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## **Return of Private Foundation**

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

OMB No 1545-0052 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 or tax year beginning 2016, and ending 20 Name of foundation A Employer identification number MICHAEL ZEMANEK MEMORIAL FOUNDATION, INC 46-4630770 Number and street (or PO box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 802-505-9151 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ► **BARRE, VT 05641** Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here ☐ Amended return ☐ Final return Foreign organizations meeting the 85% test, Address change ☐ Name change check here and attach computation E If private foundation status was terminated unde H Check type of organization: ✓ Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col. (c), ☐ Other (specify) under section 507(b)(1)(B), check here line 16) ► \$ 33050 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements for charitable (a) Revenue and (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal expenses per books purposes (cash basis only) the amounts in column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) 15888 **8** 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 . . . . 237 237 237 SCANNED 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a. Capital gain net income (from Part IV, line 2) . . 487 Net short-term capital gain . . . . . . . . . 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) . . 106 11 Other income (attach schedule) . . . 12 Total. Add lines 1 through 11 . 16718 724 242 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses Other employee salaries and wages . . . . . 14 15 Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) c Other professional fees (attach schedule) . . . 17 18 Taxes (attach schedule) (see instructions) . . . Depreciation (attach schedule) and depletion . . . 20 21 Travel, conferences, and meetings . . . . . 22 Printing and publications . . . . 23 Other expenses (attach schedule) 3756 3756 Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . . . 3762 3762 25 Contributions, gifts, grants paid . . . . . 5423 5423 Total expenses and disbursements. Add lines 24 and 25 26 9185 9185 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 7533 **b** Net investment income (if negative, enter -0-) . 724

For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

Cat No. 11289X

Form 990-PF (2016)

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1   Cash—non-interest-bearing   11538   18662   18662   2   Savings and temporary cash investments   3   Accounts receivable   Less: allowance for doubtful accounts   1   Pledges receivable   1   Pl	Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
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Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds		26	Permanently restricted			
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)						
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)	ō	27	· · · · · · · · · · · · · · · · · · ·			
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)	ets	28				
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)	SS	29	<del>-</del>			
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)	t A	_		23378	31369	
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)	Se	31				
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)			i	23378	31369	
end-of-year figure reported on prior year's return)					<del></del>	г
2 Enter amount from Part I, line 27a	1				1	
3 Other increases not included in line 2 (itemize) ►  4 Add lines 1, 2, and 3	_				ļ <del>_</del>	23378
4 Add lines 1, 2, and 3	_					7529
5 Decreases not included in line 2 (itemize) ► 5 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 30907	_					
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 30907		_				30907
	5	Deci	reases not included in line 2 (Itemize)	Part II column (b) line	30 5	
		TOTA	in her assets of fund balances at end of year (line 4 minus line 5)—	art II, Column (b), line	30   6	

