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## Form 990-PF

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

OMB No 1545 0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning 2010, and ending G Check all that apply. Initial return Initial Return of a former public charity Final return Address change Name change Amended return Employer identification number Robert L Zimmerman Charitable Foundation 42-1461940 PO Box 1344 В Telephone number (see the instructions) Bettendorf, IA 52722 (563) 332-6550 If exemption application is pending, check here D 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization. Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated J Accounting method. X Cash Fair market value of all assets at end of year Accrual under section 507(b)(1)(A), check here. (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 124,110. (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necesexpenses per books income income for charitable purposes sarily equal the amounts in column (a) (cash basis only) (see the instructions)) 5,000 Contributions, gifts, grants, etc, received (att sch) If the foundn is not reg to att Sch B Interest on savings and temporary 8 8 cash investments 991 991 991 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) Other income (attach schedule) 999 999 Total. Add lines 1 through 11 999 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) 736 736 736 b Accounting fees (attach sch) . See St 1 G c Other prof fees (attach sch) 284 AT-ZO 17 Interest Taxes (attach schedule)(see fish,) VSeD Stm 8. 8 8 19 Depreciation (attach S sch) and depletion Occupancy/IAY 0 9. 2011 i V E 0 Travet, conferences, and meeting? Printing and publications Other expenses (attach, schedule) See Statement 81 81 81 Total operating and administrative expenses. Add lines 13 through 23 825 825 Contributions, gifts, grants paid Part .XV 200. 200 Total expenses and disbursements. 1,025 825 825 200. Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses

4,974

BAA For Paperwork Reduction Act Notice, see the instructions.

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter 0)

and disbursements

TEEA0504L 07/23/10

174.

174

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4

5

6

115,970

115,970.

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

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

| 2 story bridg was houses or common story 200 shares MIC Company  |   |  | b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year)             | (d) Date sold<br>(month, day, year) |
|--|---|--|---|--|-------------------------------------|
| 1a N/A   |   |  | D — Donation                              | <del>                                     </del> |                                     |
| b  |   |  |   |  |                                     |
| с  |   |  |   |  |                                     |
| d  |   |  |   | <del> </del>                                     | <del></del>                         |
| e  | · · · · · · · · · · · · · · · · · · ·   |  |   |  |                                     |
| (e) Gross sales price  | (f) Depreciation allowed (or allowable)   | (g) Cost or other basis<br>plus expense of sale  |   | (h) Gain or<br>(e) plus (f) m                    |                                     |
| a  |   |  |   |  |                                     |
| b  |   |  |   |  |                                     |
| c  |   |  |   |  |                                     |
| d  |   | <del> </del>                                     |   |  |                                     |
| e  | _Ll   |  |   |  |                                     |
|  | ing gain in column (h) and owned by the   |  |   | (I) Gains (Colu                                  | mn (h)                              |
| (i) Fair Market Value<br>as of 12/31/69                          | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of column (i) over column (j), if any |   | gain minus column (k<br>han -0-) or Losses (fr   |                                     |
| a  |   |  |   |  |                                     |
| <u>b</u>   |   |  |   |  |                                     |
| с  |   |  |   | <u></u>  |                                     |
| d  |   |  |   |  | ·                                   |
| <u>e</u>   |   |  |   |  |                                     |
| If gain, also enter in Part I, line in Part I, line 8            | (loss) as defined in sections 1222(5) are 8, column (c) (see the instructions). I   | f (loss), enter -0-                              | . 2                                       |  |                                     |
| Part V Qualification Unde  | er Section 4940(e) for Reduced  | Tax on Net Investmen                             | t Income                                  | <del></del>                                      |                                     |
| If 'Yes,' the foundation does not qua                            | ction 4942 tax on the distributable amor<br>lify under section 4940(e). Do not com<br>in each column for each year; see the | plete this part.                                 |   | Yes  | X No                                |
| (a)  Base period years  Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions   | (c) Net value of noncharitable-use asset         | s (co                                     | <b>(d)</b> Distribution lumn (b) divided         |                                     |
| 2009   | 692.  |  |   |  |                                     |
| 2008   | 469.  |  |   |  |                                     |
| 2007   | 469.  | 73,  | 858.                                      |  | 0.006350                            |
| 2006   | 3,050.  |  | 815.                                      |  | 0.035132                            |
| 2005   | 1,700.  | 86,  | 703.                                      |  | 0.019607                            |
| 2 Total of line 1, column (d)                                    |   |  | 2   |  | 0.061089                            |
|  | ne 5-year base period – divide the total<br>n has been in existence if less than 5 y  |  | 3   |  | 0.012218                            |
| 4 Enter the net value of nonchar                                 | itable-use assets for 2010 from Part X,   | line 5   | 4   |  |                                     |
| 5 Multiply line 4 by line 3 .                                    |   |  | 5_  |  |                                     |
| 6 Enter 1% of net investment inc                                 | come (1% of Part I, line 27b)   |  | 6_  |  | 2.                                  |
| 7 Add lines 5 and 6.   |   |  | 7   |  | 2.                                  |
| 8 Enter qualifying distributions fr                              | om Part XII, line 4   |  | 8   |  | 200.                                |
| If line 8 is equal to or greater t                               | han line 7, check the box in Part VI, lir   | ne 1b, and complete that part i                  | using a 1% ta                             | ax rate. See the                                 |                                     |
| Part VI instructions.  |   |  |   |  |                                     |

