	OPERATIONS	1,000
BRIGHT PROMISE FUND FOR URBAN CHRISTIAN EDUCATION 1550 S STATE STE 107 CHICAGO, IL 60605	NONE	PUBLIC	OPERATIONS	6,000
Total ▶ 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BUREAU OF SVCS FOR BLIND PERSONS 1541 OAKLAND DRIVE KALAMAZOO, MI 49008	NONE	PUBLIC	FACILITIES UPGRADE	20,000
CATHOLIC SCHOOLS OF GRTR KALAMAZOO 1000 W KILGORE RD KALAMAZOO, MI 49008	NONE	PUBLIC	OPERATIONS	13,000
CENTER FOR PUBLIC JUSTICE PO BOX 48368 WASHINGTON, DC 20002	NONE	PUBLIC	OPERATIONS	13,000
Total ► 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITY OF OTSEGO117 E ORLEANS OTSEGO, MI 49078	NONE	GOVERNMENT	OPERATIONS	3,000
CITY OF PLAINWELL211 N MAIN ST PLAINWELL, MI 49080	NONE	GOVERNMENT	FLOWER FUND	3,000
COMMUNITY HEALING CENTERS 2615 STADIUM DR KALAMAZOO, MI 49008	NONE	PUBLIC	OPERATIONS	42,000
Total ▶ 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONSTANCE BROWN HEARING CENTERS 4855 W CENTRE AVE PORTAGE, MI 49024	NONE	PUBLIC	FURNITURE	12,000
CRESCENDO ACADEMY OF MUSIC 359 S KALAMAZOO MALL 12 KALAMAZOO, MI 49007	NONE	PUBLIC	CARPET	17,000
DOWNTOWN KALAMAZOO INC 141 E MICH AVE STE 501 KALAMAZOO, MI 49007	NONE	PUBLIC	KEYBOARD CROSSWALKS	78,500
Total ▶ 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FATHERS AGAINST DISTRACTED DRIVING 6544 CYPRESS ST PORTAGE, MI 49024	NONE	PUBLIC	MATERIALS	2,000
FIRST CONGREGATIONAL CHURCH 345 WEST MICHIGAN AVENUE KALAMAZOO, MI 49007	NONE	PUBLIC	PROGRAM	10,000
GUARDIAN FINANCE & ADVOCACY SVCS 2323 GULL RD SUITE A KALAMAZOO, MI 49048	NONE	PUBLIC	COMPUTER SYSTEM UPGRADES	7,500
Total ▶ 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HURON RIVER WATERSHED COUNCIL 1100 N MAIN SUITE 210 ANN ARBOR, MI 48104	NONE	PUBLIC	OPERATIONS	5,000
ITHACA COMMUNITY RECOVERY 518 W SENECA ST ITHACA, NY 14850	NONE	PUBLIC	OPERATIONS	1,000
KALAMAZOO ABRAHAM LINCOLN PROJECT 2037 QUAIL COVE DR KALAMAZOO, MI 49009	NONE	PUBLIC	OPERATIONS	10,000
Total ► 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KALAMAZOO CIVIC THEATRE 329 S PARK ST KALAMAZOO, MI 49007	NONE	PUBLIC	CAPITAL CAMPAIGN	16,668
KALAMAZOO COMMUNITY FOUNDATION 402 E MICHIGAN AVE KALAMAZOO, MI 49007	NONE	PUBLIC	BRONSON PARK 21ST CENTURY FUND	25,000
KALAMAZOO COVENANT ACADEMY 400 W CROSSTOWN PARKWAY KALAMAZOO, MI 49001	NONE	PUBLIC	OPERATIONS	3,000
Total ▶ 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KALAMAZOO IN BLOOMPO BOX 20178 KALAMAZOO, MI 49019	NONE	PUBLIC	BRONSON PARK PLANTING	5,000
KALAMAZOO LOAVES & FISHES 901 PORTAGE ST KALAMAZOO, MI 49001	NONE	PUBLIC	COOLER/FREEZER PROJECT	30,000
KALAMAZOO NATURE CENTER 7000 N WESTNEDGE AVE KALAMAZOO, MI 49009	NONE	PUBLIC	PASSENGER VAN	45,000
Total ▶ 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KALAMAZOO READY 4S 259 E MICHIGAN AVE 409 KALAMAZOO, MI 49007	NONE	PUBLIC	OPERATIONS	18,000
KIDS WITHOUT CANCERPO BOX 32783 DETROIT, MI 48232	NONE	PUBLIC	OPERATIONS	1,000
LAKE SIDE FOR CHILDREN 3921 OAKLAND DR KALAMAZOO, MI 49008	NONE	PUBLIC	CAPITAL CAMPAIGN	30,000
Total ▶ 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LAWRENCE ACADEMY24590 LAHSER RD SOUTHFIELD, MI 48034	NONE	PUBLIC	OPERATIONS	12,500
LEMOYNE COLLEGE 1419 SALT SPRINGS RD SYRACUSE, NY 13214	NONE	PUBLIC	OPERATIONS	1,500
MINISTRY WITH COMMUNITY 500 N EDWARDS ST KALAMAZOO, MI 49007	NONE	PUBLIC	CHEFS AGAINST HUNGER	15,000
Total ▶ 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PARK CLUB HISTORIC FOUNDATION 219 W SOUTH ST KALAMAZOO, MI 49009	NONE	PUBLIC	RESTORATION	20,000
PREVENTION WORKS 611 WHITCOMB ST A KALAMAZOO, MI 49008	NONE	PUBLIC	OPERATIONS	20,000
SAFE PLACEPO BOX 199 BATTLE CREEK, MI 49016	NONE	PUBLIC	OPERATIONS	2,000
Total ▶ 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAINT JOSEPH CATHOLIC CHURCH 936 LAKE ST KALAMAZOO, MI 49001	NONE	PUBLIC	OPERATIONS	2,000
SPECIAL DAYS CAMPS 2232 S MAIN ST 161 ANN ARBOR, MI 48103	NONE	PUBLIC	OPERATIONS	14,000
THE BARN THEATRE SCHOOL 13351 WEST M-96 AUGUSTA, MI 49012	NONE	PUBLIC	OPERATIONS	2,000
Total ► 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE HISTORY CENTER IN TOMPKINS CTY 110 N TIOGA ST ITHACA, NY 14850	NONE	PUBLIC	OPERATIONS	4,000
THE UNIVERSITY OF MICHIGAN LAW SCHL 625 S STATE ST ANN ARBOR, MI 48109	NONE	PUBLIC	OPERATIONS	5,000
URBAN ALLIANCE 1009 E STOCKBRIDGE AVE KALAMAZOO, MI 49001	NONE	PUBLIC	COMPUTERS	10,000
Total ▶ 3a				576,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VIBRANT KALAMAZOO 1523 RIVERVIEW DR KALAMAZOO, MI 49004	NONE	PUBLIC	EAST GATEWAY PROJECT	20,000
YMCA OF GREATER KALAMAZOO 1001 W MAPLE ST KALAMAZOO, MI 49008	NONE	PUBLIC	CAPITAL CAMPAIGN	30,000
Total ▶ 3a				576,668