Part	V Capital Gains and	d Losses for Tax on Investm	ent Income				
	(a) List and describe the 2-story brick warehout	(b) How acquired P—Purchase D—Donation		e acquired , day, yr)	(d) Date sold (mo , day, yr )		
1a	Life Strategy Mod Growth (	(Vanguard)		Р	09/1	15/2015	
b							
С		· · · · · · · · · · · · · · · · · · ·			 		
<u>d</u>	<del></del>	· · · · · · · · · · · · · · · · · · ·					
е	<del></del>			<u> </u>			l
(e) Gross sales price (f) Depreciation allowed (or allowable)			or other basis ense of sale			n or (loss) (f) minus (g)	
<u>a</u>		· · · · · · · · · · · · · · · · · · ·		<del></del>	<u> </u>		<del></del>
<u>b</u> _				· · · · · · · · · · · · · · · · · · ·	<del> </del>	_	
<u> </u>				·	<b> </b>		<del></del>
<u>d</u>				<del></del>			·
<u>е</u> _	Complete only for assets she	owing gain in column (h) and owned	by the foundation	n on 12/31/60			
	Complete only for assets sho	· · · · · · · · · · · · · · · · · ·	-	· · · · · · · · · · · · · · · · · · ·	}		(h) gain minus t less than -0-) <b>or</b>
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col. (i) ol (j), if any			
<u>a</u> _							
<u>b</u> _					ļ		
C							
d							
е		( 16	also enter in P	lost Line 7	ļ		
2	Capital gain net income o	or inct capital local 1 ~ .	aiso enter in P , enter -0- in P		2		487
3	If gain, also enter in Part	In or (loss) as defined in sections I, line 8, column (c) (see instructions in the column column)					_
Part		der Section 4940(e) for Redu		Not Investment	3		5
		ivate foundations subject to the					<del></del>
Was t		ve this part blank. e section 4942 tax on the distribu t qualify under section 4940(e). D			base pe	eriod?	☐ Yes ☑ No
1	Enter the appropriate am	ount in each column for each yea	ar; see the inst	ructions before m	akıng a	ny entries.	
Cale	(a)  Base period years endar year (or tax year beginning ir	(b) Adjusted qualifying distribution:	s Net value	(c) of nonchantable-use a	ssets		(d) stribution ratio divided by col. (c))
· · ·	2015	1	2982		17027	-	.76
	2014		5581		7309		.76
	2013						
	2012		T				
	2011						
2	Total of line 1, column (d	)				2	.76
3		for the 5-year base period—dıvı			the		
	number of years the foun	dation has been in existence if le	ess than 5 year	·s	·  -	3	.38
4	Enter the net value of nor	ncharitable-use assets for 2016 f	rom Part X, lın	e5		4	25895
5	Multiply line 4 by line 3				.	5	9840
6	Enter 1% of net investme	ent income (1% of Part I, line 27b	)		.	6	
7	Add lines 5 and 6				.	7	9847
8	Enter qualifying distribution	ons from Part XII, line 4	27.11.7			8	9185
	If line 8 is equal to or gre Part VI instructions.	ater than line 7, check the box in	n Part VI, line 1	ib, and complete	that pa	rt using a	1% tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i	nstru	ıctio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) 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		14	00	
	here ▶ ☐ and enter 1% of Part I, line 27b			- 00	
С	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-)		0	<u> </u>	
3	Add lines 1 and 2		14	00	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		14	00	
6	Credits/Payments:				
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 0				
b	Exempt foreign organizations—tax withheld at source 6b 0  Tax paid with application for extension of time to file (Form 8868) . 6c 0				
d	Backup withholding erroneously withheld 6d 0				
7	Total credits and payments. Add lines 6a through 6d		0		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here		0		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		14	_	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10				
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11				
	VII-A Statements Regarding Activities			T	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes		
b	participate or intervene in any political campaign?	1a	ļ	1	
b	Instructions for the definition)?	1b		1	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.				
C	c Did the foundation file Form 1120-POL for this year?				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$  (2) On foundation managers. ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		1	
3	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			ł	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		1	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1	
_	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:				
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>	1			
	conflict with the state law remain in the governing instrument?		1		
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	1		
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u> </u>	<u> </u>	<del> </del>	
	VERMONT				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	i '			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV	9	✓		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		1	

rail	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		Yes	No
•••	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			Ė
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
14	Website address  WWW.MZMF.ORG			
14	The books are in care of ► CARRIE MCCOOL  Located at ► 79 LEPAGE RD., BARRE, VT 05641  Telephone no. ► 8000   ZIP+4 ►	2-498- 0564		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		. <u>!</u>	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year		Ī	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	1
	the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	l		
	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) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Yes			
	(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)?			
	(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			
b	termination of government service, if terminating within 90 days.)		ĺ	
b	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	<del></del>		
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 2016?	1c		1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?	}		
h	If "Yes," list the years ▶ 20 , 20 , 20 , 20	1		
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	ļ		
	all years listed, answer "No" and attach statement—see instructions.)	2b	1	
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  20, 20, 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?	ļ		
þ	If "Yes," did it have excess business holdings in 2016 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 2016.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
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 2016?	4b		1