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|--|-------------------|------------------|--|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the  | instructi         | ons)             |  |
| 1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.  |                   | <del>_</del> .   |  |
| Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)  |                   |                  |  |
| <b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V,  | 1                 |                  | 2.   |
| check here ► X and enter 1% of Part I, line 27b  |                   | ,                |  |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)  |                   |                  |  |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable  |                   |                  |  |
| foundations only. Others enter -0-)  | 2                 |                  | <u>0.</u>                                    |
| 5 Add tilles Fairle 2  | 3                 |                  | 2.   |
| 4 Subline A (meanle) tax (domestic section is in (a)(i) waste and taxable remittation only a waste and   | 4                 |                  | 0.   |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  | 5                 |                  | 2.   |
| 6 Credits/Payments:  |                   |                  |  |
| a 2010 estimated tax pmts and 2009 overpayment credited to 2010  |                   |                  |  |
| <b>b</b> Exempt foreign organizations — tax withheld at source 6b  |                   |                  |  |
| c Tax paid with application for extension of time to file (Form 8868)  |                   |                  |  |
| d Backup withholding erroneously withheld  | _                 |                  | ^  |
| 7 Total credits and payments. Add lines 6a through 6d  | 7                 |                  | 0.   |
| Enter any ponenty for anadopayment of obtained text of ob | 8                 |                  |  |
| J Tax due. If the total of times 5 and 6 is more than time 7, effect amount officer.   | 9                 |                  | <u>2.</u>                                    |
| 1  | 0                 |                  |  |
| The Lines are districted to the second control of the second contr | 1                 |                  |  |
| Part VII-A   Statements Regarding Activities   |                   | 1,7              |  |
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   |                   | 1a               | es No<br>X                                   |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes<br>(see the instructions for definition)?  |                   | 1 b              | Х  |
| If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publish or distributed by the foundation in connection with the activities.  | ned               |                  |  |
| c Did the foundation file Form 1120-POL for this year?   |                   | 1c               | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.   |                   |                  |  |
| (1) On the foundation \$\\ \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\  | 0.                |                  |  |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers . • \$ 0.   |                   |                  |  |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  | ,                 | 2                | <u> X</u>                                    |
| If 'Yes,' attach a detailed description of the activities.   |                   | Ì                |  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles   | 1                 |                  |  |
| of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes  |                   | 3                | <u> X</u>                                    |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?   |                   | 4a               | <u>X</u>                                     |
| <b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?   | .                 | 4b               | N/A  |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?   |                   | 5                | <u> </u>                                     |
| If 'Yes,' attach the statement required by General Instruction T.  | İ                 |                  |  |
| <ul> <li>6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:</li> <li>By language in the governing instrument, or</li> </ul>   |                   |                  |  |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict  | c+                |                  |  |
| with the state law remain in the governing instrument?   | ^                 | 6                | X  |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV  | Ì                 | 7                | <u>x                                    </u> |
| 8a Enter the states to which the foundation reports or with which it is registered (see the instructions)  | <u> </u>          |                  |  |
| <b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation   |                   | 8b 2             | x .  |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494 for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)   | 2()(5)<br>irt XIV | 9                | <u> x</u>                                    |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name and addresses.  |                   | 10               | X  |
| BAA  | Fo                | rm <b>990</b> -l | PF (2010)                                    |

