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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2008

OMB No 1545-0052

For calendar year 2008, or tax year beginning JUN 1. 2008 and ending MAY 31 2009 Final return Amended return Initial return X Address change Name change G Check all that apply: Name of foundation A Employer identification number Use the IRS label. 62-6166380 RAYMOND ZIMMERMAN FAMILY FOUNDATION Otherwise, print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type 1801 CLINT MOORE ROAD 108 561-999-9815 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. BOCA RATON, FL 33487 D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: | X | Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination, 4,331,210. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) Part I (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (c) Adjusted net expenses per books income income (cash basis only) N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 6,246 6,246 STATEMENT 98,690. 97,351 STATEMENT 4 Dividends and interest from securities 5a Gross rents SCANNEGAUMAR b Net rental income or (loss) 207,357 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 5,469,980. 207,357 ö 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 20,299 20,299 STATEMENT 11 Other income 332.592 331,253 Total Add lines 1 through 11 12 0. 0 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 17,510. 4,377 13,133. STMT 4 **b** Accounting fees 0. STMT 5 26,787. 26,787 c Other professional fees Operating and Administrative 17 Interest 17,859. 17.859. 0. STMT 6 18,186 176 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 41,645. 41,645 0 21 Travel, conferences, and meetings 22 Printing and publications STMT 7 15,333 8,192 0. 23 Other expenses 24 Total operating and administrative 137,320 57,391 54,778. expenses Add lines 13 through 23 202,362. 25 Contributions, gifts, grants paid 202,362. 26 Total expenses and disbursements 257,140. 339,682 57,391 Add lines 24 and 25 27 Subtract line 26 from line 12 -7,0908 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 273,862 N/A C Adjusted net income (if negative, enter -0-)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

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For	m 99	0-PF (2008) RAYMOND ZIMMERMAN FAMIL	Y FOUNDATION Beginning of year	62-6 End of	5166380 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	T .	Cook non interest heaving	8,546.	1,057.	1,057.
	1	Cash - non-interest-bearing	198,417.	506,381.	506,381.
	Part I 1 2 3 4 5 6 7 7 8 9 10a b c 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Part I	Savings and temporary cash investments Accounts receivable ►	130,417.	300,361.	300,361.
	, s	Less: allowance for doubtful accounts			
		Pledges receivable			
	4	Less: allowance for doubtful accounts			
	_ ا	Grants receivable			
	•	F			
	6	Receivables due from officers, directors, trustees, and other			
	۱_	disqualified persons			
	7	Other notes and loans receivable			
	١.	Less' allowance for doubtful accounts ▶	· · · · · · · · · · · · · · · · · · ·		
ets	_	Inventories for sale or use			
1SS	1	Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations			
	ł	Investments - corporate stock STMT 8	3,021,806.	2,606,372.	<u>2,785,782.</u>
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	930,121.	1,037,990.	1,037,990.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	4,158,890.	4,151,800.	4,331,210.
	17	Accounts payable and accrued expenses			
	18	Grants payable		-	
S	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
api	1	Mortgages and other notes payable		-	
		Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	1	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted			
auc	1	Temporarily restricted			
Bal	1	Permanently restricted			
ᅙ	20	Foundations that do not follow SFAS 117, check here	-		
Ξ		and complete lines 27 through 31			
ģ	27	Capital stock, trust principal, or current funds	0.	0.	
ets	ŀ	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
\ss	1		4,158,890.	4,151,800.	
et/		Retained earnings, accumulated income, endowment, or other funds		4,151,800.	
Z	30	Total net assets or fund balances	4,158,890.	4,151,600.	
	31	Total liabilities and net assets/fund balances	4,158,890.	4,151,800.	
P	art				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30	<u> </u>	
•		st agree with end-of-year figure reported on prior year's return)			4,158,890.
2		amount from Part I, line 27a		2	-7,090.
		r increases not included in line 2 (itemize)		3	<u>-7,090.</u> 0.
		lines 1, 2, and 3		3 4	4,151,800.
		eases not included in line 2 (itemize)		5	4,131,800.
J	2301	- Table Market M			

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4,151,800.