_	^
Pane	n
uye	•

Part	VII-B Statements Regarding Activitie	s for W	hich Form	4720 l	May Be R	equire	<b>d</b> (contin	ued)			
5a	During the year did the foundation pay or incur	any amo	ount to:								
	<ul><li>(1) Carry on propaganda, or otherwise attempt</li><li>(2) Influence the outcome of any specific public</li></ul>						Yes	<b>✓</b> No			1
	directly or indirectly, any voter registration d	rıve?					☐ Yes	<b>☑</b> No			1
	(3) Provide a grant to an individual for travel, stu	udy, or d	other similar į	ourpose	es?		☐ Yes	<b>✓</b> No			
	(4) Provide a grant to an organization other that section 4945(d)(4)(A)? (see instructions).		rıtable, etc.,	_			Yes	<b>⊘</b> No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to						_ ∐Yes	— √ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the									1	Į
	Regulations section 53.4945 or in a current notice								5b		
	Organizations relying on a current notice regard	ıng disa	ster assistan	ce che	ck here .						
С	If the answer is "Yes" to question 5a(4), does because it maintained expenditure responsibility						☐ Yes	☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).								į		
6a	a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums										
	on a personal benefit contract?						Yes	✓ No			
þ	Did the foundation, during the year, pay premiu	ms, dire	ctly or indire	ctly, on	a personal	benefit	contract	? .	6b		<b>✓</b>
7a	If "Yes" to 6b, file Form 8870.  At any time during the tax year, was the foundation	a party	to a prohibited	d tax sh	elter transad	tion?	☐ Yes	✓ No			
	If "Yes," did the foundation receive any proceed						ansaction	n? .	7b		
Part	t VIII Information About Officers, Direct	ctors, 1	rustees, F	ounda	tion Mana	agers,	Highly F	aid E	mploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, foundation	n mana	agers and th				<del></del>				
	(a) Name and address	hou	e, and average rs per week ed to position	i (lf r	mpensation not paid, nter -0-)	emplo	Contributions yee benefit   erred compe	plans	(e) Expe	nse acc allowan	
CARR	IE MCCOOL, 79 LEPAGE RD., BARRE, VT 05641	DIREC	TOR DENT,10 HR	0				0			0
EMILY	WITHROW, 18 ELM ST., APT. 3,		RESIDENT,								
WATE	RBURY, VT 05676	10 HR	•		0			0			0
SUSA	N HOULE, 9 DEERFIELD DRIVE	TREAS	SURER			:					
MONT	PELIER, VT 05602	10 HRS	S		. 0			0			0
DANIE	LLE FRATTINI, 17 WEST ST., #6	SECRE	ETARY								
	E, VT 05641	5 HRS.		L	0	<u> </u>		0			0
2	Compensation of five highest-paid employe "NONE."	es (oth	er than tho	se incl	uded on li	ne 1—	see instr	uction	s). If n	one, e	enter
	(a) Name and address of each employee paid more than \$50,0	000	(b) Title, and a hours per v devoted to p	veek ¯	(c) Compe	nsation	(d) Contribution (d) Co	benefit deferred	(e) Expe	ense acc allowan	count, ces
NONE				· · · · · ·							
			]								
-	· · · · · · · · · · · · · · · · · · ·		<del> </del>	-							
Total	number of other employees paid over \$50,000 .						<u> </u>	. ▶			
									_ 00	2	

