

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

2010

OMB No 1545-0052

| | | | | | | | _ |
|------------|----------------|--|--|------------------------------------|--|--|--|
| For | caler | idar year 2010, or tax | year beginning | | , and ending | | |
| G | Check | all that apply | Initial return | Initial return of a fo | ormer public charity | Final retur | n |
| | | L | Amended return | Address chan | geL | Name change | |
| Na | me of | foundation | | | | A Employer identificatio | n number |
| | | · · · · · · · · · · · · · · · · · · · | N FAMILY FOUN | | | 20-2955094 | 1 |
| Nur | nber a | • | ber if mail is not delivered to street | address) | Room/suite | B Totophone namber | |
| | | 8600 E. | ROCKCLIFF RD. | | | (520)749-8 | 8866 |
| Cit | y or t | own, state, and ZIP cod | | | | C If exemption application is | |
| | | TUCSON, | | · <u></u> | | D 1. Foreign organization | |
| H (| _ | type of organization | X Section 501(c)(3) ex | | | Foreign organizations m check here and attach c | neeting the 85% test, computation |
| | | ction 4947(a)(1) none | | Other taxable private founda | ntion | E If private foundation st | atus was terminated |
| | | arket value of all assets | · · · — | • | Accrual | under section 507(b)(1 | |
| | | Part II, col (c), line 1 | | ther (specify) | | . F If the foundation is in a | 60-month termination |
| | • \$ | T | 00,893. (Part I, colu | mn (d) must be on cash i | basis) | under section 507(b)(1 | I)(B), check here 🕨 🔛 |
| Pa | art I | Analysis of Revenue (The total of amounts in necessarily equal the arr | columns (b), (c), and (d) may not | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for chantable purposes (cash basis only) |
| _ | 1 | Contributions, gifts, g | rants, etc., received | | 1-1 | N/A | - 11-1 - 11 - 11 - 11 - 11 - 11 - 11 - |
| | 2 | | dation is not required to attach Sch. B. | | | | |
| | 3 | Interest on savings and te cash investments | emporary | 191,744. | 187,496 | • | STATEMENT 1 |
| | 4 | Dividends and interest | t from securities | 321,718. | 292,852 | • | STATEMENT 2 |
| | 5a | Gross rents | | | | | , |
| | b | Net rental income or (loss) |) | | | | |
| a | 6a | Net gain or (loss) from sale | e of assets not on line 10 | -121,219. | 7 111 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , |
| Ž | b | Gross sales price for all assets on line 6a | 1,758,979. | | | | |
| Revenue | 7 | Capital gain net income (fi | rom Part IV, line 2) | | 0 | • | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Œ | 8 | Net short-term capital | gain | | | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | b | Less Cost of goods sold | | | | | |
| | C | Gross profit or (loss) | | | | -4- | |
| | 11 | Other income | | 23. | 23 | | STATEMENT 3 |
| | 12 | Total Add lines 1 thre | ough 11 . | 392,266. | 480,371 | | |
| | 13 | Compensation of officers, | directors, trustees, etc | 0. | 0 | • | 0. |
| | 14 | Other employee salari | es and wages | | | | |
| s | 15 | Pension plans, employ | yee benefits | | | | |
| ses | | Legal fees | | | | | · · . <u></u> |
| Expen | b | Accounting fees | STMT 4 | 3,850. | 0 | • | 0. |
| Щ | C | Other professional fee | S | | | | |
| į | 17 | Interest | | 2 227 | | | |
| בַּ ל | 18 | Taxes. | STMT 5 | 3,337. | 0 | • | 0. |
| inis | 19 | Depreciation and depl | etion | | | | |
| 6 II II 3. | 20 | Occupancy | | | | | |
| 4 P. 6 | 21 | Travel, conferences, a | • • • | | | | 1 |
| 3 E | 22 | Printing and publication | | 71 060 | 21 260 | | ļ |
| <u> </u> | 23 | Other expenses | STMT 6 | 71,862. | 71,762 | • | 0. |
| Operatin | 24 | Total operating and a | | 70 040 | 71 760 | | |
| Ö | | expenses. Add lines 1 | | 79,049. | 71,762 | • | 0. |
| _ | | Contributions, gifts, g | 1117 | 1,159,683. | | | 1,159,683. |
| | 26 | Total expenses and d | ispursements. | 1 220 722 | 71 760 | | 1 150 (00 |
| | - | Add lines 24 and 25 | han 40 | 1,238,732. | 71,762 | • | 1,159,683. |
| | 27 | | - 1. 20 M. | -846,466. | | | |
| | | | pefises and disbursements | -040,400. | 408,609 | ···· | |
| | | Net investment income Adjusted net income | | | 400,003 | N/A | + |
| | | MUNICULAR DECEMBER | or negative enter -()-) | | | 1 11/7 | T . |

LHA For Paperwork Reduction Act Notice, see the instructions.

| `l'in | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | year |
|-----------------------|---------------|--|--------------------|----------------|--------------------------|
| | arı | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | | Savings and temporary cash investments | 337,385. | 82,384. | 82,384. |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | _ | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less allowance for doubtful accounts | - | | |
| ssets | 8 | Inventories for sale or use | | | |
| Ass | 9 | Prepaid expenses and deterred charges Investments - U.S. and state government obligations | | | |
| | 1 | OTTACE O | 3 322 688 | 3 448 486 | 3,448,486. 6,430,396. |
| | ľ | Investments - corporate stock STMT 8 Investments - corporate bonds STMT 9 | 6 021 909 | 6 430 396 | 6 430 396 |
| | | Investments - Land buildings and equipment basis | 0,021,000. | 0,430,370. | 0,430,370. |
| | l'' | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 10 | 543,918. | 239,627. | 239,627. |
| | 14 | Land, buildings, and equipment basis ▶ | | | |
| | | Less: accumulated depreciation | | i | |
| | 15 | Other assets (describe > | | | |
| | | | | - " | |
| _ | 16 | Total assets (to be completed by all filers) | 10,225,900. | 10,200,893. | 10,200,893. |
| | 17 | Accounts payable and accrued expenses | 1,173. | | |
| | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| iab. | 21 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | | | 1 173 | • | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 1,173. | 0. | • |
| | | Foundations that follow SFAS 117, check here | | | |
| es | 24 | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Balance | 24 25 | Unrestricted Temporarily restricted | | - | |
| Bali | 26 | Permanently restricted | | | • |
| ᅙ | | Foundations that do not follow SFAS 117, check here | | | |
| Z | | and complete lines 27 through 31. | | | |
| Assets or Fund | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| set | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | 0. | 0. | |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | 10,224,727. | 10,200,893. | |
| Net | 30 | Total net assets or fund balances | 10,224,727. | 10,200,893. | |
| | | | | | |
| | 31_ | Total liabilities and net assets/fund balances | 10,225,900. | 10,200,893. | |
| P | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| | | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | 11 | |
| • | | st agree with end-of-year figure reported on prior year's return) | •• | 1 | 10,224,727. |
| 2 | | r amount from Part I, line 27a | • | 2 | -846,466. |
| | | r increases not included in line 2 (itemize) | SEE ST | ATEMENT 7 3 | 822,632. |
| | | lines 1, 2, and 3 | | 4 | 10,200,893. |
| | | eases not included in line 2 (itemize) | <u> </u> | 5 | 0. |
| 6 | <u>Tot</u> al | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 10,200,893. |