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Enter 1% of net investment income (1% of Part I, line 27b)

Add lines 5 and 6

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8 Enter qualifying distributions from Part XII, line 4

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

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2*.*739.

<u>259,263.</u>

257,140.

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	n 990-PF (2008) RAYMOND ZIMMERMAN FAMILY FOUNDATION 62-6166 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i			Page 4 ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	-					
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)			77.			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% ☐ 1 ☐ ☐							
of Part I, line 27b							
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)							
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		- 4	0.			
-	Add lines 1 and 2		5,4	77.			
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		<u> </u>	0.			
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5,4	<u>77.</u>			
	Credits/Payments:						
	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 10,240.						
	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 10,240.						
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d						
	Total credits and payments. Add lines 6a through 6d	2	Λ <i>Δ</i>	80.			
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		U , 1	<u> </u>			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed						
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	5 0	03.			
	Enter the amount of line 10 to be: Credited to 2009 estimated tax			23.			
	art VII-A Statements Regarding Activities		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No			
_	any political campaign?	1a		Х			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or						
	distributed by the foundation in connection with the activities						
C	Did the foundation file Form 1120-POL for this year?	1c		X			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ▶ \$ 0 . (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. ► \$0 .						
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.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or						
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>			
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X			
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b					
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		3 7				
_	remain in the governing instrument?	6	X				
1	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X				
0.	If "Yes," complete Part II, col. (c), and Part XV Enter the states to which the foundation reports or with which it is registered (see instructions).						
σa	TN, FL						
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation	8b	X				
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 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		<u>x</u> _			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X			
		m 990	-PF				

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had not been removed from jeopardy before the first day of the tax year beginning in 2008?

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Fart VII-B Statement's Regarding Activities for Which Form 4720 May Be Required (continued) 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))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (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)? (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? (d) Yes Individual for travel, \$\frac{1}{2}\$ and \$\f					
 a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a party of the foundation of the form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax seen. 	a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If you answered "Yes" to 6b, also file Form 8870				
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b 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.				
(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	
RAYMOND ZIMMERMAN 1801 CLINT MOORE ROAD, #108 BOCA RATON, FL 33487 FRED E. ZIMMERMAN	TRUSTEE 5.00 TRUSTEE	0.	0.	0.	
1801 CLINT MOORE ROAD, #108 BOCA RATON, FL 33487 ROBIN RUBINOFF	1.00 TRUSTEE	0.	0.	0.	
1801 CLINT MOORE ROAD, #108 BOCA RATON, FL 33487	1.00	0.	0.	0.	
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none, (b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans	(e) Expense	
(a) Name and address of each employee paid more than \$50,000 NONE	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances	
NONE					
Total number of other employees paid over \$50,000			•	0	

Form 990-PF (2008) RAYMOND ZIMMERMAN FAMILY FOUNDATION 6		age 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	ce (c) Compen	sation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		0
<u> </u>		_
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 N/A		
2		
3		
4		
	 	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
1 N/A		
2		
		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	Form 990-PF (0.
	rorm 990-PF ((2008)

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,745,657.
	Average of monthly cash balances	1b	1,450,312.
C	Fair market value of all other assets	1c	1,037,990.
d	Total (add lines 1a, b, and c)	1d	4,233,959.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,233,959.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	63,509.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,170,450.
6	Minimum investment return. Enter 5% of line 5	6	208,523.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	208,523.
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	5,477.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	203,046.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	203,046.
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	203,046.
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	257,140.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	257,140.
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	257,140.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies for	r the section