TY 2018 Accounting Fees Schedule**Name:** JIM GILMORE JR FOUNDATION**EIN:** 36-3584018

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTANT FEES	3,410	1,705		1,705

TY 2018 Investments - Land Schedule**Name:** JIM GILMORE JR FOUNDATION**EIN:** 36-3584018

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
124 S KALAMAZOO MALL-BLDG	58,300	18,531	39,769	54,750
151 S ROSE ST-IMPROVEMENTS	691,916	74,400	617,516	691,916
151 S ROSE ST-BLDG	4,527,023	862,141	3,664,882	3,930,220
MICHIGAN AVE-BLDG	677,757	378,750	299,007	762,000
MICHIGAN AVE-IMPROVEMENTS	48,227	588	47,639	48,227
1122 PORTAGE ST-BLDG	110,067	17,156	92,911	114,390
LAND-124 S KALAMAZOO MALL	88,895		88,895	95,250
LAND-151 S ROSE ST	300,000		300,000	259,780
LAND-MICHIGAN AVE	211,580		211,580	238,000
LAND-1122 PORTAGE ST	39,000		39,000	40,610
LAND-1138 PORTAGE ST	39,000		39,000	22,000

TY 2018 Investments - Other Schedule**Name:** JIM GILMORE JR FOUNDATION**EIN:** 36-3584018**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
GCG PORTAGE, LLC	FMV	220,946	220,946
GREENLEAF TRUST	FMV	6,104,185	6,104,185