| Port VII P Statements Posseding Activity   |  |   |  | 01940                  | Page        |
|--|--|---|--|------------------------|-------------|
| Part VII-B Statements Regarding Activit  |  | 11 4/20 May be Rec                                    | uireu (continueu)  |                        |             |
| <ul><li>5a During the year did the foundation pay or incu</li><li>(1) Carry on propaganda, or otherwise attempt</li></ul>    | •  | n (section 4945(e))?                                  | . Yes X  | No                     |             |
| (2) Influence the outcome of any specific pub  | _  |   |  |                        |             |
| on, directly or indirectly, any voter registra   | No   |   |  |                        |             |
| (3) Provide a grant to an individual for travel,   | No   |   |  |                        |             |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section                               |  |   | . Yes X  | No                     |             |
| (5) Provide for any purpose other than religion<br>educational purposes, or for the prevention                               | us, charitable, scientific<br>n of cruelty to children (       | , literary, or or animals?                            | Yes X  | No                     |             |
| b If any answer is 'Yes' to 5a(1)-(5), did any of t<br>described in Regulations section 53.4945 or in<br>(see instructions)? | he transactions fail to q<br>a current notice regard           | ualify under the exception<br>ing disaster assistance | ons<br>  | 5b                     | N/A_        |
| Organizations relying on a current notice regain   | rding disaster assistanc                                       | e check here .  | •  |                        |             |
| c If the answer is 'Yes' to question 5a(4), does t<br>tax because it maintained expenditure response                         |  | emption from the                                      | N/A Yes  | No                     |             |
| If 'Yes,' attach the statement required by Regu  | ulations section 53 4945                                       | i-5(d).   |  |                        |             |
| 6a Did the foundation, during the year, receive ar<br>on a personal benefit contract?  |  |   |  | No                     |             |
| <b>b</b> Did the foundation, during the year, pay premi  | ums, directly or indirect                                      | lly, on a personal benefi                             | t contract?  | 6ь                     | X           |
| If 'Yes' to 6b, file Form 8870.  7a At any time during the tax year, was the found   | lation a party to a prohi                                      | bited tax shelter transac                             | tion? Yes X  | No                     |             |
| <b>b</b> If yes, did the foundation receive any proceed  |  |   |  | 7b                     |             |
| Part VIII Information About Officers, Dand Contractors   | irectors, Trustees   | , Foundation Mana                                     | gers, Highly Paid  | Employee               | es,         |
| 1 List all officers, directors, trustees, foundation   | managers and their co  | mpensation (see instru                                | ctions).   |                        |             |
| (a) Name and address   | (b) Title and average<br>hours per week<br>devoted to position | (c) Compensation<br>(If not paid, enter -0-)          | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expense other allo |             |
| See Statement 4  |  |   |  |                        |             |
|  |  | ,   | 0  |                        | 0           |
|  |  | 0.  | 0.   |                        | 0.          |
|  |  |   |  |                        |             |
|  |  |   |  |                        |             |
|  |  |   |  |                        |             |
|  |  |   |  |                        |             |
| 2 Compensation of five highest-paid employees  | (other than those incl   | ided on line 1 – see inst                             | ructions). If none, enter  | 'NONE.'                |             |
| (a) Name and address of each employee paid more than \$50,000  | (b) Title and average<br>hours per week<br>devoted to position | (c) Compensation                                      | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expense other allo |             |
| None   |  |   |  |                        |             |
|  |  | <u> </u>  |  | <del> </del>           |             |
|  |  |   |  |                        |             |
|  |  |   |  |                        |             |
|  |  |   | <del></del>  |                        |             |
|  |  |   | <del></del>  |                        |             |
|  |  |   |  |                        |             |
| Total number of other employees paid over \$50,000   | L  | <u> </u>  |  |                        | <u> </u>    |
| BAA  | TEEA0306L (  | 07/23/10  | <del></del>  | Form <b>99</b> 0       | D-PF (2010) |