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,	001900	10010 prior to 2007	2007	
line 7				203,046.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			0.	
b Total for prior years:				
,,	·-···	0.		<u> </u>
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
b From 2004				
c From 2005				
d From 2006 48,230.		•		
e From 2007 65,573.	112 000			
f Total of lines 3a through e	113,803.			
4 Qualifying distributions for 2008 from				
Part XII, line 4: ►\$ 257, 140.			0	
a Applied to 2007, but not more than line 2a				,
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U •		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •			203,046.
d Applied to 2008 distributable amount	54,094.			203,040.
e Remaining amount distributed out of corpus	<u>54,094.</u> 0.			0.
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
	167,897.			
Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income. Subtract	107,057.			
line 4b from line 2b		0.		
c Enter the amount of prior years'		<u> </u>	-	
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 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003				-
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.				
Subtract lines 7 and 8 from line 6a	167,897.			
10 Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006 48,230.				
d Excess from 2007 65,573.				
e Excess from 2008 54,094.		_ 		
				- 000 BE

		FAMILY FOUN			.66380 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o		, ,			
foundation, and the ruling is effective fo	•	•	·	1	
b Check box to indicate whether the found		<u>ng foundation described i</u> T		4942(j)(3) or 4942(j)(3)	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2007	Prior 3 years	(4) 2006	(a) Total
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for					
each year listed				<u> </u>	
b 85% of line 2a		<u> </u>			
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			·		
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public				·	
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t				, , , , , , , , , , , , , , , , , , , 	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	-	than 2% of the total cont	ributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed in					oo or any tan
RAYMOND ZIMMERMAN					
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large port	ion of the ownership of a p	eartnership or
••	g. cator intolo				
NONE	0 100	0.1.1		 	
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	•	
	·			Joinpiete itellia za, U, C, all	u u.
a The name, address, and telephone num	DEFOREMENT OF THE PERSON TO WIND	m applications should be	auuresseu.		
b The form in which applications should b	e submitted and informa	ition and materials they sh	nould include.		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields.	kınds of institutions, or	other factors:	
, and a minute of a minute	_,				
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Part XVI-A	Analysis of	Income-Producing	Activities
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Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a			+		
b					
d			1		
e					
1				-	
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	98,690.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	20,299.	
8 Gain or (loss) from sales of assets other than inventory			18	207,357.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e				222 522	
12 Subtotal. Add columns (b), (d), and (e)		0	•	332,592.	
13 Total. Add line 12, columns (b), (d), and (e)				13	332,592.
(See worksheet in line 13 instructions to verify calculations.)					

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).				
	 				
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Relationship of Activities to the Accomplishment of Exempt Purposes

			ND ZIMMERMAN F.			6 <u>2</u> -6166			ge 13
P	art X	VII Information Re Exempt Organ	egarding Transfers To	and Transactions a	ind Relations	nips With Nonchari	able	•	
_	D. 44			una with any other examples		504/-) -4		Yes	No
1				owing with any other organization described in section 501(c) of n 527, relating to political organizations?				163	140
		,	lation to a noncharitable exempt (iizatiuii5 [,]				
ď	(1)	·	iation to a nonchantable exempt t	n ganization of.			46/41		v
						ľ	<u>1a(1)</u>		X
		Other assets transactions:				-	1a(2)		
Ľ		Sales of assets to a noncharita	able evernt ergenization				46/41		v
	٠,		oncharitable exempt organization			Г	1b(1)		X
		Rental of facilities, equipment,	· -			Г	<u>1b(2)</u> 1b(3)		X
		Reimbursement arrangements				Г	1b(4)		X
		oans or loan guarantees	,			Г	1b(5)		X
	٠,		embership or fundraising solicitat	none			1b(6)		X
c			ailing lists, other assets, or paid e				1c		X
			s "Yes," complete the following sci	· ·	ways show the fair m	u arket value of the goods, oth		ets	- 11
			foundation. If the foundation rece					,010,	
			other assets, or services received		,				
(a)	Line no	(b) Amount involved	(c) Name of noncharitat	le exempt organization	(d) Description	of transfers, transactions, and sha	arıng ar	rangeme	nts
			N/A						
_									
					-				
					-				
_							-		
_									
_									
_					<u> </u>				
	le the	foundation directly or indirec	tly affiliated with, or related to, or	ne or more tay-evemnt organi	zations described				
20			er than section 501(c)(3)) or in se		zations described] Yes	X] No
h		s," complete the following sch		011011 027		L	, 163	144	טאו נ
_	, ,, , ,	(a) Name of org		(b) Type of organization	(c) Description of relationship			
		N/A	·		`	' · · · · · · · · · · · · · · · · · · ·			
				_					
		Λ							
	Under p	penalties of perjury, I declare that it	have exampled this return, including ac	companying schedules and statem	ents, and to the best of	my knowledge and belief, it is tru	a, corre	ct,	
	and con	inplete Declaration of prepara (dur	er than texpayer or fiduciary) is based of	11	1/0				
	\ -		A_{α}	1 3/1/201	TRUSTE	E			
Sign Here	Sı	gnature of officer of trastee	V//	Date t	Title				
듩	<u>ه</u> _	Preparer's	\bot φ λ	204	T I sel	eck if Preparer's	identify	ying num	ber
š	Paid Preparer's Use Only	signature		CRA:	4-4).0 em	ployed 🕨 🔲		_	
	Page 3	Firm's name (or yours KAUF		CO.,P.A.	-	EIN ►			
	žž	if self-employed).		VD, SUITE 250		<u> </u>			_
	address, and ZIP code BOCA RATON, FLORIDA 33432 Phone no. 561-39							<u>510</u>	00