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  Financial Assistance provided to Vermont Law Enforcement Officer Medical Treatment Expenses  165  Financial Assistance provided to a Vermont State Trooper battling brain cancer with a new child on the way.	Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	iployees,
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Total number of others receiving over \$50,000 for professional services		(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services	NON	E	
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2 Financial Assistance provided to a Vermont State Trooper battling brain cancer with a new child on the way.  144 3 Financial Assistance provided to a Vermont Law Enforcement Officer Medical Treatment Expenses with 3-young children  132 4 Remembering the children of a deceased Vermont Law Enforcement Officers  100  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  All other program-related investments See instructions.  3 All other program-related investments See instructions.			Expenses
2 Financial Assistance provided to a Vermont State Trooper battling brain cancer with a new child on the way.  144 3 Financial Assistance provided to a Vermont Law Enforcement Officer Medical Treatment Expenses with 3-young children  132 4 Remembering the children of a deceased Vermont Law Enforcement Officers  100 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 2 All other program-related investments See instructions.  3 Total. Add lines 1 through 3	1	Financial Assistance provided to Vermont Law Enforcement Officer Medical Treatment Expenses	
2 Financial Assistance provided to a Vermont State Trooper battling brain cancer with a new child on the way.  144 3 Financial Assistance provided to a Vermont Law Enforcement Officer Medical Treatment Expenses with 3-young children  132 4 Remembering the children of a deceased Vermont Law Enforcement Officers  100 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 2 All other program-related investments See instructions.  3 Total. Add lines 1 through 3			
Financial Assistance provided to a Vermont Law Enforcement Officer Medical Treatment Expenses with 3-young children  132  4 Remembering the children of a deceased Vermont Law Enforcement Officers  100  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  All other program-related investments See instructions.  3  All other program-related investments See instructions.			1658
Financial Assistance provided to a Vermont Law Enforcement Officer Medical Treatment Expenses with 3-young children  132  Remembering the children of a deceased Vermont Law Enforcement Officers  100  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  All other program-related investments See instructions.  3  All other program-related investments See instructions.	2	Financial Assistance provided to a Vermont State Trooper battling brain cancer with a new child on the way.	
Financial Assistance provided to a Vermont Law Enforcement Officer Medical Treatment Expenses with 3-young children  132  Remembering the children of a deceased Vermont Law Enforcement Officers  100  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  All other program-related investments See instructions.  3  All other program-related investments See instructions.			
children  132 4 Remembering the children of a deceased Vermont Law Enforcement Officers  100 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  2  All other program-related investments See instructions.  3  Total. Add lines 1 through 3			1440
A Remembering the children of a deceased Vermont Law Enforcement Officers  100  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  All other program-related investments See instructions.  3  Total. Add lines 1 through 3	3		
All other program-related investments See instructions.  All other program-related investments See instructions.  Total. Add lines 1 through 3		children	
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  All other program-related investments See instructions.  Total. Add lines 1 through 3	_		1324
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  All other program-related investments See instructions.  Total. Add lines 1 through 3	4	Remembering the children of a deceased Vermont Law Enforcement Officers	)
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  All other program-related investments See instructions.  Total. Add lines 1 through 3			4000
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  All other program-related investments See instructions.  Total. Add lines 1 through 3	Da	t IV-B Summary of Program-Related Investments (see instructions)	1000
All other program-related investments See instructions.  3  Total. Add lines 1 through 3			Amount
All other program-related investments See instructions.  3  Total. Add lines 1 through 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
All other program-related investments. See instructions.  3  Total. Add lines 1 through 3	•		ļ
All other program-related investments. See instructions.  3  Total. Add lines 1 through 3			
3	2		
3			
3			
Total. Add lines 1 through 3	Al	other program-related investments See instructions.	
	3	,	
			<del> </del> -
	lota	II. Add lines 1 through 3	- 000 55

Part	see instructions.)	gn tounda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	10620
b	Average of monthly cash balances	1b	15669
C	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	26289
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	26289
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	394
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	25895
6	Minimum investment return. Enter 5% of line 5	6	1295
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ▶ ☑ and do not complete this part.)	oundation	S
1	Minimum investment return from Part X, line 6	1	DNA
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	<del></del>
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	DNA
		1 • 1	DIAM
Part	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	9185
þ	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:		
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	9185
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9185
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

r al l	Ondistributed income (see instruction			····	
1	Distributable amount for 2016 from Part XI, line 7	(a) Corpus	(b) Years pnor to 2015	(c) 2015	(d) 2016 DNA
2	Undistributed income, if any, as of the end of 2016:				DIVA
 a	Enter amount for 2015 only			DNA	1
b	Total for prior years: 20 ,20 ,20			Dith_	}
3	Excess distributions carryover, if any, to 2016:				
а	From 2011			1	i
b	From 2012	1	10		
c	From 2013	1			ļ
d	From 2014	1		;	
e	From 2015	1			i
f	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,				(
_	Applied to 2015, but not more than line 2a.				1
a b	Applied to 2015, but not more than line 2a.  Applied to undistributed income of prior years				. !
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
J	required—see instructions)				!
d	Applied to 2016 distributable amount			<del></del>	
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016				
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)	1			;
6	Enter the net total of each column as				
•	indicated below:				;
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
Ū	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				<del></del>
	amount-see instructions				
е	Undistributed income for 2015. Subtract line				
	4a from line 2a. Taxable amount-see	!			
	instructions			DNA	
f	Undistributed income for 2016. Subtract lines				
	4d and 5 from line 1. This amount must be	1			
	distributed in 2017	İ			DNA
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	j			
	170(b)(1)(F) or 4942(g)(3) (Election may be	]			
	required—see instructions)				
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions) .		<u> </u>		
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2012				
b	Excess from 2013	]			
С	Excess from 2014				
d	Excess from 2015	]			
е		1		ì	

