Form **990-PF** Department of the Treasury Internal Revenue Service

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.

For calendar year 2018 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
	MERMAN			
CHARITABLE TRUST			83-1163711	
Number and street (or P O box number if mail is not delivered to street a		Room/suite	B Telephone number	
C/O CHEMICAL BANK, P.O. BO			6167522156	
City or town, state or province, country, and ZIP or foreign p TRAVERSE CITY, MI 49685	ostal code		C If exemption application is po	ending, check here
G Check all that apply: Initial return		ormer public charity	D 1 Foreign organizations	s, check here
Final return Address change	Amended return Name change		2 Foreign organizations me check here and attach co	eting the 85% test,
H Check type of organization: X Section 501(c)(3) ex		-117	1	· —
	Other taxable private foundation	ution $\theta\Psi$	E If private foundation sta under section 507(b)(1)	
I Fair market value of all assets at end of year J Accounting		Accrual	1	• •
	ther (specify)	7.00.00.	F If the foundation is in a under section 507(b)(1)	
▶\$ 5,817,007. (Part I, colur		s.)		(5), 0110011 11010
Part I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	6,210,176.		N/A	
2 Check if the foundation is not required to attach Sch. B		-		
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	66,195.	66,195.		STATEMENT 1
5a Gross rents				ļ
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	56,698.			
D 395ets on line 63 410, 304.		F.C. C00		
7 Capital gain net income (from Part IV, line 2)		56,698.		
B Net Short-term capital gain				
9 Income modifications Gross sales less returns		·		
10a and allowances b Loce Cost of goods noted				<u> </u>
c Gross profit or (loss)	, <u>h.</u> *	<u> </u>		
11 Other income	43,724.	43,724.		STATEMENT 2
12 Total Add lines 1 through 11	6,376,793.	166,617.		'
13 Compensation of officers, directors, trustees, etc	10,763.	8,072.		2,691.
14 Other employee salaries and wages				-
15 Pension plans, employee benefits				
မှု 16a Legal fees				
b Accounting fees RECENTED 3	1,970.	0.		0.
c Other professional fees				
17 Interest				
		 		
19 Depreciation and depletion				
20 Occupancy OGDEN, UT]	- 		
21 Travel, conferences, and meetings	····	. _		
22 Printing and publications 23 Other expenses STMT 4	600.			600
g 23 Other expenses STMT 4	000.	0.		600.
23 Other expenses STMT 4 Total operating and administrative expenses Add lines 13 through 23 25 Contributions of the greate part	13,333.	8,072.		3,291.
25 Contributions, gifts, grants paid	200,000.	0,014.		200,000.
26 Total expenses and disbursements	200,000.			200,000.
Add lines 24 and 25	213,333.	8,072.		203,291.
27 Subtract line 26 from line 12:	220,000	7 1	- 1	203,231
2 Excess of revenue over expenses and disbursements	6,163,460.	·	· · · -	
b Net investment income (if negative, enter -0-)	0,200,100.	158,545.		
C Adjusted net income (if negative, enter -0-)			N/A	
823501 12-11-18 LHA For Paperwork Reduction Act Notice	, see instructions		()	Form 990-PF (2018)