Form **990-PF** (2008)

FORM 990-PF INTEREST ON SAVINGS A	ND TEMPORARY CA	ASH	INVESTMENTS	STATEMENT	1
SOURCE			_	AMOUNT	
BANK OF AMERICA				1,0	28.
BANK OF AMERICA				3,3	
CHARLES SCHWAB			_	1,9	06.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		=	6,2	46.
FORM 990-PF DIVIDENDS AND	INTEREST FROM	SEC	JRITIES	STATEMENT	2
SOURCE	GROSS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A)
BANK OF AMERICA	18,386.		8,662.	9,7	2.4
BANK OF AMERICA	18,488.		0.	18,4	
CHARLES SCHWAB	2,525.		0.	2,5	
GEN SPRING	39,328.		0.	39,3	
INTEREST FROM PASSTHROUGH TERRA	·			•	
NITROGEN COMPANY, PTP	24.		0.		24.
INTEREST FROM PASSTHROUGH					
TRIUMPH FUND, LP	22,858.		0.	22,8	58.
INTEREST FROM PASSTHROUGH UNITED	100		•	4	^ ^
STATES NATURAL GAS FUND, PTP	192.		0.	1	92.
INTEREST FROM PASSTHROUGH UNITED STATES OIL FUND, LP	5.		0.		5.
STATES OIL FOND, LF STATE STREET	5,546.		0.	5,5	
TOTAL TO FM 990-PF, PART I, LN 4	107,352.		8,662.	98,6	90.
FORM 990-PF O	THER INCOME			STATEMENT	3
	(A)		(B)	(C)	
	REVENUE		NET INVEST-		D
DESCRIPTION	PER BOOK		MENT INCOME		
FROM PASSTHROUGH UNITED STATES OIL					
FUND, PTP	-2,	654.	-2,654	•	
FROM PASSTHROUGH TERRA NITROGEN	.	000	4 005		
COMPANY, PTP	1,	236.	1,236	•	
FROM PASSTHROUGH UNITED STATES NATURAL GAS FUND, PTT	10	635.	10,635		
FROM PASSTHROUGH TRIUMPH FUND, LP		521.			
OTHER INCOME		561.	2,561		
TOTAL TO FORM 990-PF, PART I, LINE	11 20,	299.	20,299	•	
•				=	

FORM 990-PF	ACCOUNTING FEES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	17,510.	4,377.		13,133.
TO FORM 990-PF, PG 1, LN 16B	17,510.	4,377.		13,133.
FORM 990-PF (OTHER PROFES	SIONAL FEES	S	FATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
LEVITT CAPITAL - INVESTMENT FEES GEN SPRING - INVESTMENT FEES	11,052.	·		0.
TRIUMPH FUND, LP - INVESTMENT FEES	11,347.	11,347.		0.
TO FORM 990-PF, PG 1, LN 16C	26,787.	26,787.		0.
FORM 990-PF	TAX	ES	S'	FATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FOREIGN TAXES WITHHELD FEDERAL EXCISE TAXES	176. 18,010.			0.
TO FORM 990-PF, PG 1, LN 18	18,186.	176.		0.