| Part N | Capital Gains a | nd Lo | sses for Tax on In | vestment | Income | | | | | | |
|-------------------------|---|------------------------------------|--|------------------|------------------------------------|-----------------|-----------------------------|-------------------------|------------------|-----------------------------|------------------------------------|
| | | | nd(s) of property sold (e g or common stock, 200 shs | | | (b) I | How ac - Purci - Dona | quired hase ition | (c) Date (mo , d | acquired ay, yr) | (d) Date sold (mo , day, yr.) |
| 1a | | | | | | | | | | | |
| | SEE ATTACHED | STA | rement | | | | | - | | | |
| d | | | | | | | | | | | |
| _ u | · | | <u> </u> | | <u> </u> | | | | | | |
| | Gross sales price | (f) [| Depreciation allowed (or allowable) | 107 | t or other basis xpense of sale | | | | | aın or (loss s (f) minus | |
| <u>a</u> | | | | | | | | | | | |
| _ b | | | | | | | | | | | |
| <u>c</u> | | - | | | _ | | | | | | |
| e e | 1,758,979. | | | | 1,880,19 | Ω | | | | | -121,219. |
| | lete only for assets showing | gain in | column (h) and owned by t | | | ٠. | | |) Gains (C | ol (h) gain | |
| | | | j) Adjusted basis | | cess of col (I) | | | | (k), but r | not less tha | n -0-) ar |
| (i) F | M V as of 12/31/69 | • | as of 12/31/69 | | col (j), if any | | | | Losses | (from col | (h)) |
| a | | | | | | | | | | | |
| b | | | | | | | | | | | |
| _C | | | | | | | | | | | |
| <u>d</u> | | | | | | | | | | | 101 010 |
| 6 | | | | | | _ | | <u> </u> | | | -121,219. |
| 2 Capital | gain net income or (net cap | ortal loss) | If gain, also enter If (loss), enter -0- | | | } | 2 | | | | -121,219. |
| | ort-term capital gain or (loss also enter in Part I, line 8, c | • | , , | d (6) | | J | | | | | |
| |), enter -0- in Part I, line 8 Qualification Ui | | | | | للِ | 3_ | | | N/A | <u> </u> |
| If section 4 Was the fo | nal use by domestic private 1940(d)(2) applies, leave th undation liable for the secti e foundation does not quali he appropriate amount in e | is part bla on 4942 fy under | ank tax on the distributable am section 4940(e) Do not coi | ount of any ye | ear in the base pei | iod? | | | | | Yes X No |
| - Linter (| (a) | acii colai | | octions before | making any entire | | | | | | (d) |
| Calenda | Base periód years r year (or tax year beginnin | g in) | (b) Adjusted qualifying dist | | Net value of no | | rıtabl e- | | | | bùtión ratio vided by col. (c)) |
| | 2009 | | | 7,340. 4,894. | ···- | | | 6,645 9,863 | | | .083166 |
| | 2008 2007 | | | 8,310. | | | | $\frac{9,803}{6,406}$ | | | .090044 |
| | 2006 | - | | 9,542. | | $\frac{12}{12}$ | .02 | $\frac{6,557}{6}$ | | | .041537 |
| | 2005 | | | 0. | | | | 2,632 | | | .000000 |
| 2 Total o | f line 1, column (d) | | | ···-·· | | | • | | 2 | | .266593 |
| - | e distribution ratio for the 5 ndation has been in existen | - | | on line 2 by 5, | or by the number | ot ye | ars | | 3 | | .053319 |
| 4 Enter ti | ne net value of noncharitabl | e-use ass | sets for 2010 from Part X, I | ine 5 | | | | | 4 | 1 | 0,224,013. |
| 5 Multipl | y line 4 by line 3 | | | - | | | | | 5 | | 545,134. |
| 6 Enter 1 | % of net investment incom | e (1% of | Part I, line 27b) | | | | | - | 6 | | 4,086. |
| 7 Add lin | es 5 and 6 | | | | | | | | 7 | | 549,220. |
| If line 8 | ualifying distributions from is equal to or greater than Part VI instructions | | | 1b, and comp | lete that part usin | g a 1' | % tax r | rate | 8 | | 1,159,683. |
| | F art VI HISUUCUONS | | | | | | | | | - <u>-</u> | 000 DE (0040) |