|        |  | 2-1461940      | Page 8  |
|--------|--|----------------|---------|
| Pa     | Minimum Investment Return (All domestic foundations must complete this part. see instructions.)  | Foreign founda | ations, |
| 1      | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:  Average monthly fair market value of securities                    | 1a             |         |
| 1      | Average of monthly cash balances   | 1b             |         |
| •      | Fair market value of all other assets (see instructions)   | 1 c            |         |
| •      | i Total (add lines 1a, b, and c)   | 1 d            | 0.      |
| •      | Reduction claimed for blockage or other factors reported on lines 1a and 1c  |                |         |
|        | (attach detailed explanation)  | _] [           |         |
| 2      | Acquisition indebtedness applicable to line 1 assets   | 2              |         |
| 3      | Subtract line 2 from line 1d   | 3              |         |
| 4      | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4              |         |
| 5      | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5              | 0.      |
| 6      | Minimum investment return. Enter 5% of line 5.   | 6              | 0.      |
| Par    | TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this process.      |                | tions   |
| 1      | Minimum investment return from Part X, line 6  | 1              |         |
| 28     | Tax on investment income for 2010 from Part VI, line 5 2a 2  |                |         |
| ŧ      | Income tax for 2010. (This does not include the tax from Part VI.).  |                |         |
| c      | : Add lines 2a and 2b  | 2c             | 2.      |
| 3      | Distributable amount before adjustments. Subtract line 2c from line 1  | 3              | -2.     |
| 4      | Recoveries of amounts treated as qualifying distributions  | 4              |         |
| 5      | Add lines 3 and 4  | . 5            | -2.     |
| 6      | Deduction from distributable amount (see instructions)   | 6_             |         |
| _7_    | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1   | 7              | 0.      |
| Pai    | Qualifying Distributions (see instructions)  |                |         |
| 1<br>a | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. Expenses, contributions, gifts, etc — total from Part I, column (d), line 26         | 1a             | 200.    |
| Ł      | Program-related investments – total from Part IX-B   | 1ь             |         |
| 2      | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  | 2              |         |
|        | Amounts set aside for specific charitable projects that satisfy the. Suitability test (prior IRS approval required)  | 3a             |         |
| k      | Cash distribution test (attach the required schedule)  | 3Ь             |         |
| 4      | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4   | 4              | 200.    |
| 5      | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).                          | 5              | _2.     |
| 6      | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6              | 198.    |
|        | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years. | the foundation |         |