FORM 990-PF	OTHER E	OTHER EXPENSES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
OFFICE EXPENSES MISCELLANEOUS EXPENSES BANK FEES	126. 7,141. 8,066.).	0 0	
TO FORM 990-PF, PG 1, LN 23	15,333.	8,192	2.	0	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	
DESCRIPTION		I	BOOK VALUE	FAIR MARKET VALUE	
BANK OF AMERICA #0778977 BANK OF AMERICA #0447029 BANK OF AMERICA - VARIANCE STATE STREET/LEVITT - SEE ATT INV IN TERRA NITROGEN CO, PTP			0. 0. 0. 787,247. 0.	0 0 0 0 855,355 0	
GEN SPRING - SEE ATTACHED TOTAL TO FORM 990-PF, PART II	, LINE 10B		1,819,125.	1,930,427	
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT	
DESCRIPTION		LUATION ETHOD I	BOOK VALUE	FAIR MARKET VALUE	
INV IN TRIUMPH FUND, LP		COST	1,037,990.	1,037,990	
TOTAL TO FORM 990-PF, PART II	, LINE 13		1,037,990.	1,037,990	

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

-			
	e filing for an Automatic 3-Month Extension, complete only Part I and check this box e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the implete Part II unless you have already been granted an automatic 3-month extension on a previously		. ► X m 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
Part I only	non required to file Form 990-T and requesting an automatic 6-month extension - check this box and control of the control of t		. D
	me tax returns.	an exten	aion or time
noted belo (not autom you must s	EFIling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic externation (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronative file and click on e-file for Chanties & Nonprofits.	onically if consolida	(1) you want the additional ited Form 990-T Instead,
Type or	Name of Exempt Organization	Empl	oyer identification number
print		_	
File by the	RAYMOND ZIMMERMAN FAMILY FOUNDATION	6	2-6166380
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions		
return See	1801 CLINT MOORE ROAD, NO. 108		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOCA RATON, FL 33487		
	DOCK RATOR, III 33207		
Check typ	pe of return to be filed (file a separate application for each return)		
Form	n 990 Form 990-T (corporation) Form	4720	
		5227	
		6069	
X Form		8870	
Telepho If the or	RAYMOND ZIMMERMAN oks are in the care of ► 1801 CLINT MOORE ROAD, SUITE 108 - BOC one No ► 561-999-9815 FAX No. ► rganization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If If it is for part of the group, check this box ► and attach a list with the names and EINs of	this is fo	r the whole group, check this
Telepho If the or If this is box ▶ 1 req is for	oks are in the care of 1801 CLINT MOORE ROAD, SUITE 108 - BOO one No 561-999-9815 FAX No. rganization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is for all memb	r the whole group, check this ers the extension will cover
Telepho If the or If this is box ▶ I req is fo	oks are in the care of 1801 CLINT MOORE ROAD, SUITE 108 - BOO one No 561-999-9815 rganization does not have an office or place of business in the United States, check this box of or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of unuser an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time JANUARY 15, 2010 To file the exempt organization return for the organization name or the organization's return for calendar year Calendar year Or	this is for all memb until d above.	r the whole group, check this ers the extension will cover
Telepho If the or If this is box 1 req is for 2 If this	oks are in the care of 1801 CLINT MOORE ROAD, SUITE 108 - BOO one No 561-999-9815 FAX No. rganization does not have an office or place of business in the United States, check this box of or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of unest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time JANUARY 15, 2010 The organization's return for calendar year or X tax year beginning JUN 1, 2008 and ending MAY 31, 2009	this is for all memb until d above.	r the whole group, check this ers the extension will cover The extension Change in accounting period
Telepho If the or If this is box ▶ 1 req is for 2 If this 3a If this none	one No 561-999-9815 FAX No. rganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box uest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time JANUARY 15, 2010 To file the exempt organization return for the organization name or the organization's return for calendar year or X tax year beginning JUN 1, 2008 Initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits See instructions	this is for all memb until d above.	r the whole group, check this ers the extension will cover The extension Change in accounting period
Telepho If the or If this is box ▶ 1 req is for 2 If this 3a If this b If this b If this I	one No 561-999-9815 FAX No. reganization does not have an office or place of business in the United States, check this box of for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of a uniterated an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time JANUARY 15, 2010 The organization's return for a calendar year or X tax year beginning JUN 1, 2008 Initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions is application is for Form 990-PF or 990-T, enter any refundable credits and estimated.	this is for all memb until d above.	r the whole group, check this ers the extension will cover The extension Change in accounting period
Telepho If the or If this is box ▶ 1 req is for 2 If this 3a If this b If this b If this 1 I req	one No 561-999-9815 FAX No. reganization does not have an office or place of business in the United States, check this box of or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of a united an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time JANUARY 15, 2010, to file the exempt organization return for the organization name or the organization's return for calendar year or or a united and a	this is for all memburitil di above.	r the whole group, check this ers the extension will cover The extension Change in accounting period
Telepho If the or If this is box 1 req is for 2 If thi 3a If thi nonr b If thi c Balar	oks are in the care of 1801 CLINT MOORE ROAD, SUITE 108 - BOO one No 561-999-9815 FAX No. rganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is for all memb until d above.	the whole group, check this ers the extension will cover The extension Change in accounting period \$ 10,240
Telepho If the or If this is box I req is for I fthis I fthis Bala deport	one No 561-999-9815 FAX No. reganization does not have an office or place of business in the United States, check this box of or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of a united an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time JANUARY 15, 2010, to file the exempt organization return for the organization name or the organization's return for calendar year or or a united and a	this is for all memburitil di above.	the whole group, check this ers the extension will cover The extension Change in accounting period