| orm | n 990-PF (2010) ZUCKERMAN FAMILY FOUNDATION | | | | | <u> 20 – </u> | <u> 2955</u> | 094 | ; | Page 4 |
|-----|---|----------------------|---------------|------------------|---------------|---------------|--------------|--------------|----------|------------|
| Рa | art VI Excise Tax Based on Investment Income (Section 494 | Ю(a), | 4940(b) | , 4940(e), | or 4 | 948 | - see i | nstru | ctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e | | | | | | I | | | |
| | Date of ruling or determination letter (attach copy of letter if ne | | | | | | 1 | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | \triangleright X | and enter | 1% | | 1 | <u> </u> | | 4,0 | 86. |
| | of Part I, line 27b | | | | | | 1 | | | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 49 | % of Par | t I, line 12, | col. (b) ノ | | | I | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only C | Others er | nter -0-) | | | 2 | | | | 0. |
| | Add lines 1 and 2 | | | • | | 3 | ļ | | 4,0 | 86. |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only | Others e | nter -0-) | | | 4 | ļ | | | 0. |
| | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | | - | 5 | <u></u> | | 4,0 | 86. |
| 6 | Credits/Payments | | 1 | | | | | | | |
| | 2010 estimated tax payments and 2009 overpayment credited to 2010 | <u>6a</u> | 1 | 3,32 | 24. | | } | | | |
| | Exempt foreign organizations - tax withheld at source | 6b | | | | | ł | | | |
| | Tax paid with application for extension of time to file (Form 8868) | 6c | | 7,6 | 52. | | 1 | | | |
| | Backup withholding erroneously withheld | 6d | | | | | 1 | | | |
| | Total credits and payments Add lines 6a through 6d | | | | | 7 | | | 4,0 | 86. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att. | ached | | | | . 8 | | | | <u>11.</u> |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | > | 9 | | | | 11. |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | 1 | > | 10 | | | | |
| _ | Enter the amount of line 10 to be Credited to 2011 estimated tax | | | Refunde | 1 > | 11 | l | | | |
| | art VII-A Statements Regarding Activities | | | | | | | 1 | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legi | slation o | or did it par | ticipate or inte | rvene | ın | | | Yes | No |
| | any political campaign? | | | | | | | _1a | _ | X |
| D | Did it spend more than \$100 during the year (either directly or indirectly) for political purpo | | | | - | | | <u>1b</u> | ļ | Х |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an | id copie | es of any i | matenals pub | olishe | d or | | | | |
| | distributed by the foundation in connection with the activities. | | | | | | | | | ., |
| | Did the foundation file Form 1120-POL for this year? | | | | | | | 10 | | X |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the | - | | | Λ | | | | | |
| _ | (1) On the foundation > \$ 0 (2) On foundation manager | | | | 0. | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expendence managers > \$ 0. | onure tax | x imposea | on toundation | | | | : | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the | IDCO | | | | | | 2 | | х |
| _ | If "Yes," attach a detailed description of the activities | inor | | | | | | 2 | | <u> </u> |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing | metrum | ent article | c of incorpora | tion o | | | | | |
| Ü | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | | ient, articie | з от пісотрога | uon, u | • | | 3 | • | Х |
| 42 | Did the foundation have unrelated business gross income of \$1,000 or more during the ye | | | | | | | 4a | | X |
| | of "Yes," has it filed a tax return on Form 990-T for this year? | | | | | N | I/A | 4b | | <u> </u> |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year | ? | | | | | | 5 | | Х |
| - | If "Yes," attach the statement required by General Instruction T. | | | - | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied 6 | either | | | | | | ŀ | | |
| | By language in the governing instrument, or | | | | | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandato | rv direct | tions that c | onflict with the | e state | law | | ł | | |
| | remain in the governing instrument? | , | | | | | | 6 | Х | İ |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | • | | | | | | 7 | Х | |
| | If "Yes," complete Part II, col (c), and Part XV. | | | | | | | | | |
| | Enter the states to which the foundation reports or with which it is registered (see instruction | ons) 🕨 | | | | | | ŧ | | |
| _ | AZ | • • | | | | | | | | 1 |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the | Attornev | General (o | r designate) | | | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | | | | | 8b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of s | ection 4 | 942(j)(3) o | r 4942(1)(5) fo | r cale | ndar | | | | |
| | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," | | | | | • | | 9 | • | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a sched | | | | | | | 10 | | Х |
| | | | | | | | For | m 990 | -PF (| (2010) |

023541 12-07-10

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

X

| orm 990-PF (2010) ZUCKERMAN FAMILY FOUNDAT | ION | | <u> 20-29550</u> | 94 | Page 6 |
|--|---|------------------|--|--------------|------------------------|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be F | Required (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Yo | es X No | | 1 |
| (2) Influence the outcome of any specific public election (see section 4955), o | or to carry on, directly or indire | ectly, | | | |
| any voter registration drive? | | 🗀 Ye | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? . | . Y (| es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | | | 1 |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Ye | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or 1 | or | | | I |
| the prevention of cruelty to children or animals? | | Yo | es X No | | I |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described i | in Regulations | | | 1 |
| section 53 4945 or in a current notice regarding disaster assistance (see instru | ections)? | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check h | ere | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for | rom the tax because it mainta | ined | | | |
| expenditure responsibility for the grant? | N | I/A 🔲 Yı | es 🔲 No | | |
| If "Yes," attach the statement required by Regulations section 53 494 | 5-5(<i>d</i>) | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | į | | |
| a personal benefit contract? | _ | Y ₁ | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | | 6b | X |
| If "Yes" to 6b, file Form 8870 | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | shelter transaction? | Y | es X No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | utable to the transaction? | | N/A | 7b | |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | nagers, Highl | У | | |
| Faid Employees, and Contractors | | | | | |
| List all officers, directors, trustees, foundation managers and their | | (c) Compensation | (d) Contribution to | T | <u></u> |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred | acco | Expense unt, other |
| ., | to position | enter -0-) | compensation | allo | owances |
| | - | | | | |
| SEE STATEMENT 11 | | 0. | 0. | | 0. |
| SEE STATEMENT II | | - · | 0. | | |
| | 1 | | | | |
| | - | | | | |
| | | | | - | |
| | - | | | | |
| | | | | | |
| | | • | | - | |
| | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | Luded on line 1). If none, | enter "NONE." | 1 . | <u> </u> | |
| | (b) Title, and average | | (d) Contributions to | (e) | Expense ount, other |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | | ount, other owances |
| NONE | | | Comparsation | | |
| | | } | | | |
| | | | | | |
| | 1 | 1 | | | |
| | | | | | |
| | 1 | | | | |
| | | - | | 1 | |
| | 1 | | | | |
| | | | - | | |
| | 1 | | | | |
| Total number of other employees paid over \$50,000 | | | • • | 1 | 0 |

| 3 Five highest-paid independent contractors for professional services. If none, ente | "NONE." | |
|--|-------------------------------|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | _ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statis | tical information such as the | |
| number of organizations and other beneficiaries served, conferences convened, research papers pro- | luced, etc | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| AND THE RESERVE OF THE PARTY OF | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on | lines 1 and 2 | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | > | 0. |

r.