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#### Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2009 | <b>(c)</b><br>2009 | <b>(d)</b><br>2010 |
|--|---------------|----------------------------|--------------------|--------------------|
| 1 Distributable amount for 2010 from Part XI, line 7   |               |                            |                    | 0.                 |
| 2 Undistributed income, if any, as of the end of 2010:   |               |                            |                    |                    |
| a Enter amount for 2009 only .   |               |                            | 0.                 |                    |
| <b>b</b> Total for prior years: 20, 20, 20   |               | 0.                         |                    |                    |
| 3 Excess distributions carryover, if any, to 2010:   |               |                            |                    |                    |
| a From 2005  |               |                            |                    |                    |
| <b>b</b> From 2006 1,170.  |               |                            |                    |                    |
| <b>c</b> From 2007 .   |               |                            |                    |                    |
| d From 2008 500.   |               |                            |                    |                    |
| e From 2009 700.   |               |                            |                    |                    |
| f Total of lines 3a through e  | 2,370.        |                            |                    |                    |
| 4 Qualifying distributions for 2010 from Part  |               |                            |                    |                    |
| XII, line 4. ► \$  |               |                            |                    |                    |
| a Applied to 2009, but not more than line 2a .   |               |                            | 0.                 |                    |
| <b>b</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   |               |                            |                    | 0.                 |
| e Remaining amount distributed out of corpus   | 200.          |                            |                    |                    |
| 5 Excess distributions carryover applied to 2010.  | 0.            |                            |                    | 0.                 |
| (If an amount appears in column (d), the<br>same amount must be shown in column (a).)          |               |                            |                    |                    |
| ,  |               |                            |                    |                    |
| 6 Enter the net total of each column as  |               |                            |                    |                    |
| indicated below:   | 0 570         |                            |                    |                    |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 2,570.        |                            |                    |                    |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b                      |               | 0.                         |                    |                    |
| c Enter the amount of prior years' undistribut-  |               |                            |                    |                    |
| ed 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 instructions.  |               |                            | 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)                   |               |                            |                    |                    |
| (see instructions)   | 0.            |                            |                    |                    |
| 8 Excess distributions carryover from 2005 not   |               |                            |                    |                    |
| applied on line 5 or line 7 (see instructions)   | 0.            |                            |                    |                    |
| 9 Excess distributions carryover to 2011.<br>Subtract lines 7 and 8 from line 6a               | 2,570.        |                            |                    |                    |
| 10 Analysis of line 9.   |               |                            |                    |                    |
| a Excess from 2006 1,170.  |               |                            |                    |                    |
| b Excess from 2007 .   |               |                            |                    |                    |
| <b>c</b> Excess from 2008 500.   |               |                            |                    |                    |
| <b>d</b> Excess from 2009 . 700 .  |               |                            |                    | ;                  |
| <b>e</b> Excess from 2010. 200.  | , ,           | <u> </u>                   |                    | C 000 DE (0010)    |

