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932001 02-04-10

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For the	2009 calendar year, or tax year beginning and ending		
В	Check if applicable	Please use IRS	D Employer identifi	cation number
Г	Addres:	label or RAYMOND & GERTRUDE SALTZMAN FOUNDATION		
Ē	Name change	type Doing Business As	<del></del>	199368
	Initial	See Number and street (or P 0. box if mail is not delivered to street address) Room/s		
	Termin- ated	Specific 1930 EAST MARLTON PIKE N71	· · · · ·	)424-6226
	Amende		G Gross receipts \$	10,615,594.
	Applica	CHERRY HILL, NJ 08003	H(a) Is this a group re	
	pending	F Name and address of principal officer STUART ALPERIN	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates ind	cluded? Yes No
1	Tax-exe	mpt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a	list (see instructions)
		::▶N/A	H(c) Group exemption	n number
			ear of formation: 1978	M State of legal domicile NJ
P	art I	Summary		
ě	1 E	Briefly describe the organization's mission or most significant activities $\ \ \overline{ ext{THE}}\ \ \overline{ ext{FOUN}}$		
auc	3	O PROVIDE CHARITABLE GRANTS TO JEWISH ORGAN		
Governance	2 (	check this box 🕨 🔛 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	8
જ	<b>"</b> "	lumber of independent voting members of the governing body (Part VI, line 1b)	4	7
ties	ì	otal number of employees (Part V, line 2a)	5	2 0
Activities &		otal number of volunteers (estimate if necessary)	6_	
Ą	1	otal gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	БТ	let unrelated business taxable income from Form 990-T, line 34	7b	0.
_	8 0	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
Je e	9 F	Program service revenue (Part VIII, line 2g)		
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,597,590.	-555,837.
æ	11 (	other revenue (Part VIII, column (A), lines 5, 4, 8c, 9c, 10c, and 11e)	19,453.	64,589.
	•	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,578,137.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	3,367,730.	2,751,348.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		= 1
S	1	salaries, other_compensation, employee benefits (Part IX, column (A), lines 5-10)	123,257.	126,315.
Expenses	16a F	Professional fundralsing tees (Part IX, column (A), line 11e)	<del>-</del>	1
xpe	ьТ	otal fundraising expenses (Part IX, column (D), line 25)		
Ш	17 (	Other, expenses (Part IX Column (A), lines 11a-11d, 11f-24f)	164,689.	149,854.
	18 T	otal expenses. Add Intel 13-17 (must equal Part IX, column (A), line 25)	3,655,676.	3,027,517.
	19 F	levenue less expenses Subtract line 18 from line 12	-7,233,813.	-3,518,765.
Net Assets or	(	OCHEN, 4]	Beginning of Current Year	End of Year
Sset	201	otal assets (Part X, line 16)	74,404,735.	83,228,303.
et P	21 T	otal liabilities (Part X, line 26)	122,385.	357,062.
	<u>22                                    </u>	let assets or fund balances Subtract line 21 from line 20 Signature Block	74,282,350.	82,871,241.
<u>'</u>			nts and to the hest of my knowled	ge and helief it is true correct
	ŀ	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer corner than officer) is based on all information of which preparer has any knowle	edge	go and benef, it is true, correct,
Sig	ın İ	Musa Tellnon-	1 Och	, Sur 28, 2010
He		Signature of officer	Date	70-1-1
	.	STUART ALPERIN, TRUSTEE, EXECUTIVE DIRECT	OR	
		Type or print name and title	<u> </u>	
n-	,	Preparer's Date Date		er s identifying number
Pai	0	signature Down Ture 101(1)0	self- employed ▶ ☐ (see in:	**************************************
		Firm's name (or AILOY SILVERSTEIN ET AL	EIN ► 30	1942902
บรเ	, 0111,	self-employed), address, and	<del></del>	
		CHERRY HILL, NJ 08034	Phone no. ► 8	56-667-4100
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Form **990** (2009)

		990 (2009)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ 2,751,348.	
4d	Other program services (Describe in Schedule O)  (Expenses \$	
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	RELIGIOUS PURPOSES AS AN AFFILIATE ORGANIZATION TO THE JEWISH FEDERATION OF SOUTHERN NEW JERSEY	
4a	(Code ) (Expenses \$ 2,751,348. including grants of \$ ) (Revenue \$ THE FOUNDATION HAS BEEN ESTABLISHED FOR CHARITABLE, EDUCATIONAL AND ADDITIONAL ADDITIONAL AND ADDITIONAL	)
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
3 4	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	S L& JNo
2	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	x X No
2	RESIDING IN THE TRI-COUNTY AREA.  Did the organization undertake any significant program services during the year which were not listed on	
•	THE FOUNDATION WAS ESTABLISHED TO PROVIDE CHARITABLE GRANTS TO JEW ORGANIZATIONS AND AGENCIES THAT PROVIDE SERVICES TO IMPROVE THE LIVOF THE ELDERLY AND TO ASSIST FINANCIALLY DISADVANTAGED CHILDREN	
Par 1	t III Statement of Program Service Accomplishments  Briefly describe the organization's mission	<del>-</del>
	990 (2009) RAYMOND & GERTRUDE SALTZMAN FOUNDATION 22-2199368	Page 2