| P | Minimum Investment Return (All domestic foundations must c | omplete this part. Foreign fou | ndations, | see instructions) |
|-----|--|------------------------------------|---------------|------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. | purposes: | | |
| а | Average monthly fair market value of securities | | 1a | 9,422,282. |
| b | Average of monthly cash balances | | 1b | 9,422,282. 957,427. |
| | Fair market value of all other assets | | 10 | |
| d | Total (add lines 1a, b, and c) | | 1d | 10,379,709. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | | |
| | 1c (attach detailed explanation) | 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | 1 2 | 0. |
| 3 | Subtract line 2 from line 1d | | 3 | 10,379,709. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see in | structions) | 4 | 155,696. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part | /, line 4 | 5 | 10,224,013. |
| 6 | Minimum investment return. Enter 5% of line 5 | | 6 | 511,201. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5 foreign organizations check here and do not complete this part) | i) private operating foundations a | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | | 1 | 511,201. |
| 2 a | Tax on investment income for 2010 from Part VI, line 5 | 4,086. | | |
| b | Income tax for 2010 (This does not include the tax from Part VI) | | 1 | |
| C | Add lines 2a and 2b | | 20 | 4,086. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | 3 | 4,086. 507,115. |
| 4 | Recoveries of amounts treated as qualifying distributions | _ | 4 | 0. |
| 5 | Add lines 3 and 4 | | 5 | 507,115. |
| 6 | Deduction from distributable amount (see instructions) | | 6 | 0. |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, li | ne 1 | 7 | 507,115. |
| P | art XII Qualifying Distributions (see instructions) | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | | 1 150 600 |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | | 1a | 1,159,683. |
| b | Program-related investments - total from Part IX-B | | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. | , purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | | |
| а | Suitability test (prior IRS approval required) | - | 3a | |
| b | Cash distribution test (attach the required schedule) | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part | t XIII, line 4 | 4 | 1,159,683. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | t | | |
| | income Enter 1% of Part I, line 27b | · | 5 | 4,086. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | - | 6 | 1,155,597. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when co | alculating whether the foundation | qualifies for | r the section |

Form **990-PF** (2010)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------|----------------------------|--|---|
| 1 Distributable amount for 2010 from Part XI, | | | | |
| line 7 | | | | 507,115. |
| 2 Undistributed income, if any, as of the end of 2010 | | | ······································ | MI |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010 | | | | |
| a From 2005 | | | | |
| b From 2006 386, 354. | | | | |
| £ From 2007 853,309. | | | | |
| d From 2008 238,009. | | | | |
| e From 2009 406,716. | | | | |
| 1 Total of lines 3a through e | 1,884,388. | | | *************************************** |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4 \triangleright \$ 1,159,683. | | | _ | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | ` | _ | | |
| years (Election required - see instructions) | | 0. | | · ······ |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | <u> </u> | | | 507,115. |
| e Remaining amount distributed out of corpus | 652,568. | | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 2,536,956. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | ~~~~~ |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2010 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2011. | | | | |
| Subtract lines 7 and 8 from line 6a | 2,536,956. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2006 386, 354. | | , | | |
| b Excess from 2007 853, 309. | | | | |
| Excess from 2008 238,009. | | | | |
| d Excess from 2009 406,716. | | | | |
| 8 Excess from 2010 652,568. | | | | Form 990-PF (2010) |

| | AN FAMILY F | | | 20-29 | 55094 Page 10 |
|--|------------------------------|------------------------------|------------------------|---------------------------------------|---------------------|
| Part XIV Private Operating F | oundations (see ins | structions and Part VII | A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter that | it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2010, enter the date of t | he ruling . | ▶ | | |
| b Check box to indicate whether the found | dation is a private operatir | ng foundation described i | n section | 4942(J)(3) or 49 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities | | | | | 1 |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | | | | - |
| afternative test relied upon | | | | | |
| a "Assets" alternative test - enter | | | | | |
| (1) Value of all assets | · | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | - 1.3 | | | | |
| and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | - | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | - | | |
| Part XV Supplementary Info | rmation (Comple | te this part only i | if the foundati | on had \$5 000 or m | ore in assets |
| at any time during t | | | and rounded | | 010 111 000010 |
| 1 Information Regarding Foundation | · · · · | | | <u>-</u> | |
| a List any managers of the foundation wh | _ | than 2% of the total conti | ributions received by | the foundation before the clo | se of any tax |
| year (but only if they have contributed in | nore than \$5,000) (See s | ection 507(d)(2)) | | | |
| SEE STATEMENT 12 | | | | | |
| b List any managers of the foundation wh other entity) of which the foundation ha | | | or an equally large p | ortion of the ownership of a p | artnership or |
| NONE | | | | | |
| 2 Information Regarding Contribut | ion, Grant, Gift, Loan, | Scholarship, etc., Pr | ograms: | | |
| Check here ▶ ☐ If the foundation of | | • • • • | • | es not accept unsolicited requ | iests for funds. If |
| the foundation makes gifts, grants, etc | (see instructions) to indiv | riduals or organizations u | nder other conditions | s, complete items 2a, b, c, and | d d |
| a The name, address, and telephone num | | | | · · · · · · · · · · · · · · · · · · · | |
| SEE STATEMENT 13 | | | | | _ |
| b The form in which applications should t | oe submitted and informat | tion and materials they sh | ould include. | | |
| c Any submission deadlines | | - · | | | |
| d Any restrictions or limitations on awards | s, such as by geographica | al areas, charitable fields, | kinds of institutions, | or other factors: | |
| | | | | | |
| | | | | | |

1

| Part XV Supplementary Information | | | | |
|---|--|-------------------------|----------------------------------|---------------------------------|
| 3 Grants and Contributions Paid During the Yo | ear or Approved for Future I | Payment | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| a Paid during the year | | | | |
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| | | | | |
| | | | | |
| SEE STATEMENT 14 | | | | |
| Total | | | ▶ 3a | 1159683 |
| b Approved for future payment | | | | |
| NONE | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total 023611 12-07-10 | · · · · · · · · · · · · · · · · · · · | <u> </u> | > 3b | 0 . orm 990-PF (2010) |

| Part XVI-A Analysis of Income-Proc |
|------------------------------------|
|------------------------------------|

| Enter gross amounts unless otherwise indicated | Unrelated | business income | | ed by section 512, 513, or 514 | (e) |
|--|-----------|-----------------|---------------|--------------------------------|-------------------|
| | (a) | (b) | (c) Exclu- | (d) | Related or exempt |
| 1 Program service revenue | Business | Amount | code | Amount | function income |
| a | | | | | |
| b | _ | | | | |
| C | | | | | |
| d | _ | | | | · |
| е | 1 1 | | | | |
| 1 | | | | | |
| g Fees and contracts from government agencies | | - | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 191,744. | |
| 4 Dividends and interest from securities | | | 14 | 321,718. | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | 14 | 23. | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | -121,219. | |
| 9 Net income or (loss) from special events | | | | | ., |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue | | | | | |
| a | _ | | | | |
| b | | | | | |
| C | 1 ! | | | | |
| d | 1 1 | | | | |
| e | | _ | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | | | 0. | 392,266. | 392,266 |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 392,266 |
| See worksheet in line 13 instructions to verify calculations |) | | | | |