| Part XIV Private Operating Foundation   |                     |  |   | 42-146194               | N/A             |
|---|---------------------|--|---|-------------------------|-----------------|
| 1a If the foundation has received a ruling or de  | etermination letter |  |   |                         | N/A             |
| is effective for 2010, enter the date of the r  | uling               |  |   | ▶                       | 1000000         |
| b Check box to indicate whether the foundation  |                     | rating foundation de                   |   | 4942(j)(3) or           | 4942(j)(5)      |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.                     | Tax year (a) 2010   | <b>(b)</b> 2009                        | (c) 2008                                      | (d) 2007                | (e) Total       |
| <b>b</b> 85% of line 2a   |                     |  |   |                         |                 |
| c Qualifying distributions from Part XII,<br>line 4 for each year listed  |                     |  |   |                         |                 |
| d Amounts included in line 2c not used directly for active conduct of exempt activities   |                     |  |   |                         |                 |
| Qualifying distributions made directly<br>for active conduct of exempt activities.<br>Subtract line 2d from line 2c                               |                     |  |   |                         |                 |
| 3 Complete 3a, b, or c for the<br>alternative test relied upon.   |                     |  |   |                         |                 |
| a 'Assets' alternative test — enter.  |                     |  |   |                         |                 |
| (1) Value of all assets   |                     | <del> </del>                           | ļ   | ļ                       |                 |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)   | <del></del>         |  |   |                         |                 |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed                              |                     |  |   |                         | . <u>.</u>      |
| c 'Support' alternative test — enter.   |                     |  |   | [                       |                 |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |                     |  |   |                         |                 |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |                     |  |   |                         |                 |
| (3) Largest amount of support from an exempt organization   |                     |  |   |                         |                 |
| (4) Gross investment income .   |                     |  | <u> </u>                                      |                         | <del> </del>    |
| Part XV Supplementary Information assets at any time during th  | (Complete this      | s part only if the                     | e organization h                              | ad \$5,000 or mo        | ore in          |
|   | <del></del>         | istructions.)                          | <del></del>                                   |                         | <del></del>     |
| Information Regarding Foundation Manage<br>a List any managers of the foundation who had<br>close of any tax year (but only if they have<br>None  | ave contributed mo  | ore than 2% of the than \$5,000). (See | otal contributions rec<br>section 507(d)(2).) | ceived by the founda    | tion before the |
| <b>b</b> List any managers of the foundation who over   | vn 10% or more of   | the stock of a corp                    | poration (or an equal                         | ly large portion of the | e ownership of  |
| a partnership or other entity) of which the fo<br>None  | oundation has a 10  | )% or greater intere                   | est.  |                         |                 |
| 2 Information Regarding Contribution, Grant   | , Gift, Loan, Schol | arship, etc. Program                   | ms:   |                         |                 |
| Check here $\blacktriangleright$ $\boxed{X}$ if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d. | akes contributions  | to preselected chair                   | ritable organizations                         |                         |                 |
| a The name, address, and telephone number   | of the person to v  | vhom applications s                    | should be addressed                           |                         |                 |
| See Statement 5   |                     |  |   |                         |                 |
| <b>b</b> The form in which applications should be si  | ubmitted and inforr | nation and material                    | s they should include                         | e:                      |                 |
| See Statement for Line 2a   |                     |  |   |                         |                 |
| c Any submission deadlines:   |                     |  |   |                         |                 |
| See Statement for Line 2a   |                     |  |   | <del> </del>            | ·               |
| d Any restrictions or limitations on awards, su   | ich as by geograpi  | hical areas, charital                  | ble fields, kinds of in                       | stitutions, or other fa | actors.         |
| See Statement for Line 2a   |                     |  |   |                         |                 |
|   |                     |  |   | _                       |                 |

| 3 Grants and Contributions Paid During the Yea  | r or Approved for Futur  | re Payment           |                               |              |        |
|---|--|----------------------|-------------------------------|--------------|--------|
| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager or<br>substantial contributor | Foundation status of | Purpose of gr<br>contribution | ant or       | Amount |
| Name and address (home or business)   | substantial contributor  | recipient            |                               |              |        |
| Name and address (home or business)  a Paid during the year  American Heart Association  4885 Utica Ridge Road  Davenport, IA 52807 | NONE   | 501c3                | Operating fun                 | ds           | 200.   |
|   |  |                      |                               |              |        |
|   | <u> </u>   |                      | <u> </u>                      |              |        |
| Total   | <del></del>  |                      | <del></del>                   | <u> ► 3a</u> | 200.   |
| b Approved for future payment   |  |                      |                               |              |        |
| Total   |  |                      |                               | ► 3b         |        |