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Form 8868 (A	ev 4-2009)			Page 2
Note. Only	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and checomplete Part II if you have already been granted an automatic 3-month extension on a previously a filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	neck th y filed l	is box Form 8868	▶ 🏻
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed)	
Type or print	RAYMOND ZIMMERMAN FAMILY FOUNDATION 62-	6166		number
File by the extended due date for	1801 CLINT MOORE ROAD SUITE 108	RS use	only	
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOCA RATON, FLORIDA 33487			
Check typ Form 9 Form 9	90-BL	==	Form 6069 Form 8870	
STOP! Do	not complete Part II if you were not already granted an automatic 3-month extension on a p	revious	ly filed For	m 8868.
Telephor	s are in the care of ► KAUFMAN, ROSSIN & CO. se No ► 561-394-5100 FAX No ►			▶ □
	anization does not have an office or place of business in the United States, check this box			
	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If this	
	ole group, check this box	▶ □	and attact	ıa
	e names and EINs of all members the extension is for	0		
5 For c	lest an additional 3-month extension of time until APRIL 15 , 201 alendar year , or other tax year beginning JUNE 1 , 2008, and ending Γ tax year is for less than 12 months, check reason. \square Initial return \square Final return \square Ch	MAY nange i	n accountin	20 <u>09</u> g period
INF	IN detail why you need the extension THE TAXPAYER IS WAITING FOR ADD ORMATION FROM AN UNRELATED THIRD PARTY, NEEDED IN ORD PARE AN ACCURATE RETURN.	OER '	ONAL TO	
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, any nonrefundable credits. See instructions	8a	\$	0.00
estin	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ated tax payments made. Include any prior year overpayment allowed as a credit and any			0.00
amou	int paid previously with Form 8868	8b	\$	0.00
	ce Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.00
Under penalt	Signature and Verification es of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the t	est of m	y knowledge a	ind belief,

it is true, correct, and complete, and that I am authorized to prepare this form

Signature > Delmah & Trubman Title >

CPA

Date ► 12-28-09

Form **8868** (Rev 4-2009)