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

| e No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) |
|------------|--|
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023621 12-07-10

| | | Exempt Organ | izations | | | | · | | | |
|-------|--------------|---|---------------------------------------|---------------------|--------------------------------|-----------------------|---|----------------------|------------|-------|
| 1 | Did the or | ganization directly or indi | rectly engage in any | of the followin | g with any other organizat | ion described in se | ction 501(c) of | | Yes | No |
| | the Code (| other than section 501(c) |)(3) organizations) o | r ın section 52 | ?7, relating to political orga | nizations? | | | | |
| а | Transfers | from the reporting found: | ation to a noncharita | ble exempt or | ganization of. | | | | | |
| | (1) Cash | | | | | | | 1a(1) | | X |
| | (2) Other | assets | | | | | | 1a(2) | | Х |
| b | Other tran | sactions | | | | | | | | |
| | (1) Sales | of assets to a nonchanta | ble exempt organizal | tion | | - | | 16(1) | | X |
| | (2) Purch | ases of assets from a nor | ncharitable exempt o | rganization | | | | 1b(2) | | Х |
| | (3) Renta | I of facilities, equipment, | or other assets . | | | | | 1b(3) | | Х |
| | (4) Reimi | bursement arrangements | | | | | | 1b(4) | | Χ |
| | (5) Loan: | s or loan guarantees | | | | | | 16(5) | | Х |
| | (6) Perfo | rmance of services or me | mbership or fundrai | sing solicitatio | ins | | | 15(6) | | Х |
| C | Sharing of | f facilities, equipment, ma | iling lists, other asse | ts, or paid em | ployees | | | 1c | | X |
| đ | If the ansv | ver to any of the above is | "Yes," complete the | following sche | edule. Column (b) should a | lways show the fair | market value of the g | oods, other ass | ets, | |
| | | | | | ed less than fair market va | lue in any transactio | on or sharing arrange | ment, show in | | |
| / - \ | |) the value of the goods, | | | | | | | | |
| (a) | ⊔ne no | (b) Amount involved | (c) Name of | | exempt organization | (d) Descripti | on of transfers, transaction | ons, and sharing an | rangeme | nts |
| | | | | N/A | · | | | | | |
| | | | | | | | | | | |
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| | | | | | | l | | | | |
| 2a | | • | • | | or more tax-exempt organ | nizations described | | | | , |
| | | 501(c) of the Code (other | • |)(3)) or in sect | tion 527? | | | └── Yes | L <u>X</u> | No |
| b | It "Yes," co | omplete the following scho (a) Name of org | | | (b) Type of organization | 1 | (a) Description of re | lationahin | | |
| | | N/A | amzauon | | (b) Type of organization | | (c) Description of re | nationship | | |
| | | N/ A | | | | | | -1 | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | - | | | | | | | | |
| | | | _ | | | | | | | |
| | Unde | er penalties of penury, I declare | that I have examined the | nis return, includ | I | nd statements, and to | the best of my knowledge | and belief, it is tn | Je, corre | ct, |
| S | ign and c | complete Decravation of Impa | revolute tran taxpayer | or fiduciary) is to | OR THE STATE OF THE | preparer has any kno | wledge | | | |
| | ere 📐 | しょし ハド | ון פ | • | AVIZONO | | | | | |
| | | Signature of officer or tru | istee U | | IICE UNITABLE | | Title | | | |
| | • | Print/Type preparer's na | ime | Preparer's s | ignature | Date | Check rf | PTIN | | |
| | | | | 1 | | | self- employed | | | |
| | aid | THOMAS FUR | | 1 | | | | | | |
| | reparer | Firm's name ► R & | A CPAS A | PROFE | SSIONAL CORI | PORATION | Firm's EIN | | | |
| U | se Only | | | | | | | | _ | |
| | | | | | LL STE. 100 | | | . | | |
| | | <u>TU</u> | CSON, AZ | 85/12 | - | | Phone no (| | 1-4 | |
| | | | | | | | | Earn OOA | DE/ | 20101 |

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| CONTINUATION | FOR | 990-PF, | PART |] |
|--------------|-----|---------|------|---|
| 20-2955094 | P | AGE 1 | OF | |

| | describe the kind(s) of property solerick warehouse, or common stock, 20 | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo , day, yr.) | (d) Date sold (mo , day, yr.) |
|--|--|---|--|---------------------------------------|----------------------------------|
| 1a POWERSHARES DB | | | P | | |
| b POWERSHARES DB | | | P | | |
| | | M K-1 - ST PORTIO | | | |
| | & STRADDLES FRO | | | | |
| e GREENBERG FINA | NCIAL ST LOSSES | | P | | |
| 1 GREENBERG FINA | | | P | | |
| g CAPITAL GAINS | DIVIDENDS | | | | |
| h | | | | | |
| 1 | | | | | |
| <u> </u> | | | | | |
| <u>k</u> | | | | | |
| 1 | | | | | |
| <u>m</u> | | 12 | | | |
| n | | | | | |
| _0 | | | |] | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | |) Gain or (loss) dus (f) minus (g) | |
| a -31. | , . | | | | -31. |
| b 40. | | | | | 40. |
| c -533. | | | | | -533. |
| d -800. | | 070 060 | | | -800. |
| e 764,906. | | 870,269. | | | 105,363. |
| 994,750. | | 1,009,929. | | | -15,179. |
| g 647. | | | | | 647. |
| <u>h</u> | | | | | |
| 1 | | | | | |
| k | | | | | |
| 1 | | | | | |
| m | | | | | |
| n | | | | | |
| 0 | | | | | |
| | ng gain in column (h) and owned by | the foundation on 12/31/69 | (I) Los | ses (from col (h)) | |
| 43.53434 440.04.00 | (j) Adjusted basis | (k) Excess of col (i) | Gains (excess of | of col (h) gain over | col (k), |
| (i) F M V as of 12/31/69 | as of 12/31/69 | over col (j), if any | but n | ot less than "-0-") | |
| a | - | | | | -31. |
| b | | | | | 40. |
| С | | | | | -533. |
| d | | | | | -800. |
| <u>e</u> | | | | | 105,363. |
| t | | | | | -15,179. |
| g | ļ . | | | | 647. |
| h | | | | | |
| 1 | | | | | |
| <u>i</u> | | | | | |
| <u>k</u> | | | | | - |
| <u> </u> | | | | | |
| m n | | | | | |
| <u>n</u> | | | | | |
| 0 | | | | | |
| 2 Capital gain net income or (net ca | pital loss) { If gain, also enter If (loss), enter "-0 | in Part I, line 7 | 2 | _ | 121,219. |
| | | , I | - | | |
| Net short-term capital gain or (los if gain, also enter in Part I, line 8, | | a (b). | | | |
| If (loss), enter "-0-" in Part I, line 8 | | | 3 | N/A | |
| | | | | | · |

· i.