83-1163711 Page 2

Dago	

	\	Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End o	of year
L	art	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		<u> </u>	
	2	Savings and temporary cash investments		107,125.	107,125.
	3	Accounts receivable >	-		
•	ľ	Less: allowance for doubtful accounts			
	4	Pledges receivable ►	•		
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Ulnar notes and loans receivable	to a tobal bearing to the	ਹਾ ਤੰਕ ਤੋਂ ਤ	ALP AND TOTAL
		Less: allowance for doubtful accounts			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U.S. and state government obligations STMT 5	0.	833,349.	831,865.
	b	Investments - corporate stock STMT 6	0.	2,833,665.	2,514,166.
	C	Investments - corporate bonds STMT 7	0.	1,966,324.	1,944,229.
	11	Investments - land buildings and equipment hasis	A 1 2 mg 2 4 mg 2		The state of the
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	0.	422,997.	419,622.
	14	Land, buildings, and equipment, basis			
		Less accumulated depreciation			
	1	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	_		
	<u> </u>	instructions. Also, see page 1, item I)	0.	6,163,460.	5,817,007.
	1	Accounts payable and accrued expenses			· .
	18	Grants payable			
es	19	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			· · · ·
_	22	Other liabilities (describe)			
	22	Total liabilities (add lines 17 through 22)	0.	0.	,
-	23	Foundations that follow SFAS 117, check here	0.	U •	,
		and complete lines 24 through 26, and lines 30 and 31			
S	24	Unrestricted			
Š	25	Temporarily restricted			
3ala	26	Permanently restricted			•
٩		Foundations that do not follow SFAS 117, check here			
or Fund Balances		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0.	0.	
ets	ļ.	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	y .
Ass	ı	Retained earnings, accumulated income, endowment, or other funds	0.	6,163,460.	
Net Assets	ı	Total net assets or fund balances	0.	6,163,460.	
~				***************************************	
	31	Total liabilities and net assets/fund balances	0.	6,163,460.	,
ГР	art l	Analysis of Changes in Net Assets or Fund Ba	alances		
=					
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	0.
		amount from Part I, line 27a		2	6,163,460.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	6,163,460.
		rases not included in line 2 (itemize)		5	0.
<u>0</u>	ioiai	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	6,163,460.
					Form 990-PF (2018)

Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income						
(a) List and describe 2-story brick wa	the kind(irehouse;	s) of property sold (for exan or common stock, 200 shs.	nple, real esta . MLC Co.)	ite,	(b)	How ac - Purc - Dona	cquired hase ation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a J. ZIMMERMAN T	RUST	SCH K-1								10/31/18
		r GR FUND						VARI	OUS	12/24/18
c CAPITAL GAINS	DIVI	DENDS								
d				. <u>.</u>	ļ					<u> </u>
e					<u> </u>					<u> </u>
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	(g))
<u>a</u>				401 00						39,629.
b 400,000.				401,29	5.					<1,295.>
<u>c</u> 18,364.	-		, <u> </u>							18,364.
<u>d</u>					_					
Complete only for assets showing	ות מצות ות	column (h) and owned by t	L	on 12/31/69				(I) Gaine (C	Col. (h) gain	minus
Complete only for about dilown	g guiii iii	(j) Adjusted basis		xcess of col. (I)	-			òl. (k), but i	not less tha	n -0-) or
(i) FMV as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col. (h))
a										39,629.
b				•						<1,295.>
C								· · · · · · · · · · · · · · · · · · ·		18,364.
_d										
e								·		
		∫ If gain, also enter	ın Part I. line	7	٦					
2 Capital gain net income or (net ca	pital loss) If (loss), enter -0-	- in Part I, line	7	引	2		_		56,698.
3 Net short-term capital gain or (los	ss) as det	ined in sections 1222(5) and	d (6):							
If gain, also enter in Part I, line 8,	,	` '	· /-		1					
If (loss), enter -0- in Part I, line 8		Saakiam 4040/aVfam	Dad	Tarres Nati		3			N/A	
		Section 4940(e) for					ent inc	ome		
(For optional use by domestic private	foundati	ons subject to the section 4	940(a) tax on	net investment inc	come	.)				
If section 4940(d)(2) applies, leave the	nis part b	lank.								
Man the foundation hable for the sec	4040				- 40					Yes X No
Was the foundation liable for the sec If "Yes," the foundation doesn't qualif				•	1007					Yes _A_ NO
Enter the appropriate amount in a					itries.					
(a)		(b)			(c)					(d) oution ratio
Base periód years Calendar year (or tax year beginnii	na in)	Adjusted qualifying dist	tributions	Net value of no			use asset	s	Distrit (col. (b) div	oution ratio vided by col. (c))
2017	,		•						(0)	
2016		-								
2015										
2014										
2013										
							-		-	
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-year ba	se period - divide the total o	on line 2 by 5.	O, or by the numbe	er of y	ears/				
the foundation has been in exister	nce if less	s than 5 years						3		
4 Enter the net value of noncharitab	le-use as	sets for 2018 from Part X, I	ine 5					4		<u>.</u>
								-		
5 Multiply line 4 by line 3								5		
6 Enter 1% of net investment incom	ie (1% of	Part I, line 27b)						6		
7 Add lines 5 and 6								7		
	_									
8 Enter qualifying distributions from								8		
If line 8 is equal to or greater than	line 7, c	heck the box in Part VI, line	1b, and comp	lete that part using	g a 19	% tax r	ate.			
See the Part VI instructions									r	orm 990-PF (2018)