	0-71 (2010)					Page 10
Part		<del></del>				<del></del>
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for		-		JULY 2	1, 2014
b	Check box to indicate whether the four	<del></del>	operating foundation		tion 🗸 4942(j)(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2016	<b>(b)</b> 2015	(c) 2014	( <b>d)</b> 2013	
	each year listed	242	121	0		363
b	85% of line 2a	206	103	0		309
C	Qualifying distributions from Part XII,					
	line 4 for each year listed	9185	12982	5581		27748
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	9185	12982	5581		27748
3	Complete 3a, b, or c for the alternative test relied upon:	3190	12502			
а	"Assets" alternative test-enter:					
	(1) Value of all assets	31369	22764	13783		67916
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed	1295	851	365		2511
С	"Support" alternative test—enter	1233	- 031	303		2311
·						
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section		_	_		_
	512(a)(5)), or royalties)	0	0	0		0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)	15888	21645	18456		55989
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income .					
Part	XV Supplementary Information	on (Complete thi	s part only if the	e foundation ha	d \$5,000 or me	ore in assets at
	any time during the year-	-see instruction	s.)			
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation	who have contribut	ted more than 2%	of the total contri	outions received	by the foundation
	before the close of any tax year (but o					-
N/A						
b	List any managers of the foundation	who own 10% or	more of the stock	of a corporation	(or an equally la	rge portion of the
	ownership of a partnership or other ei			•		
N/A	• • •					
2	Information Regarding Contribution	Grant Gift Loa	Scholarshin et	c Programs:		
_	Check here ► ☐ if the foundation			•	raanizatione and	does not accept
	unsolicited requests for funds. If the f					
	other conditions, complete items 2a,		girio, granto, oto. (c	oce mondonome, te	individuals of of	gamzationo andoi
а	The name, address, and telephone no		dress of the persor	n to whom applica	tions should be a	addressed:
	el Zemanek Memorial Foundation, Inc. P				<del> </del>	
b	The form in which applications should	I be submitted and	information and m	naterials they shou	id include:	
Applic	ations should include the name and cont	act information of the	ne sworn Vermont L	aw Enforcement O	fficer as well as su	upporting
	entation describing the need for assista					
C	Any submission deadlines:				_ <del></del>	
<u>Should</u>	d be submitted by the end of the year of r					
d	Any restrictions or limitations on av	vards, such as by	geographical are	as, charitable fiel	ds, kinds of ins	titutions, or other
	factors:					

<u>Limited to Sworn Law Enforcement member in the State of Vermont.</u>

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount status of any foundation manager contribution Name and address (home or business) recipient or substantial contributor Paid during the year **Brattleboro Retreat (VT Police Officer seeking** N/A \$1,000 Provide Financial assistance Amanda Kelley (Remembering our Children) N/A \$400 **Family of deceased Officer** Provide Financial support Ginny Woolf (Remembering our Children) Family of deceased Officer N/A **Provide Financial support** \$200 Alyssa Gene Smith (Remembering our Children) **Family of deceased Officer** N/A \$200 **Provide Financial support** Meghan Lynn (Remembering our Children) **Family of deceased Officer** NA **Provide Financial support** \$200 N/A Assistance with medical expenses **Trooper Dan Marcellus (Brain Cancer)** \$1000 **Trooper Dan Marcellus (Brain Cancer)** N/A Assistance with medical expenses \$415 Brattleboro Retreat (Final payment for VT Police Officer seeking treatment) N/A Provide Financial assistance \$658 N/A Provide Financial assistance \$1325 **Brattleboro Retreat (Tousingnault) Trooper Dan Marcellus (Brain Cancer)** N/A Assistance with medical expenses \$25 За 5423 Approved for future payment