1. Is the organization described in section 501c(s) or 4947(s)! (where than a private foundation?  If "Yes," complete Schedule D, Schedule D, Schedule C Contributors?  2. Is the organization required in direct or inforct political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  3. X  5. Section 501(s)(4), 501(s)(8), and 501(s)(8) organizations engage in lobbying activities? If "Yes," complete Schedule C, Part II  5. Section 501(s)(4), 501(s)(8), and 501(s)(8) organizations. Is the organization bubble to the section 503(s)(i) notice and reporting requirement and proxy tax" If "Yes," complete Schedule C, Part II  5. Did the organization maritant any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts" If "Yes," complete Schedule D, Part II  7. Did the organization rearrant any orbid a conservation essement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  8. Did the organization report an amount in Part X, line 21, serve as a custodin for amounts not listed in Part X, or provide Schedule D, Part IV  9. Did the organization report an amount for Part X, line 21, serve as a custodin for amounts not listed in Part X, or provide credit courseling, dist management, credit repair, or debt negliation services? If "Yes," complete Schedule D, Part IV  10. Did the organization report an amount for find, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII, VIII				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributors?  Did the organization engage in direct or indirect or oblical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Section 501(k)(4), 501(k)(6), and 501(k)(6) organizations. In the organizations behalf of or in opposition to candidates for problem of the organization. Solid the organizations bubbled to the section 603(k) ontote and reporting requirement and proxy tax" If "Yes," complete Schedule C, Part II  Did the organization may do nor advested funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts" If "Yes," complete Schedule D, Part II  Did the organization means or historic structures" If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical fressures, or other similar assets? If "Yes," complete Schedule D, Part IV  Did the organization directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part IV  If it is the organization directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," organization should be part to any of the following questions "Yes?" If so, complete Schedule D, Part IV II  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X II  Did the organization report an amount for westments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X II  Did the organization report an amount for misesterial in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15% If "Yes," complete Schedule D, Part X II  Did the organization report an amount for m	1,				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations via V				X	
public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6035(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization reserves or hold a conservation easiment, including easiments to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or possible schedule D, Part III Did the organization where the repair or debit negotation services? If "Yes," complete Schedule D, Part IV If "Yes," complete Schedule D, Part IV If the organization sanswer to any of the following questions "Yes"? If so, complete Schedule D, Part IV If the organization sanswer to any of the following questions "Yes"? If so, complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part XII Did the organization report an amount for misestiments of the south section of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part XII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part XII Did the organization is separate or consolidated inanoesi statements for the tax year incl		·	2		<u> X</u>
4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organization engage in lobbying activities? If I*Yes,* complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(e) notice and reporting requirement and prioxy tax? If Yes,* complete Schedule C, Part III but the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If Yes,* complete Schedule D, Part II but the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic liand areas, or historic attribute? If Yes,* complete Schedule D, Part III but the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,* complete Schedule D, Part IV but the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes,* complete Schedule D, Part IV but the organization debt or through a related organization, hold assets in Term, permanent, or quasis-indowements? If Yes,* complete Schedule D, Part V is the organization shared or through a related organization, hold assets in Term, permanent, or quasis-indowements? If Yes,* complete Schedule D, Part V is the organization report an amount for investments or ther securities in Part X, line 10? If Yes,* complete Schedule D, Part VI is the organization report an amount for investments or ther securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes,* complete Schedule D, Part VI is Did the organization report an amount for orher assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes,* complete Schedule D, Part X is Did the organization report an amount for orher assets in Part	3	· · · · · · · · · · · · · · · · · · ·		,	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. If "Yes," complete Schedule D, Part II  7 Did the organization maintain any donor advised funds or any similar funds or accounts. If "Yes," complete Schedule D, Part III  8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV  11 Is the organization's answer to any of the following questions "Yes?" If so, complete Schedule D, Part IV III, IVII, IX, or X as applicable  12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  13 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part VIII  15 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X  16 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X  17 Did the organization report an amount for other liabilities in Part X, line					
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6 Did the organization maintain any donor advised funds or any smilar funds or accounts? If 'Yes,' complete Schedule D, Part I I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II I Sold the organization report an amount in Part X, Ine 12 is every ease as a custodian for amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II I Did the organization or report an amount in Part X, Ine 12 is every ease as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV I Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V I I Is the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V I I Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V I I I X I X I I X I X I I X I X I I X	5		_		
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedulo D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space.  1 Did the organization receive or histonic structures? If "Yes," complete Schedulo D, Part II Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedulo D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedulo D, Part IV Did the organization report an amount of repart and repair and repair assets in them, permanent, or quasi-enoments? If "Yes," complete Schedulo D, Part V Is 1s the organization report an amount for line following questions "Yes"? If so, complete Schedulo D, Part VI, VIII, IV, or X as applicable  10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedulo D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedulo D, Part VIII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedulo D, Part X III Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedulo D, Part X III Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedulo D, Part X III Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? I	_		5		
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	•	6		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in term, permanent, or quase-indowements? If "Yes," complete Schedule D, Part VV  10 Is the organization sanswer to any of the following questions "Yes"? If so, complete Schedule D, Part VV, VIII, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, "complete Schedule D, Part X X X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, "complete Schedule D, Part X X X  Did the organization have aggregate revenues or expenses of more than \$1,0,000 from g	'		_		v
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 SX 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V II is the organization is answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 9 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 9 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part XI 9 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 10 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization or separate, independent audited financial statements for the tax year include a footnote that addresses the organization is partially in the part X, line 16? If "Yes," complete Schedule D, Part X X 11 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X, II, and XIII is optional is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional is the organization achion described in section 170(b)(f)(I)(N)(I)(I) II "Yes," complete Schedule E, Part II 11 Did the organization maintain an office, employees, or agents outside of the United States? 12 Did the	Ω				
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V  11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  13 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  14 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  15 Did the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X  16 Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X X  17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X  18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X  18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X X X X X X X X X X X X X X X X X X	Ü	· · · · · · · · · · · · · · · · · · ·			Y
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12A Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1a 1a X  X  1b Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	12	·	40	$ \mathbf{v} $	
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	19				
	05	·			
	20	uid the organization operate one or more nospitals? If "Yes," complete Schedule H		000 "	_

		1	Yes	No
21 、	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1	ļ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		)	Ì
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	:	_x
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	<b>990</b> (	2009)

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Form	990	(2009)	)