| FORM 990-PF INTEREST ON SAVINGS | AND TEM | PORARY CA | SH I | NVESTMENTS | STATEMENT | 1 |
|--|-----------------------|-------------------------------|------------|-----------------------------------|------------------------|------------|
| SOURCE | | | | | AMOUNT | |
| POWERSHARES DB COMMODITY K-1 RBC DAIN RAUSCHER RBC DAIN RAUSCHER - OID RBC DAIN RAUSCHER - REIMC | | | | - | 57,79 50,1 83,70 | 73. |
| TOTAL TO FORM 990-PF, PART I, LI | NE 3, CO | LUMN A | | : | 191,7 | 14. |
| FORM 990-PF DIVIDENDS A | ND INTER | EST FROM | SECU | RITIES | STATEMENT | 2 |
| SOURCE | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT |) |
| LESS FOREIGN TAX EXPENSE RBC DAIN RAUSCHER | | -184. 322,549. | | 0. 647. | -18 321,9 | |
| TOTAL TO FM 990-PF, PART I, LN 4 | | 322,365. | | 647. | 321,7 | 18. |
| FORM 990-PF | OTHER I | NCOME | | | STATEMENT | 3 |
| DESCRIPTION | | (A) REVENUE PER BOOKS | | (B) NET INVEST- MENT INCOME | | |
| | | I Div Doore | | | NEI INCO | ME |
| OTHER INVESTMENT INCOME | | | 23. | 23 | | ч Е |
| | | | | | • | ME |
| TOTAL TO FORM 990-PF, PART I, LI | INE 11 = | | 23. | 23 | • | |
| FORM 990-PF | | | 23. 23. | 23 | STATEMENT (D) CHARITA | 4 BLE |
| TOTAL TO FORM 990-PF, PART I, LI FORM 990-PF EX | ACCOUNTI (A) (PENSES | NG FEES (B) NET INVE MENT INC | 23. 23. | 23 23 (C) ADJUSTED | STATEMENT (D) CHARITA | 4 BLE |

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| FORM 990-PF | TAX | ES | | STATEMENT | |
|--|------------------------------|-----------------------------------|------------|------------|-----|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| EXCISE TAX ARIZONA CORPORATION | 3,327. | 0 | • | | 0. |
| COMMISSION TAX | 10. | 0 | • | | 0. |
| TO FORM 990-PF, PG 1, LN 18 = | 3,337. | 0 | • | | 0. |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT | 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| INVESTMENT FEES | 71,762. | 71,762 | • | | 0. |
| DEDUCTIONS PASSED THROUGH ON POWERSHARES K-1 | 100. | 0 | • | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 71,862. | 71,762 | - | | 0. |
| FORM 990-PF OTHER INCREASES | IN NET ASS | ETS OR FUND | BALANCES | STATEMENT | 7 |
| DESCRIPTION | | | | AMOUNT | |
| UNREALIZED GAIN ON INVESTMENT | SECURITIES | | | 822,6 | 32. |
| TOTAL TO FORM 990-PF, PART II | I, LINE 3 | | | 822,6 | 32. |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT | 8 |
| DESCRIPTION | | В | OOK VALUE | FAIR MARKE | Г |
| US & INTERNATIONAL EQUITIES | | | 3,448,486. | 3,448,48 | 86. |
| TOTAL TO FORM 990-PF, PART II | , LINE 10B | | 3,448,486. | 3,448,48 | B6. |

. "; ",

| FORM 990-PF | CORPORATE BONDS | | STAT | EMENT | 9 |
|--|---|------------------------------|---------------------------------|------------------|----------------|
| DESCRIPTION | | BOOK VALUI | | MARKE: | Т |
| BONDS | - | 6,430,39 | 96. 6 | ,430,39 | 96. |
| TOTAL TO FORM 990-PF, PART II, | , LINE 10C | 6,430,39 | 96. 6 | ,430,39 | 96. |
| FORM 990-PF | OTHER INVESTMENTS | | STAT | EMENT | 10 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUI | | MARKET | Т |
| OTHER ASSETS | COST | 239,62 | 27. | 239,62 | 27. |
| TOTAL TO FORM 990-PF, PART II, | LINE 13 | 239,62 | 27. | 239,62 | 27. |
| | LIST OF OFFICERS, DE AND FOUNDATION MANAG | | | EMENT | 11 |
| | | | STAT | EMENT | 11 |
| | | | STAT EMPLOYEE BEN PLAN CONTRIB | EXPENS | SE |
| TRUSTEES | AND FOUNDATION MANAGEMENT TITLE AND | COMPEN- | EMPLOYEE BEN PLAN | EXPENS | SE |
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- | EMPLOYEE BEN PLAN | EXPENS ACCOUN | SE NT |
| NAME AND ADDRESS MEL ZUCKERMAN 8600 E. ROCKCLIFF ROAD | TITLE AND AVRG HRS/WK PRESIDENT | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENS ACCOUN | SE NT |
| NAME AND ADDRESS MEL ZUCKERMAN 8600 E. ROCKCLIFF ROAD TUCSON, AZ 85750 ENID ZUCKERMAN 8600 E. ROCKCLIFF ROAD | TITLE AND AVRG HRS/WK PRESIDENT 4.00 VICE PRESIDENT | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENS | SE NT 0. |
| NAME AND ADDRESS MEL ZUCKERMAN 8600 E. ROCKCLIFF ROAD TUCSON, AZ 85750 ENID ZUCKERMAN 8600 E. ROCKCLIFF ROAD TUCSON, AZ 85750 JAY ZUCKERMAN 8600 E. ROCKCLIFF ROAD | TITLE AND AVRG HRS/WK PRESIDENT 4.00 VICE PRESIDENT 2.00 | COMPEN- SATION 0. 0. | EMPLOYEE BEN PLAN CONTRIB 0. | EXPENS | 0. 0. |
| NAME AND ADDRESS MEL ZUCKERMAN 8600 E. ROCKCLIFF ROAD TUCSON, AZ 85750 ENID ZUCKERMAN 8600 E. ROCKCLIFF ROAD TUCSON, AZ 85750 JAY ZUCKERMAN 8600 E. ROCKCLIFF ROAD TUCSON, AZ 85750 JERROLD COHEN 8600 E. ROCKCLIFF ROAD | TITLE AND AVRG HRS/WK PRESIDENT 4.00 VICE PRESIDENT 2.00 VICE PRESIDENT 2.00 | COMPEN-SATION 0. 0. SURER | EMPLOYEE BEN PLAN CONTRIB 0. | EXPENS | SE |

FORM 990-PF

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PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