TY 2018 Legal Fees Schedule**Name:** JIM GILMORE JR FOUNDATION**EIN:** 36-3584018

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES-FDN	18,153			18,153
LEGAL FEES-OH	675	675		
151 S ROSE ST	33,512	33,512		
MICHIGAN BLDG	17,743	17,743		

TY 2018 Other Decreases Schedule

Name: JIM GILMORE JR FOUNDATION

EIN: 36-3584018

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	581,321

TY 2018 Other Expenses Schedule**Name:** JIM GILMORE JR FOUNDATION**EIN:** 36-3584018**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GOLF OUTING				
SUPPLIES	7,992			
124 S KALAMAZOO MALL				
INSURANCE	692	692		
REPAIRS & MAINTENANCE	312	312		
INVESTMENT DEPRECIATION	2,216	2,216		
151 S ROSE ST				
TELEPHONE	4,816	4,816		
SUPPLIES	16,784	16,784		
CONTRACT SERVICES	186,838	186,838		

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	5,162	5,162		
INSURANCE	22,838	22,838		
REPAIRS & MAINTENANCE	129,975	129,975		
UTILITIES	333,632	333,632		
INVESTMENT DEPRECIATION	152,760	152,760		
1122 PORTAGE RD				
INSURANCE	1,153	1,153		
REPAIRS & MAINTENANCE	1,132	1,132		
UTILITIES	7,818	7,818		
CONTRACT SERVICES	1,551	1,551		

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT DEPRECIATION	2,822	2,822		
MICHIGAN BLDG				
REPAIRS & MAINTENANCE	15,196	15,196		
UTILITIES	15,806	15,806		
SUPPLIES	190	190		
CONTRACT SERVICES	2,030	2,030		
ADVERTISING	5,162	5,162		
EXPENSES				
WORKERS COMP INSURANCE	7,948	4,769		3,179
MISCELLANEOUS	260			260

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE	3,578	3,578		
INSURANCE	5,034	2,803		2,231
TELEPHONE	4,336	2,602		1,734
BANK FEES	4	4		
INVESTMENT DEPRECIATION	16,321	9,090		

TY 2018 Other Income Schedule**Name:** JIM GILMORE JR FOUNDATION**EIN:** 36-3584018**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GOLF OUTING	20,053		
MISCELLANEOUS INCOME	117,665	117,665	

TY 2018 Other Increases Schedule

Name: JIM GILMORE JR FOUNDATION

EIN: 36-3584018

Description	Amount
DONATIONS RETURNED	50,000

TY 2018 Other Notes/Loans Receivable Short Schedule**Name:** JIM GILMORE JR FOUNDATION**EIN:** 36-3584018

Name of 501(c)(3) Organization	Balance Due
NR - 700000 6 DUE 04072035	700,000

TY 2018 Other Professional Fees Schedule**Name:** JIM GILMORE JR FOUNDATION**EIN:** 36-3584018

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL PROCESSING FEES	1,104			1,104
INVEST MGMT FEES	50,937	50,937		
PROFESSIONAL FEES-FDN	4,129			4,129
151 S ROSE ST	42,267	42,267		
MICHIGAN BLDG	14,164	14,164		

TY 2018 Taxes Schedule**Name:** JIM GILMORE JR FOUNDATION**EIN:** 36-3584018

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY TAX-FDN PORTION	12,086	7,252		4,834
FOREIGN TAXES	3,098	3,098		
EXCISE TAXES	19,286			
124 S KALAMAZOO MALL	5,614	5,614		
151 S ROSE ST	168,022	168,022		
1122 PORTAGE RD	5,462	5,462		
MICHIGAN BLDG	15,190	15,190		

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2018
Name of the organization JIM GILMORE JR FOUNDATION		Employer identification number 36-3584018

Organization type (check one)

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

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

Name of organization JIM GILMORE JR FOUNDATION	Employer identification number 36-3584018
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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	JIM GILMORE JR TRUST 162 E MICHIGAN AVE KALAMAZOO, MI 49007	 \$ 236,598	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

36-3584018

Part II	Noncash Property
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization JIM GILMORE JR FOUNDATION	Employer identification number 36-3584018
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	