# Form 99 (2009) RAYMOND & GERTRUDE SALTZMAN FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

22-2199368 Page 5

16 Enter the number reported in Box 3 of Form 1006, Annual Summary and Transmittal of U.S. Information Returns Enter 0- of not applicable 1 to 1 t				Yes	No
U.S. Information Return Enter Q. In oit applicable b. Effort the number of Forms W23, Cincluded in In a 1. Enter Q. If not applicable c. Did the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b. If at least one is reported on line 2, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 as igreater than 250, you may be required to e-file this return (see instructions) 3. Did the organization have interest and 2 as greater than 250, you may be required to e-file this return (see instructions) 3. Did the organization have a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 4. Did with the did organization have a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 4. Did any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial Accounts 5. Was the organization and it was or is a party to a prohibited tax shelter transaction? 5. Was the organization and it was or is a party to a prohibited tax shelter transaction? 6. If Yes, 1 one San of 5b, did the organization that it was or is a party to a prohibited any very contributions but were not tax deductible? 7. Organizations that was not can deductible? 8. Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicities any contributions that were not tax deductible? 8. Did the organization shall were not tax deductible? 9. Did the organization was party to the organization was present and party for goods and services provide	1a	Enter the number reported in Box 3 of Form 1096. Annual Summary and Transmittal of		163	140
b Enter the number of Forms W-26 included in line 1a. Enter 0- if not applicable	(				
c. Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) without systems with the systems of the control of the c	b				
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return?  2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 b Id the set simple of the s					
2a Eart the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  b If at least one is reported on Ine 2a, did the organization file all inquired federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife this return (see instructions)  3a Did the organization have unrelieded busness gross income of \$10,000 or more during the year covered by this return?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  4a All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," return the name of the foreign country \$\infty\$.  5ce the instructions for exceptions and filing requirements for Form TDF 9022 1, Report of Foreign Bank and Financial Accounts  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  9 If "Yes," indicate the number of Forms 8282 filed during the year.  9 Od the organization, during th		· · · · · · · · · · · · · · · · · · ·	10		
theid for the calendary year ending with or within the year covered by this return  b If al least one is reported on line 24, dit the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a. Dot the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," as the filed a Form 990-17 for this year? If "No," provide an explanation in Schedule O  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so critical account)?  b If "Yes," enter the name of the foreign country   ►  5as the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  5b. Was the organization a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c. Uniform 25c.  c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c. If Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c. If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. If Yes," did the organization and year year year than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  6c. Did the organization state year year year year year year year yea	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedulle O 4a At any time during the celendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," there the name of the foreign country ≥  See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5a Was the organization aparty to the organization that it was or is a party to a prohibited tax shelter transaction?  5b Use the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  b If Yes," did the organization include with every solicitation an express prowided?  C Did the organization state that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  Did the organization that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services to the Form 8282?  If Yes," Indicate the number of Forms 8282 filed during the year  Did the organizatio					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If Yes, has it filed a Form 990-T for this year? If Ye, "provide an explanation in Schedule 0.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If Yes, reter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  Saw the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  Say Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  Say Was the organization aparty to a prohibited tax shelter transaction?  Say Was the organization aparty to a prohibited tax shelter transaction?  Say Was the organization aparty to a prohibited tax shelter transaction?  Say Was the organization aparty to a prohibited tax shelter transaction?  Say Was the organization aparty to a prohibited tax shelter transaction?  Say Was the organization aparty to a prohibited tax shelter transaction?  Say Was the organization aparty to a prohibited tax shelter transaction?  If Yes, to line 5 and 5 b, did the organization that it was sequired tax shelter transaction?  Not the organization and the organization an express statement that such contributions or grifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization new precise a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  If Yes, indicate the number of Forms 82822 filed during the year  Did the organization during the year year year was a contrib	b	<u></u>	2b	x	
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," there the name of the foreign country   Such as a bank account, securities account, or other financial accounts?  5c If "Yes," there the name of the foreign country   Such as a bank account, securities account, or other financial accounts?  5c If "Yes," the fire the financial party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible?  6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Does the organization at the payor?  7c Organization shat may receive deductible contributions under section 170(e).  8d Does a contribution of the payor?  7e Does a contribution of the payor?  7e Does a contribution of the payor?  7e Does a contribution of the payor and the organization notify the donor of the value of the goods or services provided?  7f Does a contribution of the payor and the payor and the organization of the payor and the organi		· · ·			
b If "Yes," has it field a Form 990-T for this year? If 'No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See Was the organization a party to a prohibited tax shelter transaction?  5a Was the organization a party to a prohibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c If "Yes," did the organization and expect shelt are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Yes, "Indicate the arganization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Yes, "Indicate the property of the donor of the value of the goods or services provided?  5c If Yes," indicate the number of Forms 8282 filed during the year  5c If Yes, "Indicate the number of Forms 8282 filed during the year?  5c If Yes," indicate the number of Forms 8282 filed during the year  5c If Yes, "Indicate the number of Forms 8282 filed during the yea	За		За		х
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benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  7g X  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  8 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9a X  10 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a 10b 115  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11b 11b 12a 12a 15a					
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g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  8 X  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9b X  10 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11a	f				
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X  10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X  10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		at any time during the year?	8		X
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	9	Sponsoring organizations maintaining donor advised funds.			
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	10	Section 501(c)(7) organizations. Enter			
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a	b			1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	11	Section 501(c)(12) organizations. Enter		İ	
amounts due or received from them )  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	а				
12a Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	b	, , , , , , , , , , , , , , , , , , , ,			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
			12a		
	b	if the smount of tax-exempt interest received or accrued during the year   12b		000	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management			
<u> </u>	tion / it do vorting Dody and management		Yes	No
1a	Enter the number of voting members of the governing body		163	140
b	Enter the number of voting members that are independent  1b 7		}	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
_	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>x</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
500	exempt status with respect to such arrangements?	16b_		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NJ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ior		
	public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request		_	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	id fina	ncıal	
•	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ion 🕨	<b>`</b>	
	RAYMOND & GERTRUDE SALTZMAN FOUNDAT - 856-424-6226			
	1930 EAST MARLTON PIKE, N71, CHERRY HILL, NJ 08003			

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not co	ompensate an	y cu	rren	t off	icer	, dire	ecto	r, or trustee		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated
:	hours	(ch	neck	all t	that	app	ly)	compensation	compensation	amount of
	per	Ē						from	from related	other
	week	a a				, .		the	organizations	compensation
		tee or	stee			susate		organization	(W-2/1099-MISC)	from the
		Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		(W-2/1099-MISC)		organization and related
		vidua	tt Et	je.	Key employee	hest c	Former			organizations
		i g	ısı	Officer	Ke	돌	퉏			Organizations
ARTHUR ABRAMOWITZ						<u> </u>		<del></del>		
TRUSTEE								0.	0.	0.
MICHAEL VARBALOW										<u></u> _
TREASURER								0.	0.	0.
ALAN WECHSLER									100	
PRESIDENT								0.	0.	0.
STUART ALPERIN										
EXECUTIVE DIRECTOR & SEC	35.00							102,000.	0.	0.
HARVEY SHAPIRO										
VICE PRESIDENT								0.	0.	0.
ROBERT BELAFSKY, MD					Ī					
TRUSTEE								0.	0.	0.
MICHAEL J. PARTNOW, MD										,
TRUSTEE					ĺ			0.	0.	0.
NEAL A. CUPERSMITH										
TRUSTEE								0.	0.	0.
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	990 (	2009)	RAYMOND	& GERTRI	וסנ	E (	SAI	<u> T</u>	ZMZ	/N	FOUNDATION	22-21	993	68	Page 8
Par	t VII	Section A.	Officers, Directors, Tri	ıstees, Key Eı	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
		(A Name a		(B) Average hours	(c		Pos		ı app	ly)	(D) Reportable compensation	(E) Reportable compensation	1	(F Estim amou	ated
		3.00		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		oth comper from organiz and re organiz	er isation the cation lated
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1b 2	<b>Tota</b>		dividuals (including but r	ot limited to th	nose	liste	d al	000	e) wh	no re	102,000.		0.		0.
			the organization												1
3		=	n list any <b>former</b> officer,			, ke	y em	plo	yee,	or h	nghest compensated en	nployee on		Ye	
4	For a	ny individual li	omplete Schedule J for s isted on line 1a, is the si	ım of reportab	le co							the organization		3	X
5	Did a	ıny person liste	zations greater than \$15 ed on line 1a receive or a f "Yes," complete Sched	accrue comper	nsat	ion f						ces rendered to	-	4	X
Sec			it Contractors	ule o loi sucii j	<u>Ders</u>	OH								5	<u> </u>
1		plete this table	e for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs tl	hat received more than	\$100,000 of comp	ensat	ion from	
			(A) Name and business	address		···					(B) Description of s	ervices	Co	(C) mpensat	ion
										+					<del></del>
									•	$\dashv$					
										-					
2			dependent contractors (	_	ot lii	mite	d to		se lis	sted	above) who received m	ore than			<del></del>
	ψ, OC	1000 in compe	saction nom the organi									<u> l</u>	F	orm <b>990</b>	(2009)

RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Form 990 (2009)

	n'990 i <b>rt VII</b>		OND & GER	TRUDE SA	LTZMAN FOU	NDATION	22-2199	368 Page 9
Fa		Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribu	1a					
ontributic nd other		All other contributions, gifts, grai similar amounts not included abo Noncash contributions included in line	ove 1f					
	h 2 a	Total. Add lines 1a-1f	<u> </u>	Business Code			<u> </u>	
Program Service Revenue	b c							
Progran Rev	d e							
_	f g 3	All other program service revi Total. Add lines 2a-2f Investment income (including		est, and				
	4 5	other similar amounts) Income from investment of ta Royalties		proceeds	1,620,374.			1620374.
	6 a b c	Less rental expenses	(i) Real	(II) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities 8930631.	(II) Other				
	c	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	11106842 -2176211		-2176211.	-2176211.		
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of of see					
<del>t</del>		Less. direct expenses	b	L		1		
		Net income or (loss) from fun Gross income from gaming a Part IV, line 19	•				,,	
		Less direct expenses	<b>b</b>	L		i		
		Net income or (loss) from gar Gross sales of inventory, less and allowances	•					:
		Less: cost of goods sold  Net income or (loss) from sale	<b>b</b> es of inventory	<b>—</b>				
	11 a	Miscellaneous Reveni	JIT SETT	Business Code 900099	64,589.			64,589.
		All other revenue			64.500		_	
93200 02-04	12	Total. Add lines 11a-11d  Total revenue See instructions.		<u> </u>	64,589. -491,248.	-2176211.	0.	1684963. Form <b>990</b> (2009)

Form 99 (2009) RAYMOND & GER
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	· · · · · •			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,751,348.	2,751,348.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	102,000.		102,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,644.		14,644.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,671.		9,671.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	18,560.	İ	18,560.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	56,122.		56,122.	
g	Other				
12	Advertising and promotion				
13	Office expenses	5,610.		5,610.	
14	Information technology				
15	Royalties				
16	Occupancy	20,004.		20,004.	
17	Travel	8,648.		8,648.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				7/
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,371.		1,371.	
23	Insurance	34,246.		34,246.	
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total		j		
	expenses shown on line 25 below.)				
а	TELEPHONE	2,629.		2,629.	
b	UTILITIES	1,704.		1,704.	
С	PAYROLL SERVICE	500.		500.	
d	BANK FEES	460.		460.	
е					
f	All other expenses				
<u>25</u>	Total functional expenses Add lines 1 through 24f	3,027,517.	2,751,348.	276,169.	0.
26	Joint costs Check here   If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pai	rt X	Balance Sheet	RUDE SALTZMAN FOU		<del>_</del>	2199368 Page 1
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1_	
	2	Savings and temporary cash investments	1,907,576.	2	4,141,457	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	-		4	
	5	Receivables from current and former officers, di				
		employees, and highest compensated employe	es Complete Part II			
		of Schedule L	<b>-</b>		5	·
	6	Receivables from other disqualified persons (as				
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete	-		
_	_	Part II of Schedule L		2 512 000	6	2 200 000
בו בו	7	Notes and loans receivable, net	-	3,513,820.	7	3,328,229
4224IS	8	Inventories for sale or use	}	C 077	8	15 205
-	9	Prepaid expenses and deferred charges	, , , ,	6,977.	9	17,327
	lua	Land, buildings, and equipment cost or other	25 979			
	L	basis Complete Part VI of Schedule D  Less accumulated depreciation	10a 25,979. 10b 23,258.	4,093.	40-	2 721
	11	Investments - publicly traded securities	106 25,256.	60,440,596.	10c	2,721 67,206,896
	12	Investments - other securities See Part IV, line	,,	8,530,439.	11 12	8,530,439
	13	Investments - program-related See Part IV, line	F	0,330,433.	13	0,330,433
	14	Intangible assets	``		14	
	15	Other assets See Part IV, line 11	1,234.	15	1,234	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	74,404,735.	16	83,228,303
	17	Accounts payable and accrued expenses		14,950.	17	17,029
	18	Grants payable	Ţ	107,435.	18	340,033
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
e D	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
	22	Payables to current and former officers, director	s, trustees, key employees,			
Liabilities		highest compensated employees, and disqualif	ed persons Complete Part II			
_		of Schedule L	_		22	
	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate	d third parties	_	24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities Complete Part X of Schedule D	<u> </u>	100 205	25	255 262
	26	Total liabilities. Add lines 17 through 25	<b>.</b> [v]	122,385.	26	357,062.
		Organizations that follow SFAS 117, check he	ere LAL and complete			
ĕ	07	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		74,282,350.		82,871,241.
lan Har	27 28	Temporarily restricted net assets	+	14,202,330.	27 28	04,011,241
ă	29	Permanently restricted net assets	<u> </u>		29	· · · · · · · · · · · · · · · · · · ·
Assets or Fund Balances	-3	Organizations that do not follow SFAS 117, c	heck here		23	
P T		complete lines 30 through 34.	and p and	Ì		
STS (	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or ed	juipment fund		31	<del></del>
⋖			· · · · · · · · · · · · · · · · · · ·	<del></del>		

82,871,241. 83,228,303. Form **990** (2009)

32

33

74,282,350. 74,404,735.