12

NAME OF MANAGER

JAY ZUCKERMAN AMY ZUCKERMAN

FORM 990-PF

44

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JAY OR AMY ZUCKERMAN 8600 E. ROCKCLIFF ROAD TUCSON, AZ 85750

TELEPHONE NUMBER

(520) 749-9655

FORM AND CONTENT OF APPLICATIONS

A LETTER OF INQUIRY, A COMPLETED APPLICATION FORM AND A SITE VISIT WILL BE REQUIRED OF GRANT APPLICANTS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

** }

FORM 990-PF

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STATEMENT 14

| | RECIPIENT RELATIONSHIP | | |
|---|--|-----------|----------|
| AMERICAN ISRAEL FRIENDSHIP LEAGUE 4729 E. SUNRISE DRIVE TUCSON, AZ 85718 | NONE ONE AMBASSADORSHIP | 501(C)(3) | 6,000. |
| ANGEL CHARITY FOR CHILDREN P.O. BOX 13318 TUCSON, AZ 85732 | NONE SUPPORT | 501(C)(3) | 25,000. |
| ARA PARSEGHIAN MEDICAL RESEARCH FOUNDATION 3530 E. CAMPO ABUERTO #105 TUCSON, AZ 85718 | NONE MEDICAL RESEARCH | 501(C)(3) | 25,000. |
| ALLIANCE FUND 2250 E. BROADWAY BLVD TUCSON, AZ 85719 | NONE SUPPORT | 501(C)(3) | 1,000. |
| BERKSHIRE MUSEUM'S CAPITAL CAMPAIGN 39 SOUTH STREET PITTSFIELD, MA 01201 | NONE SUPPORT | 501(C)(3) | 20,000. |
| CANYON RANCH INSTITUTE 8600 E. ROCKCLIFF ROAD TUCSON, AZ 85750 | MEMBERS OF BOARD IN COMMON SUPPORT | 501(C)(3) | 300,000. |
| CITY OF HOPE 1600 ARCH STREET PHILADELPHIA, PA 19103 | NONE SUPPORT | 501(C)(3) | 1,000. |
| SONORAN INSTITUTE 7650 E. BROADWAY, SUITE 203 TUCSON, AZ 85710 | NONE SUPPORT | 501(C)(3) | 10,000. |

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

| . "! .:. ZUCKERMAN FAMILY FOUNDATION | | | 20-2955094 |
|---|-----------------|-----------|------------|
| RGCKY MOUNTAIN MS CENTER PO BOX 2984 DURANGO, CO 81302 | NONE SUPPORT | 501(C)(3) | 100. |
| STEPHEN M. GOOTTER FOUNDATION PO BOX 64583 TUCSON, AZ 85728 | | 501(C)(3) | 10,000. |
| CONGREGATION ANSHEI ISRAEL 5550 E. FIFTH STREET TUCSON, AZ 85711 | | 501(C)(3) | 53,240. |
| FILM FORUM 209 W. HOUSTON STREET NEW YORK, NY 10014 | NONE SUPPORT | 501(C)(3) | 2,500. |
| THE LOFT CINEMA 3233 EAST SPEEDWAY TUCSON, AZ 85716 | NONE SUPPORT | 501(C)(3) | 3,000. |
| GLOBAL GRANDPARENTING/GLOBAL GIVING 1816 12TH STREET NW WASHINGTON, DC 20009 | NONE SUPPORT | 501(C)(3) | 5,000. |
| GRAND CANYON ASSOCIATION P.O. BOX 399 GRAND CANYON, AZ 86023 | | 501(C)(3) | 2,500. |
| HUMANE SOCIETY 3450 N. KELVIN BLVD TUCSON, AZ 85716 | NONE SUPPORT | 501(C)(3) | 15,000. |
| JEWISH FAMILY AND CHILDREN'S SERVICES 4301 E. 5TH STREET TUCSON, AZ 85711 | NONE SUPPORT | 501(C)(3) | 2,500. |
| JEWISH FEDERATION OF SOUTHERN ARIZONA 3822 E. RIVER ROAD, SUITE 100 TUCSON, AZ 85718 | NONE SUPPORT | 501(C)(3) | 151,250. |

| . "I ZUCKERMAN FAMILY FOUNDATION | | | 20-2955094 |
|---|-----------------|-----------|------------|
| HOMICIDĖ SURVIVORS 32 N. STONE AVENUE TUCSON, AZ 85701 | NONE SUPPORT | 501(C)(3) | 1,300. |
| NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206 | NONE SUPPORT | 501(C)(3) | 25,000. |
| MUSEUM OF CONTEMPORARY ART 265 E. CHURCH AVENUE TUCSON, AZ 85701 | NONE SUPPORT | 501(C)(3) | 10,000. |
| SOUTHERN ARIZONA RESCUE ASSOCIATION PO BOX 12892 TUCSON, AZ 85732 | NONE SUPPORT | 501(C)(3) | 75,000. |
| SOUTHWEST ALTERNATIVES 2919 E. BROADWAY, SUITE 200 TUCSON, AZ 85716 | NONE SUPPORT | 501(C)(3) | 500. |
| SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109 | NONE SUPPORT | 501(C)(3) | 100,000. |
| JACOB'S PILLOW DANCE 358 GEORGE CARTER ROAD BECKET, MA 01223 | NONE SUPPORT | 501(C)(3) | 1,000. |
| OKLAHOMA STATE UNIVERSITY FOUNDATION 218 ENGINEERING NORTH STILLWATER, OK 74078 | NONE SUPPORT | 501(C)(3) | 2,500. |
| THE BOYS AND GIRLS CLUBS OF TUCSON 2221 N. ROSEMONT BLVD TUCSON, AZ 85712 | NONE SUPPORT | 501(C)(3) | 25,000. |
| THE MOAB CANCER TREATMENT & RESOURCE CENTER C/O SKINNY TIRE EVENTS PO BOX | NONE SUPPORT | 501(C)(3) | 1,000. |