JOSEPH G. AND HELEN I. ZIMMERMAN

		3-1163		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see in	struction	s)
1a	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)		<u> </u>	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	1	3,1	<u>71.</u>
	of Part I, line 27b		1 h	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	- ;	<u> </u>	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		<u>0.</u>
3	Add lines 1 and 2	3	3,1	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		0.
5		5	3,1	71.
6	Credits/Payments:	1 -		`
	a 2018 estimated tax payments and 2017 overpayment credited to 2018	. ^ `		
	Exempt foreign organizations - tax withheld at source	` `	•	•
	Tax paid with application for extension of time to file (Form 8868) 6c 0.	-	, 4	• • •
	Backup withholding erroneously withheld 6d 0.	1		
_		7		0.
8		8	1	72
9	· · · · · · · · · · · · · · · · · · ·	9	3,1	14.
10	, , , , , , , , , , , , , , , , , , , ,	0		
l Da	Enter the amount of line 10 to be: Credited to 2019 estimated tax ► Refunded ► 1 art VII-A Statements Regarding Activities	1		
			Yes	No
ıa	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	X
h	 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 	,	1b	X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		10	
	distributed by the foundation in connection with the activities		•	· `
c	Did the foundation file Form 1120-POL for this year?		10	$\frac{\dot{\mathbf{x}}}{\mathbf{x}}$
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			†-
_	(1) On the foundation ► \$ (2) On foundation managers. ► \$ 0 .		'	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0.		1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X
	If "Yes," attach a detailed description of the activities.		. 1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			<u> </u>
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X
b	of "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	X
	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 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		7 X	
			:	,
Вa	Enter the states to which the foundation reports or with which it is registered. See instructions.		1 1 1 1	[] [
	MI			
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		1 1	1
^	of each state as required by General Instruction G2 If "No," attach explanation		8b X	
9	5		- r	 **
10	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		9 10 X	X V
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	Γ	<u> 10 X</u> rm 990-PF	(2018)
		r0i	III 220-1 1	(2010)

Pa	art VII-A Statements Regarding Activities (continued)			
		T	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		Х
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	x	
	Website address ► N/A			
14	The books are in care of ► CHEMICAL BANK, C/O GARY HICKS, TRUS Telephone no ► 61675	2215	6	
• •	Located at ▶P.O. BOX 1380, TRAVERSE CITY, MI ZIP+4 ▶4	1685	-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		$\overline{}$	$\overline{\Box}$
	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,		Yes	No
	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	10		
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1-	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly);	-	1.55	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		١,	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1	٠. ،	
	a disqualified person?		-	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ı		-;
	(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.	, san 4	
	(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.)	1	١.	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	Ŀ		
	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	-		٠,
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		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		٠. ,	
	defined in section 4942(j)(3) or 4942(j)(5)):		r	
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?	•	<u>ا</u> ٠ .	
	If "Yes," list the years		-	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1:	, •	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		-	
	statement - see instructions.) N/A	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.		'	
	<u> </u>			
	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	'		
	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	1 1	·1 ~\	' -
	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.) N/A	3b		v -
	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	\vdash	,	اپ
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b rm 990	DE	X