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

		2009) RAYMOND & GERTRUDE SALTZMAN FOUNDATION 22-219	9368	Pa	ge <b>12</b>
Pa	t XI	Financial Statements and Reporting			
				Yes	No
1	Acco	ounting method used to prepare the Form 990 Cash X Accrual Other			
	If the	e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were	e the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were	e the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	revie	w, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the	e organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	if "Y∈	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	cons	olidated basis, separate basis, or both			
	X	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act a	and OMB Circular A-133?	3a		_X
b	If "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			i
	or au	idits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
			Form	<b>990</b> (	2009)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 22-2199368

		RAYMONI	& GERTRUDE	SALTZ	MAN F	OUNDA	TION	-	22	2-2199368
Part I	Reason	for Public Chai	rity Status (All organi	zations mu	ist complet	te this par	t ) See ins	tructions		
The organ	ization is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox)			
1 🖳	A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i	).		
2 🖳	A school des	cribed in section 17	<b>70(b)(1)(A)(</b> II). (Attach Sc	chedule E)	)					
з 🖳	A hospital or	a cooperative hosp	ital service organization	described	In section	170(b)(1)	(A)(iii).			
4	A medical res	search organization	operated in conjunction	with a hos	spital desci	rıbed ın <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter tl	ne hospital's name,
	city, and stat									
5	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental un	ıt describe	ed in
	section 170	<b>(b)(1)(A)(iv).</b> (Compl	ete Part II)							
6 🖳	A federal, sta	te, or local governm	nent or governmental uni	it describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).			
7 📖	An organizati	on that normally red	eives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	general p	ublic described in
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	ete Part II)							
8 🖳			section 170(b)(1)(A)(vi).							
9 📖	An organizati	on that normally red	ceives (1) more than 33	1/3% of its	s support f	rom contri	butions, n	nembersh	p fees, an	d gross receipts from
	activities rela	ted to its exempt fu	nctions - subject to certa	aın excepti	ons, and (2	2) no more	than 33 1	1/3% of its	s support 1	rom gross investment
	income and u	ınrelated busıness t	axable income (less sec	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	anization a	fter June 30, 1975
<del></del>		<b>509(a)(2)</b> . (Complet	•							
10			perated exclusively to te					-		
11 X			perated exclusively for t							
			ations described in secti				2). See <b>se</b> e	ction 509(	a)(3). Che	ck the box that
			organization and compl		•				( <del></del> -)	
	a Type I				e III - Func	•	-			Type III - Other
e L			at the organization is not		-	-	-			
_			than one or more publicl						9(a)(1) or s	ection 509(a)(2)
f			tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III		L
		rganization, check t								
9			organization accepted a							[ ]
	• •	•	directly controls, either a	ione or tog	jetner with	persons c	iescribea	ın (II) and (	iii) below,	Yes No
	_	= -	upported organization? n described in (i) above?	,						11g(i) X
			n described in (i) above a a person described in (i) a							11g(ii) X 11g(iii) X
h		•	about the supported or	. ,						11g(iii) X
h	Flovide tile it	ollowing information	about the supported of	gariization	(5)					
40 No		,	(iii) Type of	(iv) Is the	organization	(v) Did voi	ı notifi the	(vi) le	the	
	of supported anization	(ii) EIN	organization		sted in your			organizati	on in col.	(vii) Amount of
Orga	amzation		(described on lines 1-9 above or IRC section		document?			(i) organiz U.S	.?	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
JEWIS	H	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>							
	ATION O		12		x		x	x		683,082.
										00370021
							ł			
-										
-										· · · · · · · · · · · · · · · · · · ·
				<u> </u>				_		
Total										683,082.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	nedule A (Form 990 or 990-EZ) 2009 art II Support Schedule for	Organization	n Dogarihad in	Sactions 170	(b)(4)(A)(i) \ o	d 470/L\/4\/A\/	Page 2
	(Complete only if you checke			Sections 170	(D)(T)(A)(IV) an	ια ττυ(Β)(Τ)(Α)(	vij
Se	ction A. Public Support			<u> </u>			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					-	
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						<u> </u>
	Total. Add lines 1 through 3	<u> </u>					
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				]		
	column (f)						
6 Se	Public support. Subtract line 5 from line 4						
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	<u> </u>	(2) 2000	(0) 2001	(a) 2000	(6) 2003	(I) Total
8	Gross income from interest,				`		
	dividends, payments received on	: 					
	securities loans, rents, royalties					į	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the					,	
	business is regularly carried on						
10	<b>-</b>	 					
	or loss from the sale of capital	l I					
	assets (Explain in Part IV)	· <u> </u>					
	Total support. Add lines 7 through 10	-1- (	<u> </u>		<u></u>	<u> </u>	
	Gross receipts from related activities,			ar u cou.		12	<del></del>
13	First five years. If the Form 990 is for		s tirst, second, thir	a, τουπη, or τιπη τε	ax year as a section	on 501(c)(3)	
Se	organization, check this box and stor		ercentage			<del> </del>	
	Public support percentage for 2009 (I			roluma (fl)	<del></del>	14	
	Public support percentage from 2008		, ,	oldinin (i))		15	% %
	a 33 1/3% support test - 2009. If the o		·	line 13. and line 1	4 is 33 1/3% or n		
	stop here. The organization qualifies					,	<b>▶</b>
i	33 1/3% support test - 2008.If the o		•		line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
178	10% -facts-and-circumstances tes	t - 2009. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□

Schedule A (Form 990 or 990-EZ) 2009

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Employer identification number

22-2199368

Par	t I Organizations Maintaining Donor Advise		Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor a	<del>-</del>	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , ,	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		_2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea	<del></del>	
5	Does the organization have a written policy regarding the per	J. ,	
6	violations, and enforcement of the conservation easements i		Yes No
6 7	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and	·	
8	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	
•	include, if applicable, the text of the footnote to the organiza	•	·
	conservation easements		3
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	ce, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

		& GERTRUD								Page 2
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a s	ignificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	C	, <u> </u>	Loan or excl	hange progr	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organızat	ion's exe	mpt purp	ose in Par	t XIV	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or oth	er sımıla	r assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if org	ganization ar	nswered "Ye	s" to For	m 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	ssets not	included		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	212						Yes	□ No
b	If "Yes," explain the arrangement in Part XIV					_				
Pai	rt V Endowment Funds. Complete	f the organization ar	swered	"Yes" to For	rm 990, Part	IV, line 1	10			
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	•								
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as.	, '	·					
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	%								
c		<u></u> .~								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	he organiz	zation		
	by:								[\sqrt	res No
	(i) unrelated organizations								3a(i)	33 110
	(jj) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the								<u> </u>	
	rt VI Investments - Land, Building				, Part X, line	10.				
	Description of investment	(a) Cost or o		(b) Cost		ı	ccumulate	ed	(d) Book	value
		basis (investi		, , ,	(other)	1 ''	preciation	3	,_,	· = *
12	Land				·		·			
	Buildings									
2	Leasehold improvements									
4	Equipment									
	Other		-	2.	5,979.		23,2	58.	2.	,721.
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur			•		<b>•</b>	2	