5423

Pai	t XV	-A Analysis of Income-Producing Ac	tivities				
nte	r gros	s amounts unless otherwise indicated.	Unrelated bu	siness income (b)	Excluded by section (c)	(d)	Related or exempt function income
1	Prog	ram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	a	Tail Scribe revenue.					<del> </del>
	b _			A		<del></del>	<del></del> -
	c _						
	ď –					<del></del>	
	е _						
	f						
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments					
3	Intere	est on savings and temporary cash investments					
4	Divid	lends and interest from securities	523000	237			
5	Net r	rental income or (loss) from real estate:			<u> </u>	······································	
		Pebt-financed property					
		lot debt-financed property					
_		rental income or (loss) from personal property	ļ	<del></del>	ļ <u>.</u>		
7		r investment income			ļ		
8		or (loss) from sales of assets other than inventory	523000	487		<del> </del>	-
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·	l ————————————————————————————————————		<del>-</del>
77		r revenue: a					
	р _				<del>                                     </del>		
	d _		<del></del>	<del> </del>			<del> </del> ·
	· -			***	<del> </del>		<u> </u>
	Δ						4
12	e Subt	otal Add columns (b) (d) and (e)		724	· · · · · · · · · · · · · · · · · · ·		
12 13	e _ Subt	otal. Add columns (b), (d), and (e)		724		13	724
		otal. Add columns (b), (d), and (e)		724		13	724
See	work		s.)			13	724
See Pai Lin	work rt XV e No.	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work	sheet in line 13 instructions to verify calculation	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No.	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
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See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
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See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
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See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
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See Pai Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Par Lin	work rt XV e No. ▼	sheet in line 13 instructions to verify calculation  -B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		importantly to the uctions.)

Part	XVII		n Regarding Tranganizations	nsfers To an	d Transactio	ons and F	Relationship	os With Nonch	aritab		<del></del>
1	in sec		directly or indirectly be Code (other than							Yes	No
а	_		oorting foundation to	n a noncharita	shle exempt or	nanization	of:				
						-			1a(1)		1
		ther assets .							1a(2)		7
b	•	transactions:							10(2)	t	$\vdash$
			a noncharitable exe	emnt organiza	ition				1b(1)		1
			ets from a noncharit						1b(2)		-
			, equipment, or other	-	_				1b(3)		<del>-</del>
			rrangements						1b(4)	_	1
		oans or loan gua	-						1b(5)		7
		_	ervices or members						1b(6)		1
_			quipment, mailing li	•	_				1c	+	7
C			of the above is "Ye							for a	<u> </u>
đ			ther assets, or serv								
			on or sharing arrang								
(a) Line		b) Amount involved		haritable exempt				s, transactions, and sh			
(2) 2	,,,,,	by runount involved	(b) Name of none	namable exempt		(4) 50501	iption of dansier	3, transactions, and si	iaing ar	angem	
						<del>                                     </del>					
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			<del>                                     </del>								
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					·						
2a	Is the	foundation dire	ectly or indirectly at	filiated with,	or related to, o	one or mo	re tax-exemp	ot organizations			
			501(c) of the Code (		ction 501(c)(3))	or in section	on 527?		☐ Ye	s 🗹	No
b_	If "Ye	s," complete the	e following schedule	).							
		(a) Name of organ	nization	(b) T	ype of organization	l		(c) Description of relati	onship		
		penalties of perjury, I	declare that I have examin laration of preparer (other the	ed this return, inclu	iding accompanying	schedules and	statements, and	to the best of my knowl	edge and	belief, i	t is true,
Sign	cone	ct, and complete Deci	laration of preparer totaler tr	lan taxbayer) is bas	sed on all information	or which prep	arer nas any knov	May the	IRS disc	uss this	return
Here	≱ <b>∤</b> ∤	. (lli	ورالكلا لمكالا بع	0 + 12	8-17 P	resident			preparer uctions)?		
		ature of officer or trus	stee	Date	Title	•		(see inst	a0110119) (	⊔res	□ I40
Paid		Print/Type preparer	r's name	Preparer's sig	nature		Date	Check   if	PTIN		
	<b>010</b> -	1					}	self-employed			
Prep		Firm's name ▶						Firm's EIN ▶			
Use	Unity	Firm's address ▶						Phone no			