Page 6

Part VII-B Statements Rega	arding Activities for Which F	orm 4720 May Be R	equired (contin	ued)		
5a During the year, did the foundation pa	y or incur any amount to:				, Y	es No
•	se attempt to influence legislation (section	n 4945(e))?	Y	es 🗓 No		
	cific public election (see section 4955); o	, , , ,	ectly.		- 1	·
any voter registration drive?				es 🗓 No		,
(3) Provide a grant to an individual fo	or travel, study, or other similar purposes	3?	Y	es X No	٠	
	n other than a charitable, etc., organization				, .	' .
4945(d)(4)(A)? See instructions			Y	es 🗓 No		` [*]
(5) Provide for any purpose other that	an religious, charitable, scientific, literary	, or educational purposes, or t	for			. ' .
the prevention of cruelty to childr				es X No	′· •	1
b If any answer is "Yes" to 5a(1)-(5), did	I any of the transactions fail to qualify un	ider the exceptions described	ın Regulations			. `
,	regarding disaster assistance? See instr	·	-	N/A	5b	
Organizations relying on a current not	ice regarding disaster assistance, check i	here		▶□	•	- '0 T
c If the answer is "Yes" to question 5a(4	· · · · · · · · · · · · · · · · · · ·		ined		1 · ·	
expenditure responsibility for the gran			1/A 🔲 Y	es 🔲 No	*	. '
If "Yes," attach the statement required	by Regulations section 53 4945-5(d).				7	<i>'</i> ` `
6a Did the foundation, during the year, re		pay premiums on			44	
a personal benefit contract?			Yo	es X No		1
b Did the foundation, during the year, pa	ay premiums, directly or indirectly, on a j	personal benefit contract?			6b	Х
If "Yes" to 6b, file Form 8870.				Ī		_
7a At any time during the tax year, was th	ne foundation a party to a prohibited tax :	shelter transaction?	Y	es X No	. ' '	` _
b If "Yes," did the foundation receive any	proceeds or have any net income attribi	utable to the transaction?		N/A	7b	
8 Is the foundation subject to the section	n 4960 tax on payment(s) of more than \$	\$1,000,000 in remuneration or	r	Γ	7	3.
excess parachute payment(s) during t	he year?		Y	s X No	٠	<u> </u>
Part VIII Information Abou	ut Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly			
Paid Employees,						
1 List all officers, directors, trustee	s, and foundation managers and t		(c) Compensation	(d) Contributions to	7-1	Evenence
(a) Name an	d address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	Expense ount, other
		to position	`enter -0-)	compensation	all	owances
	JR.	CO-TRUSTEE				
1719 APACHE PASS	0606	4 00				0
TRAVERSE CITY, MI 49	3000	4.00 CO-TRUSTEE	0.	0.	· <u>†</u>	0.
CHEMICAL BANK P.O. BOX 1380		CO-TRUSTEE	1			
TRAVERSE CITY, MI 49	0605		10 763	_		0
TRAVERSE CITT, MI 4	7003	5.00	10,763.	0.		0.
		1				
		-				
					+	
		+			1	
		+				
2 Compensation of five highest-par	d employees (other than those inc	luded on line 1). If none.	enter "NONE."		1	
		(b) Title, and average	1	(d) Contributions to	(e)	Expense unt, other
(a) Name and address of each em	ployee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation		unt, other owances
NONE		devoted to position	1	compensation	1	J44411003
110112		1				
			<u> </u>		1	
		1				
			<u> </u>		+	
		1				
			 		 	
		1	1			
			 		+	
		†				
Total number of other employees paid over	r \$50,000	.L	<u> </u>		٠	0
Total Harmon of other employees paid over	- ψου, σου	· · · · · · · · · · · · · · · · · · ·	· ····	Form	990-1	PF (2018)
				FULL		 120101

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	Σ	
a	Average monthly fair market value of securities	1a	1,312,441.
ь	Average of monthly cash balances	1b	1,312,441. 182,796.
C	Fair market value of all other assets	1c	=
d	Total (add lines 1a, b, and c)	1d	1,495,237.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	7 .	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,495,237.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	22,429.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,472,808.
6	Minimum investment return Enter 5% of line 5	6	73,640.
P	art XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations as		
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	11	73,640.
2a	Tax on investment income for 2018 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
Ь	Income tax for 2018. (This does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	2c	3,171.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	70,469.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	70,469.
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	70,469.
P	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	203,291.
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:	,	·
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	203,291.
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	203,291.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation of	ualifies for	