Schedule D (Form 990) 2009

	e Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		hod of valuation I-of-year market value
inancial derivatives			
losely-held equity interests		H	
other CORG "I TONG CARRIL	0 530 430		
SJF-CCRC "LIONS GATE"	8,530,439.	END-OF-YEAR	MARKET VALUE
		<del> </del>	
	-		
		<del></del>	1. / 1.
otal (Col (b) must equal Form 990, Part X, col (B) line 12.)	8,530,439.		
Part VIII Investments - Program Related. Se	ee Form 990. Part X. line 13		
(a) Description of investment type		•	hod of valuation
(a) Description of investment type	(b) Book value	Cost or end	l-of-year market value
			···
-			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)	15		
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line	15 Description		(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
Part IX Other Assets. See Form 990, Part X, Ine (a)  Total. (Column (b) must equal Form 990, Part X, col (B) line	Description		(b) Book value
Part IX Other Assets. See Form 990, Part X, Ine  (a)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,	Description  15)  line 25		(b) Book value
Other Assets. See Form 990, Part X, Ine  (a)  otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  15)  line 25	(b) Amount	(b) Book value
Other Assets. See Form 990, Part X, Ine  (a)  otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  15)  line 25	(b) Amount	(b) Book value
Other Assets. See Form 990, Part X, Ine  (a)  otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  15)  line 25	(b) Amount	(b) Book value
Other Assets. See Form 990, Part X, Ine  (a)  otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  15)  line 25	(b) Amount	(b) Book value
Part IX Other Assets. See Form 990, Part X, Ine  (a)  Otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  15)  line 25	(b) Amount	(b) Book value
Part IX Other Assets. See Form 990, Part X, Ine  (a)  Otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  15)  line 25	(b) Amount	(b) Book value
Part IX Other Assets. See Form 990, Part X, Ine  (a)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  15)  line 25	(b) Amount	(b) Book value
Part IX Other Assets. See Form 990, Part X, Ine  (a)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  15)  line 25	(b) Amount	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,	Description  15)  line 25	(b) Amount	(b) Book value

uncertain tax positions under FIN 48
932053
02-01-10

_	dule D (Form 990) 2009 RAYMOND & GERTRUDE SALTZMA	N FC	UNDATI	ON	22	-2199368	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial S	tateme		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			,248.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		<u>3,027</u>	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		-3,518	
4	Net unrealized gains (losses) on investments			4	·	12,107	,656.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net) Add lines 4 through 8			9		12,107	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			10		8,588	<u>,891.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	/ith Rever	nue p	er Retu		
1	Total revenue, gains, and other support per audited financial statements				1	1,684	<u>,963.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1					
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				26		<u> </u>
3	Subtract line 2e from line 1				_3	1,684	<u>,963.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ı	i				
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>					
b	Other (Describe in Part XIV)	4b	-2,17	6,2	11.		
С	Add lines 4a and 4b				40		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	t- \	Midle Even		<u>5</u>		,248.
<u> </u>	t XIII Reconciliation of Expenses per Audited Financial Statem	ents v	with Expe	nses	1		F1 57
1	Total expenses and losses per audited financial statements				1	3,027	<u>,51/.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1.	I				
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
C	Other losses	2c					
a	Other (Describe in Part XIV)	_2d					^
e	Add lines 2a through 2d				26		0.
3	Subtract line 2e from line 1				3	3,027	,51/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.4-	1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.) Add lines 4a and 4b	4b	L				0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5		517
Par	t XIV Supplemental Information				5	3,027	<u>, 517.</u>
			1 1 D-		41	d 0b D-4 V I	4.5.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	•	•	•			4, Part
X, IIN	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp	olete thi	s part to pro	vide ar	y additio	nal information	
					-		
דעם	RT XII, LINE 4B - OTHER ADJUSTMENTS:						
LVI	ATT, DINE 4D - OTHER ADOUGHMENTS:						
TAT	VESTMENT LOSSES						
<u>TIA /</u>	APRIMENT DOSSES						
	,						
							_

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. RAYMOND & GERTRUDE SALTZMAN FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

OMB No 1545-0047	600	Open to Public Inspection
ō -		

8 | Employer identification number 22-2199368 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance criteria used to award the grants or assistance? Part

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	United States. C	omplete if the orga	Inization answered "Y	es" to Form 990, Part I	V, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000 Check this	box if no one recipien	t received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if additions	al space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKDALE ALZHEIMER'S RESPITE			4,125,	0			GENERAL SUPPORT
DJE SPECIAL NEEDS			62,483,	0,			GENERAL SUPPORT
JEWISH COMMUNITY CENTER			1,055,476,	0			GENERAL SUPPORT
КЕГГМАМ АСАБЕМУ			210,000.	0			GENERAL SUPPORT
POLITZ SCHOOL			412,500.	0			GENERAL SUPPORT
JEWISH SENIOR HOUSING			120,142,	0			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations					•

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

21

932102 02-02-10

Page 2

22-2199368

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Schedule I (Form 990) 2009

Part III

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

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Open to Public

Inspection Employer identification number

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance GENERAL SUPPORT SENERAL SUPPORT GENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT GENERAL SUPPORT 22-2199368 (g) Description of non-cash assistance Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of non-cash assistance Ö Ö o o RAYMOND & GERTRUDE SALTZMAN FOUNDATION (d) Amount of cash grant 20,000 28,000. 34,916, 5,000 18,672 9,750 21,250 683,082 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable (p) EIN POLITZ STRATEGIC INITIATIVES (a) Name and address of organization or government TRI COUNTY BOARD OF RABBIS STERN HEBREW HIGH SCHOOL DJE EARLY INTERVENTION Name of the organization MESIVTA BAIS DOVID JEWISH FEDERATION ME AH PROJECT GRANT WRITER

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

Open to Public Inspection Employer identification number 22-2199368 RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance GENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II ) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance o ö 5,500 (d) Amount of cash grant 5,977, 41,650 12,825 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable (p) EIN SALTZMAN FOUNDATION LIFE LONG (a) Name and address of organization or government LEARNING INSTITUTE POWER PROGRAM PJ LIBRARY NORC

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions

RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Employer identification number 22-2199368

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	7		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X X X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			,
а	The organization?	5a		<u>X</u> _
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	اما	i l	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

22-2199368

RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	L							
	(B) Bre.	(B) Breakdown of W-2		and/or 1099-MISC compensation	(C)	(D)	(E)	(F)
(A) Name	(i) compe	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(0-(D)	reported in prior Form 990 or Form 990-EZ
	3							
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Schedule J (Form 990) 2009

# SCHEBULE O

**Supplemental Information to Form 990** 

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

| Name of the organization | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Carpentine | Ca