934 MOAB, UT 84532

| ZUCKERMAN FAMILY FOUNDATION | | | 20-2955094 |
|--|-----------------|---------------------------|------------|
| TU NIDITO 3922 N. MOUNTAIN AVENUE TUCSON, AZ 85719 | NONE SUPPORT | 501(C)(3) | 1,000. |
| PERIMETER BICYCLING ASSOCIATION OF AMERICA 2609 E. BROADWAY TUCSON, AZ 85716 | NONE SUPPORT | 501(C)(3) | 400. |
| PMC, JIMMY FUND, DFCI PA-MASS CHALLENGE P.O. BOX 415590 BOSTON, MA 02241 | NONE SUPPORT | 501(C)(3) | 200. |
| TUCSON JEWISH COMMUNITY CENTER 3800 EAST RIVER ROAD TUCSON, AZ 85718 | | 501(C)(3) | 6,000. |
| U OF A FOUNDATION - CANCER CENTER P.O. BOX 3112 TUCSON, AZ 85702 | NONE SUPPORT | 501(C)(3) | 100,000. |
| UA FOUNDATION - COPH-BLACK ALUMNI CLUB SCHOLARSHIPS P.O. BOX 210109 TUCSON, AZ 85721 | NONE SUPPORT | 501(C)(3) | 10,000. |
| UAF - COLLEGE OF PUBLIC HEALTH P.O. BOX 210109 TUCSON, AZ 85721 | NONE SUPPORT | 501(C)(3) | 18,743. |
| VDAY 303 PARK AVENUE SOUTH NEW YORK, NY 10010 | NONE SUPPORT | 501(C)(3) | 7,450. |
| U OF A FOUNDATION - CAMPAIGN ARIZONA UNIVERSITY OF ARIZONA MCKALE CENTER, ROOM 246 TUCSON, AZ | NONE SUPPORT | EDUCATION: INSTITUTION | • |
| U OF A FOUNDATION - ARTHRITIS CENTER P.O. BOX 210109 TUCSON, AZ 85721 | NONE SUPPORT | 501(C)(3) | 25,000. |

| ZUCKERMAN FAMILY FOUNDATION | | 2 | 0-2955094 |
|--|-------------------------|------------------|-----------|
| U OF A FOUNDATION - UA PRESENTS P.O. BOX 210109 TUCSON, AZ 85721 | NONE SUPPORT | 501(C)(3) | 10,000. |
| U OF A FOUNDATION/DRC 1224 E. LOWELL STREET TUCSON, AZ 85721 | NONE SUPPORT | 501(C)(3) | 1,500. |
| SOUTHWEST TORAH INSTITUTE 5150 E. 5TH STREET TUCSON, AZ 85711 | NONE SUPPORT | 501(C)(3) | 5,000. |
| SAN MIGUEL HIGH SCHOOL PO BOX 22199 TUCSON, AZ 85734 | NONE SUPPORT | PUBLIC SCHOOL | 25,000. |
| H.E.R.O. HAITI RELIEF MISSION 2950 LOS FELIZ BLVD, SUITE 204 LOS ANGELES, CA 90039 | NONE RELIEF TO HAITI | 501(C)(3) | 25,000. |
| TOTAL TO FORM 990-PF, PART XV, L | INE 3A | 1 | ,159,683. |

Form **8868** (Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| • If yo | u are filing for an Automatic 3-Month Extension, comple | te only Pa | ert I and check this box | | ▶ | X | | | |
|--|--|-------------------|--|-------------|----------------------|--------------|--|--|--|
| • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). | | | | | | | | | |
| Do not | complete Part II unless you have already been granted a | an automa | itic 3-month extension on a previously fil | ed Fo | rm 8868. | | | | |
| Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation | | | | | | | | | |
| required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension | | | | | | | | | |
| of time | to file any of the forms listed in Part I or Part II with the ex | ception of | Form 8870, Information Return for Tran | sfers / | Associated With Cer | taın | | | |
| Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, | | | | | | | | | |
| visit www.irs gov/efile and click on e-file for Charities & Nonprofits | | | | | | | | | |
| Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | | | | | | | |
| A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete | | | | | | | | | |
| Part I only | | | | | | | | | |
| All othe | er corporations (including 1120-C filers), partnerships, REM | IICs, and t | rusts must use Form 7004 to request an | exten | sion of time | | | | |
| to file i | ncome tax returns | | · | | | | | | |
| Туре о | Name of exempt organization | | | Emp | loyer identification | number | | | |
| print | | | | | | | | | |
| | ZUCKERMAN FAMILY FOUNDATION | N | | 2 | 0-2955094 | | | | |
| File by the | | ee instruc | tions. | | | | | | |
| filing you return Si | | | | | | | | | |
| instructio | | oreign add | fress, see instructions. | | | | | | |
| | TUCSON, AZ 85750 | - | | | | | | | |
| | | | | | · · | | | | |
| Enter t | he Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 4 | | | |
| | | • | , | | | | | | |
| Applic | ation | Return | Application | | | Return | | | |
| Is For | | Code | Is For | | | Code | | | |
| Form 9 | 90 | 01 | Form 990-T (corporation) | | | 07 | | | |
| Form 9 | · · · · · · · · · · · · · · · · · · · | 02 | Form 1041-A | | ·- | 08 | | | |
| | Form 990-EZ 03 Form 4720 | | | | | 09 | | | |
| Form 9 | | 04 | Form 5227 | | | 10 | | | |
| | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | | |
| | | 06 | · - · · · · · · · · · · · · · · · · · · | | | 12 | | | |
| Form 990-T (trust other than above) 06 Form 8870 R & A CPAS | | | | | | | | | |
| • The | books are in the care of ▶ 4542 E. CAMP Lo | OWELL. | DRIVE, SUITE 100 - | ጥሀር | SON. AZ 85 | 712 | | | |
| | phone No ► 520 881-4900 | • | FAX No. ▶ 520 881-1475 | | DON, NE 03 | 712 | | | |
| | | | | | | | | | |
| • 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 Poture, enter the organization of the distribution of the organization of the | | | | | | | | | |
| • 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 | | | | | | | | | |
| box . 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. | | | | | | | | | |
| I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension | | | | | | | | | |
| - | s for the organization's return for: | n organiza | tion return for the organization named a | bove. | ine extension | | | | |
| r: | ➤ X calendar year 2010 or | | | | | | | | |
| | | | | | | | | | |
| • | ▶ Lax year beginning, and ending | | | | | | | | |
| \sim | | | | | | | | | |
| 2 1 | 2 If the tax year entered in line 1 is for less than 12 months check reason: L Initial return Final return | | | | | | | | |
| | Change in accounting period | | | | | | | | |
| | | | | | , | | | | |
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | | | | 000 | | | |
| | | | | | | <u>,086.</u> | | | |
| | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | _ | 22: | | | |
| - | stimated tax payments made. Include any prior year overp | | | 3ь | \$ 3 | <u>,324.</u> | | | |
| c E | Balance due. Subtract line 3b from line 3a. Include your pa | ayment wit | h this form, if required, | | | | | | |
| t | y using EFTPS (Electronic Federal Tax Payment System). | <u>See instru</u> | ctions. | 3с | \$ | 762. | | | |
| Cautio | n. If you are going to make an electronic fund withdrawal v | with this Fo | orm 8868, see Form 8453-EO and Form | 8879- | EO for payment insti | uctions. | | | |

023841

LHA

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)