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
Distributable amount for 2018 from Part XI, line 7				70,469.
2 Undistributed income, if any, as of the end of 2018			····	70,403.
a Enter amount for 2017 only			0.	
b Total for prior years:				
g rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2018:		•	-	
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017	•	•		
f Total of lines 3a through e	0.		F 6	
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$203,291.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	,	*		
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount			······································	70,469.
e Remaining amount distributed out of corpus	132,822.		<u> </u>	, , , , , , , , , , , , , , , , , , , ,
5 Excess distributions carryover applied to 2018	0.			0.
(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	132,822.			
b 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.			0.	
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 1942(g)(3) (Election			*a i	* £
may be required - see instructions)	0.		,	
8 Excess distributions carryover from 2013	•	71. * ·	**	+ 50° 4
not applied on line 5 or line 7	0.		-	
9 Excess distributions carryover to 2019	122 022			, , , , , , , , , , , , , , , , , , , ,
Subtract lines 7 and 8 from line 6a	132,822.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015			•	·
c Excess from 2016				
d Excess from 2017			i i	,
e Excess from 2018 132,822.		<u></u>		

823581 12-11-18

Form **990-PF** (2018)

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

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

NONE

NONE

NO FORM AT PRESENT
c Any submission deadlines:

Form 990-PF (2018) CHARITABLE TE	RUST	BIGIAN	83-116	3711 Page 11
Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		Payment	<u></u>	
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	Or Substantial Contributor	Toolplont		
ALMA COLLEGE	NONE	OTHER PUBLIC	GENERAL FUND	
614 W. SUPERIOR STREET ALMA, MI 48801		CHARITY		100,000.
				100,000.
CHERRYLAND HUMANE SOCIETY 1750 AHLBERG DRIVE	NONE	OTHER PUBLIC	GENERAL FUND	
TRAVERSE CITY, MI 49696-8914				100,000.
Total			▶ 3a	200,000.
b Approved for future payment				
NONE				
Total			▶ 3b	0.
TVIQI			► 36	· ·

Part XVI-A	Analysis of Income-Producing Activities
------------	---

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a	5555				
	_				
<u> </u>		·····			
d	-	· · · · · · · · · · · · · · · · · · ·			
u	-		+		
e f			+ +		<u></u> .
g Fees and contracts from government agencies					
2 Membership dues and assessments		·			
3 Interest on savings and temporary cash					·· ·
investments			14		
4 Dividends and interest from securities		· ·	14	66,195.	
5 Net rental income or (loss) from real estate:		* * * * * * * * * * * * * * * * * * * *			5 , 4 By
a Debt-financed property					- "
b Not debt-financed property			++		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	43,724.	
8 Gain or (loss) from sales of assets other	 			13//210	
than inventory			18	56,698.	
9 Net income or (loss) from special events			+ - 4	30,030.	
O Gross profit or (loss) from sales of inventory			+ +		
1 Other revenue:			+ +		
a b	-				
	-	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
G					
d	-		+++		
e 12 Subtotal Add columns (b), (d), and (e)	 -	0		166,617.	0
, , , , , , , , , , , , , , , , , , , ,	<u> </u>	0	• 1		466 645
13 Total Add line 12, columns (b), (d), and (e)				13	100,01/
(See worksheet in line 13 instructions to verify calculations)					

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).