RAYMOND & GERTRUDE SALTZMAN FOUNDATION 22-2199368 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THAT PROVIDE SERVICES TO IMPROVE THE LIVES OF THE ELDERLY AND TO ASSIST FINANCIALLY DISADVANTAGED CHILDREN RESIDING IN THE TRI-COUNTY AREA. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE BOARD PRIOR TO FILING TO MAKE SURE IT'S COMPLETE AND ACCURATE. FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: ARTHUR ABRAMOWITZ - 457 HADDONFIELD ROAD, SUITE 300, CHERRY HILL, NJ 08002 MICHAEL VARBALOW - 34 DERRYMORE ROAD, NANTUCKET, MA 02554 ALAN WECHSLER - 3202 THE RITTENHOUSE, 210 W. RITTENHOUSE SQUARE PHILADELPHIA, PA 19103 STUART ALPERIN - 30 HUXLEY CIRCLE, MARLTON, NJ 08053 HARVEY SHAPIRO - 63 MATLACK DRIVE, VOORHEES, NJ 08043 ROBERT BELAFSKY, MD - 44 OLD MILL DRIVE, VOORHEES, NJ 08043 MICHAEL J. PARTNOW, MD - 214 EAST CENTRAL AVENUE, MOORESTOWN, NJ 08057

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number RAYMOND & GERTRUDE SALTZMAN FOUNDATION 22-2199368 NEAL A. CUPERSMITH - 10 GROVE STREET, CHERRY HILL, NJ 08034 THE BOARD REVIEWS A DRAFT OF THE AUDITED FINANCIAL STATEMENTS BEFORE FINAL ISSUE.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part!

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ► Attach to Form 990.

2009 Open to Public Inspection OMB No 1545-0047

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Employer identification number 22-2199368

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End of year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part

Direct controlling entity NOT APPLICABLE status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) VEW JERSEY TO JEWISH FEDERATION THROUH THE FOUNDATION IS RELATED Primary activity COMMON TRUSTEES JEWISH FEDERATION OF SOUTHERN NEW JERSEY Name, address, and EIN of related organization CHERRY HILL, NJ 08003-2763 1301 SPRINGDALE RD #150

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2009

22-2199368

Page 2

Schedule R (Form 990) 2009 RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

	Yes No		elated	(h) Percentage ownership			<b>!</b>	90) 2009
Code V-UBI amount in box 20 of Schedule	K-1 (Form 1065)		ad one or more	(g) Share of Peend-of-year ovassets				Schedule R (Form 990) 2009
<b>-</b> 5 % L	Yes No		because it h					Sch
(g) Share of end-of-year assets			ırt IV, line 34	(f) Share of total income				
			 Form 990, Pa	(d) Type of entity (C corp, S corp, or trust)				
(f) Share of total income			 ed "Yes" to l					
(e) Predominant income (related, unrelated, excluded from tax under	; 512-514)		tion answer	(d) Direct controlling entity				
Predomir (related, excluded fr	sections		the organiza	(C) Legal domicile (state or foreign country)	 			
(d) Direct controlling entity			frust (Complete If	(b) Primary activity				29
(C) Legal domicile (state or foreign	country)		oration or l	Prir				
(b) Primary activity			anizations Taxable as a Corp poration or trust during the tax	<b>Z</b> -				
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	(a) Name, address, and EIN of related organization				932162 02-04-10

# Schedule R (Form 990) 2009 RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Note Complete line 1 if any entity is listed in Darte II III or IV of this schedule		, sov
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a
b Gift, grant, or capital contribution to other organization(s)		Th X
c Gift, grant, or capital contribution from other organization(s)		t X
d Loans or loan guarantees to or for other organization(s)		X bt
e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)		X **
g Fulcilade of absets from other organization(s)		Q >
I Lease of facilities, equipment, or other assets to other organization(s)		×
j Lease of facilities, equipment, or other assets from other organization(s)		1, X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
I Performance of services or membership or fundraising solicitations by other organization(s)		= ×
m Sharing of facilities, equipment, mailing lists, or other assets		T m
n Sharing of paid employees		th X
<ul> <li>Neimbursement paid to other organization for expenses</li> </ul>		10 X
p Reimbursement paid by other organization for expenses		dt X
q Other transfer or cash or property to other organization(s)		19 X
.		+ ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	action thresholds	1
(a)	(q)	(0)
	type (a-r)	Alliouit Illvoived
(1)		
(5)		
€		
(4)	-	
(9)		
(9)		
30	Sep	Sobodillo Differm 0000 0000
	5	בחחש (הפניווו שבו) בחחש

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion to certain investment partities in by	desion for certain investment parmers	ļ					
(a)	(q)	(၁)	<u>(</u>	(e)	ε	(6)	3
Name, address, and EIN	Primary activity		Are all partners	Share of end-of-	Dispropor-	Code V-UBI	General or
of entity		(state or foreign country)	organizations?	year assets	Jons?	of Schedule K-1	
			Les No		res	(000)	Tes No
					_		
							_

Schedule R (Form 990) 2009

Department of the Treasury Internal Revenue Service (99)

**Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

► See separate instructions. Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