Form **990-PF** (2018)

Part >	(VII Information Re			nd Transactions an	d Relations	hips With Noncharit	able		190 10
4 0.4	Exempt Organ		h - 6 - 11			CO4/a)		IVac	No
	the organization directly or indi				n described in se	ction 501(c)	 	1 65	INO
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of:								
	•	ation to a noncharitable (exempt org	janization of:			1a(1)	+	X
(1) Cash (2) Other assets								1	X
	er transactions:						1a(2)	 	
-		ible evennt organization					1b(1)		X
(1) Sales of assets to a noncharitable exempt organization(2) Purchases of assets from a noncharitable exempt organization									X
(3) Rental of facilities, equipment, or other assets									X
(3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements									X
	Loans or loan guarantees						1b(4) 1b(5)		X
	Performance of services or me	mhershin or fundraising	solicitatio	ns			1b(6)		X
	ring of facilities, equipment, ma						1c		Х
	ne answer to any of the above is	• •		•	ways show the fau	market value of the goods, o		sets.	
	ervices given by the reporting f			• •				,	
	ımn (d) the value of the goods,				,				
(a) Line no				exempt organization	(d) Descripti	on of transfers, transactions, and s	haring arr	angemer	nts
		1	N/A						
			·						
2a is ti	ne foundation directly or indirec	tly affiliated with, or relat	ted to, one	or more tax-exempt organiz	zations described				
ın s	ection 501(c) (other than sectio	n 501(c)(3)) or in sectio	n 527?				Yes	X	No
b If "Y	es," complete the following sch	edule							
	(a) Name of org	janization		(b) Type of organization		(c) Description of relations	пр		
	N/A								
<u>.</u>	Under penalties of perjury, I declare t and belief, it is true, correct, and com					, , , . ■ May	y the IRS o	discuss f	his
Sign Here		•		1 /		1000	rn with th wn below	e prepare ? See ins	ar str
nere	12.12.1			7-25-19	PUP -	Trust JEFILM	X Yes	; [No
	Signature of officer or trustee			Date	Title				
	Print/Type preparer's na	ıme Pr	eparer's sı	gnature	Date	Check If PTIN			
D-1-1		an.		· A Que co	1/25/	self- employed			
Paid	GREGORY D.		ujir	The some of h		100	0009		
Prepa Use C	THIN SHAIN P CALL	GORY D. SEM	ian &	COMPANY, P.C		Firm's EIN ► 38 – 33	3134	63	
	Firm's address ▶ P.	O. BOX 4219)		·	 			
TRAVERSE CITY, MI 49685-4219						Phone no. (231)	22-	777	7

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

JOSEPH G. AND HELEN I. ZIMMERMAN CHARITABLE TRUST 83-1163711 Organization type (check one). Filers of: Section: Form 990 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-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 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 990-PF, 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

Employer identification number

JOSEPH G. AND HELEN I. ZIMMERMAN CHARITABLE TRUST

83-1163711

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOSEPH J. ZIMMERMAN ADMINISTRATIVE TRUST CHEMICAL BANK, P O BOX 1380 TRAVERSE CITY, MI 49685	\$\$	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
2	JOSEPH J. ZIMMERMAN ADMINISTRATIVE TRUST CHEMICAL BANK, P O BOX 1380 TRAVERSE CITY, MI 49685	\$\$,010,176.	Person Payroll Noncash X (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 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)

Name of organization

Employer identification number

JOSEPH G. AND HELEN I. ZIMMERMAN CHARITABLE TRUST

83-1163711

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
2	VARIOUS PUBLICALLY TRADED SECURITIES, LISTING ATTACHED		
		\$ 5,010,176.	10/15/18
(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
		\$	

Name of organization

Employer identification number

JOSEPH G. AND HELEN I. ZIMMERMAN

	TABLE_TRUST			83-1163711				
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations desc	ribed in section 50	11(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 follow	ing line entry. For o	rganizations \$				
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	charitable, etc., contributions of	\$1,000 or less for t	he year (Enterthis into once)				
(a) No.	Ose duplicate copies of Fart III II additional	space is fieeded	1					
from	(b) Purpose of gift	(c) Use of	qıft	(d) Description of how gift is held				
Part I	(5)	(-,	J	(1)				
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	 '					
}								
		(e) Trans	fer of gift					
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee				
(a) No								
(a) No. from	(b) Purpose of gift	(c) Use of	aift	(d) Description of how gift is held				
Part I	(b) r dipose of gift	(0) 030 01	giit	(a) Description of note given inclu				
		· · · · · ·		-				
ŀ		/-> 						
		(e) Irans	fer of gift					
,	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee				
1								
i		_						

(a) No.	"		<u> </u>					
from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
Part I								
	 							
-								
1								
Ī	(a) Transfer of sift							
	(e) Transfer of gift							
ŀ	Transferee's name, address, ar	na ZIP + 4	<u> </u>	elationship of transferor to transferee				
	7-10-3-3-1							
(a) No. from Part I								
from Dart I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
raiti		<u> </u>						
								
l								
ſ		(e) Trans	fer of gift					
Į		(0)						
	Transferente nome address	od 71D + 4	_	olationabin of transferor to transferor				
}	Transferee's name, address, an	10 ZIP + 4	Re	elationship of transferor to transferee				
1								
l								

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM SECT	JRITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM	
CHEMICAL BANK TRUST ACCOUNT CHEMICAL BANK	18,364.	18,30	64.	().).
TRUST ACCOUNT CHEMICAL BANK	9,480.		0.	9,480	9,480).
TRUST ACCOUNT J. ZIMMERMAN	20,684.		0.	20,684	20,684	! .
TRUST SCH K-1 J. ZIMMERMAN TRUST	27,341.		0.	27,342	L. 27,341	L •
SCH K-1	8,690.		0.	8,690	8,690) .
TO PART I, LINE 4	84,559.	18,30	54.	66,195	66,195	· .
FORM 990-PF		OTHER :	INCON	ИЕ		STATEMENT 2
DESCRIPTION			REV	(A) JENUE BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
J. ZIMMERMAN SCH K-1	L		43,724.		43,724.	_
TOTAL TO FORM 990-PF	F, PART I,	LINE 11 43,724.		43,724.		
FORM 990-PF		ACCOUNT	ING I	FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		1,970		0 .	•	0.
TO FORM 990-PF, PG 1	L, LN 16B	1,970		0 .		0.
					 	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
IRS USER FEE - FORM 1023	600.	0.		600.	
TO FORM 990-PF, PG 1, LN 23	600.	0.		600.	

TO FORM 990-PF,	PG 1, LN 23					
FORM 990-PF	U.S. AND S	STATE/CI	TY GOV	/ERNMENT	OBLIGATIONS	STATEMENT 5
DESCRIPTION		(U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
CHEMICAL BANK -	VARIOUS U.S.	BONDS	Х		833,349.	831,865
TOTAL U.S. GOVER	NMENT OBLIGAT	CIONS		-	833,349.	831,865.
TOTAL STATE AND	MUNICIPAL GOV	ERNMENT	OBLIG	ATIONS		
TOTAL TO FORM 99	0-PF, PART II	, LINE	10A	=	833,349.	831,865.
FORM 990-PF		CORPO	ORATE	STOCK	delate 10 to the control of the cont	STATEMENT 6
DESCRIPTION					BOOK VALUE	FAIR MARKET VALUE
CHEMICAL BANK -	VARIOUS EQUIT	Y STOCK	s and	FUNDS	2,833,665.	2,514,166.
TOTAL TO FORM 99	0-PF, PART II	, LINE	10B	=	2,833,665.	2,514,166
FORM 990-PF		CORPO	ORATE	BONDS		STATEMENT 7
DESCRIPTION					BOOK VALUE	FAIR MARKET VALUE
CHEMICAL BANK -	VARIOUS CORPO	RATE BOI	NDS	_	1,966,324.	1,944,229
TOTAL TO FORM 99	0-PF, PART II	LINE	10C	_	1,966,324.	1,944,229.
				=		

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CHEMICAL BANK - MUTUAL BOND FUNDS CHEMICAL BANK - REIT FUND	COST COST	378,369. 44,628.	375,945. 43,677.
TOTAL TO FORM 990-PF, PART II, LINE	13	422,997.	419,622.