RAYMOND & GERTRUDE SA Part   Election To Expense Certain Prope						AGE 10	V before v	22-2199368
1 Maximum amount See the instruction							1	250,000.
2 Total cost of section 179 property place	•						2	230,000.
3 Threshold cost of section 179 property			!				3	800,000.
4 Reduction in limitation Subtract line 3			ar .∩.				4	
5 Dollar limitation for tax year Subtract line 4 from line							5	
6 (a) Description of pi		-u- ii mariied iii	(b) Cost (busing			(c) Elected		
			(-,			(0) 2.00.00		
			<del></del>					
7 Listed property. Established amount from								
7 Listed property Enter the amount from		(-		ا ا	7			
8 Total elected cost of section 179 prope	•	in column (d	c), lines 6 and	1			8	
9 Tentative deduction Enter the smaller							9	
O Carryover of disallowed deduction from	•				_		10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5								
I2 Section 179 expense deduction Add I				ne 11			12	
Carryover of disallowed deduction to 2					13			
Note: Do not use Part II or Part III below fo								
Part II Special Depreciation Allows		<del></del>	·		<del></del>	<del></del>		
14 Special depreciation allowance for qua	llified property (oth	er than liste	d property) pl	aced in	service	during		
the tax year							14	
15 Property subject to section 168(f)(1) ele	ection						15	
6 Other depreciation (including ACRS)							16	1,371.
Part III MACRS Depreciation (Do no	t include listed pro	operty ) (See	Instructions	)				
		Se	ction A					
17 MACRS deductions for assets placed	ın service in tax ye	ars beginnin	g before 200	9			17	
18 If you are electing to group any assets placed in ser	vice during the tax year i	nto one or more	general asset acc	ounts, ch	eck here	_ ▶ □		
Section B - Assets	Placed in Service	e During 20	09 Tax Year	Using	the Gen	eral Deprecia	tion Syste	em
(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)		Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
<b>b</b> 5-year property	7							
c 7-year property	7							
d 10-year property	7		· · · ·			_		
e 15-year property	<b>∃</b>	-						<del></del>
f 20-year property	<b>7</b>					1		<del></del>
g 25 year property	7			2!	5 yrs		S/L	
<u> </u>	1 /				5 yrs	MM	S/L	<u></u>
h Residential rental property	,				5 yrs	MM	S/L	
	<del>'</del> ,					MM	S/L	
<ul> <li>Nonresidential real property</li> </ul>	<del>- ',  </del>	***************************************		3	9 yrs	MM	S/L	****
Section C - Assets F	Placed in Service	During 2006	Tay Voor III	cina th	o Altorn			tom-
	-laced in Service	During 200	a rear O	sing to	e Aitern	Tative Deprec		tem
20a Class life	┥ ト		· ·-·				S/L	<del></del>
b 12-year	<del>                                     </del>	<del></del> -	<del></del>	1	2 yrs	<del> </del>	S/L	
C 40-year		-		[ 40	) yrs	MM	S/L	
Part IV   Summary (See instructions )		<del></del>					<del></del>	
21 Listed property Enter amount from line							21	
22 Total. Add amounts from line 12, lines	14 through 17, line	es 19 and 20	) ın column (g	), and I	ine 21			
Enter here and on the appropriate lines	of your return Pa	ırtnerships a	nd S corpora	tions -	see instr		22_	<u>1,371.</u>
23 For assets shown above and placed in	service during the	current yea	r, enter the					
portion of the basis attributable to sect	tion 263A costs				23			

ا	m 4502 (2009)	RAY	MOND & C	ERT	RUDE	SAT	.ሞ <b>ፖ</b> MA	N F	OUNDA	.T.O.N	•	22-	2199	368	Page 3
_	art V Listed Proper recreation, or a Note: For any	ty (Include at amusement ) vehicle for wi	utomobiles, cer	ain oth	ner vehic	iles, cel d mileag	lular tele ge rate oi	phone	s, certain	compute	ers, and	property	used fo	or enterta	ainmen
	Section A	- Depreciati	on and Other I	nforma	ation (Ca	aution:	See the	ınstruc	tions for l	mits for	passeng	er auton	nobiles)		
248	Do you have evidence to s	support the bu	sıness/investmen	t use cla	aimed?	<u> </u>	′es 🗀	No	24b If "Y	es," is th	n <u>e</u> evidei	nce writt	en?	Yes	□ No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	ot	(d) Cost or her basis	l /bi	(e) sis for depri isiness/inve use only	stment	(f) Recovery period	Me	( <b>g)</b> thod/ rention	Depre	h) ciation iction	Ele sectio	(i) cted on 179 ost
25	Special depreciation alle	owance for q	ualified listed p	roperty	placed	ın servi	ce during	the ta	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
<u> 26</u>	Property used more that	n 50% in a q	ualified busines	s use											
		<u> </u>	%												
			%												
		<u> </u>	%												
27	Property used 50% or le	ess in a quali	fied business u	se·								_	·		
			%							S/L -					
	1.64		%							S/L·					
	·	<u> </u>	%							S/L -					
28	Add amounts in column	(h), lines 25	through 27 En	ter here	e and or	line 21	, page 1				28				
29	Add amounts in column	(i), line 26. E	nter here and c	n line 7	7, page	1						_	29		
	se vehicles			-	a)		(b)	<u> </u>	(c)	(4	d)	(€	<del>)</del>	(f)	
30	Total business/investment		uring the	Vehicle		Ve	Vehicle Ve		/ehicle Vehi		hicle Vehicle		ıcle	Vehicle	
	year (do not include comi	,						<u> </u>							
	Total commuting miles of Total other personal (no	_	· · ·							•		_			
	driven		Ĺ												
33	Total miles driven during	g the year									·				
	Add lines 30 through 32	?	Ĺ												
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?		<u> </u>												
35	Was the vehicle used p than 5% owner or relate	, ,	more												
36	Is another vehicle availa	ble for perso	onal												-
	400	Section C	- Questions fo	r Empl	overe W	/ho Dro	vide Vet	icles (	for I lea b	Their F	Employe	.00			-
	swer these questions to			•	-								e not m	ore than	5%
	ners or related persons				0		_ <b></b>				•		_	1	1
37	Do you maintain a writte	en policy stat	ement that pro	nibits a	III persor	nal use	of vehicle	es, incl	luding cor	nmuting,	, by your	•		Yes	No_
20	employees?	n polici -4-4	omonė ėboė au-	aubut -	ore = : 1		ا طمع	-w							<del> </del>
38	Do you maintain a writte		•							0. , ,	our				
20	employees? See the ins					ncers, 0	inectors,	or 1%	or more	owners					-
	Do you treat all use of v Do you provide more th	-				informa	tion from	VOUR	amployees	ahout					<del>                                     </del>
<del>-</del> ∪	the use of the vehicles,					inoma	aon nom	youre	-inployees	about					

31	bo you maintain a written policy statement that promotes an personal use of vehicles, including commuting, by your	res	NO_
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes." do not complete Section B for the covered vehicles		

Part VI Amortization (a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2009 tax year 43 Amortization of costs that began before your 2009 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

916252 11-04-09

Form 8868 (Rev. 4-2009) • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of Exempt Organization **Employer Identification number** Type or print RAYMOND & GERTRUDE SALTZMAN FOUNDATION 22-2199368 File by the Number, street, and room or surte no. If a P.O. box, see instructions. For IRS use only due date for <u>1930 EAST MARLTON PIKE, NO. N71</u> filing the return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CHERRY HILL, NJ 08003 Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. RAYMOND & GERTRUDE SALTZMAN FOUNDAT The books are in the care of ▶ 1930 EAST MARLTON PIKE, N71 - CHERRY HILL, NJ 08003 Telephone No. ► 856-424-6226 FAX No ▶ • If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2010. I request an additional 3-month extension of time until For calendar year 2009, or other tax year beginning , and ending 5 Final return Change in accounting period If this tax year is for less than 12 months, check reason. Initial return 6 State in detail why you need the extension 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid 8b previously with Form 8868. Balance Due. Subtract line 8b from line 8a. include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions N/A 8c Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,

Form 8868 (Rev. 4-2009)

Signature |

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