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

| Enter gross amounts unless otherwise indicated. |  | Unrelate                | ed business income        | Exclude                       | d by section 512, 513, or 514 | (e)  |
|---|--|-------------------------|---------------------------|-------------------------------|-------------------------------|--|
| 1 Progr   | ram service revenue:   | (a)<br>Business<br>code | <b>(b)</b><br>Amount      | (c)<br>Exclu-<br>sion<br>code | <b>(d)</b><br>Amount          | Related or exempt function income (see the instructions) |
| a   |  |                         |                           |                               |                               |  |
| _   |  |                         |                           |                               |                               |  |
|   |  |                         |                           |                               |                               |  |
|   |  |                         |                           |                               |                               |  |
| е   |  |                         |                           |                               |                               |  |
| f   | ·  |                         |                           |                               |                               |  |
| -   | and contracts from government agencies   |                         |                           |                               |                               |  |
|   | bership dues and assessments   |                         |                           |                               |                               |  |
|   | t on savings and temporary cash investments  |                         |                           | 2                             | 8.                            |  |
|   | ends and interest from securities  |                         | •••••                     | 2                             | 991.                          |  |
|   | ental income or (loss) from real estate:   |                         |                           |                               |                               |  |
|   | financed property .  |                         |                           |                               |                               |  |
|   | ebt-financed property .  |                         |                           |                               |                               |  |
|   | ntal income or (loss) from personal property   |                         |                           |                               |                               |  |
|   | investment income  |                         |                           |                               |                               |  |
|   | (loss) from sales of assets other than inventory   |                         |                           |                               |                               |  |
|   | ncome or (loss) from special events .  |                         |                           |                               |                               |  |
|   | s profit or (loss) from sales of inventory .   |                         |                           |                               |                               |  |
| 11 Other  | revenue:   |                         |                           |                               |                               |  |
|   |  |                         |                           |                               |                               |  |
| ь   |  |                         |                           |                               |                               |  |
|   |  |                         |                           |                               |                               |  |
|   |  |                         |                           |                               |                               |  |
| e   | <del> </del>   |                         |                           |                               |                               | <del></del>  |
|   | otal. Add columns (b), (d), and (e) .  | <u></u>                 |                           | 1                             | 999.]                         | 999.   |
|   | Add line 12, columns (b), (d), and (e)   |                         |                           |                               | 13                            | 999.   |
|   | heet in line 13 instructions to verify calculations  |                         |                           |                               |                               |  |
| Part XVI  | B Relationship of Activities to the  | Accompli                | shment of Exempt          | Purpo                         | ses                           |  |
| Line No.  | Explain below how each activity for which inco   | me is renort            | ed in column (e) of Part  | XVI-A c                       | ontributed importantly to     | the  |
| ▼   | Explain below how each activity for which inco accomplishment of the foundation's exempt p | urposes (oth            | er than by providing fund | ds for su                     | ch purposes). (See the i      | instructions.)   |
| N/A   |  |                         |                           |                               |                               |  |
|   |  |                         |                           |                               |                               | <del></del>  |
|   |  |                         |                           |                               |                               |  |
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|   |  |                         |                           |                               |                               |  |
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|   |  |                         |                           |                               |                               |  |
| . ———   |  |                         |                           |                               |                               |  |
|   |  |                         |                           |                               |                               |  |
|   |  |                         |                           |                               |                               |  |

Firm's EIN - N/A

Phone no

(563) 322-6271

Form 990-PF (2010)

|                               | Exempt Organ   | 124110113                                  |  |  |  |  |   | <u> </u>           | Yes         | No  |
|-------------------------------|--|--|--|--|--|--|---|--------------------|-------------|-----|
| 1 Did th<br>descri<br>relatir | ie organization directly<br>ibed in section 501(c) o<br>ng to political organizati                     | or indirectly ei<br>f the Code (ot<br>ons? | ngage in any of the her than section             | the following wit<br>501(c)(3) organ       | n any oth<br>izations)                           | ner organization<br>or in section 52         | 27,   |                    | 165         | 140 |
|                               | fers from the reporting  |  | a noncharitable                                  | exempt organiza                            | ation of.  |  |   |                    |             | ĺ   |
| (1) C                         | ash .  |  |  |  |  |  |   | 1a (1)             |             | Х   |
| (2) 0                         | ther assets .  |  |  | •  |  | •  |   | . 1a (2)           |             | X   |
| <b>b</b> Other                | transactions.  |  |  |  |  |  |   |                    |             | ŀ   |
| (1) S                         | ales of assets to a non-   | charitable exe                             | mpt organization                                 |  |  |  |   | 1 b (1)            |             | Х   |
| (2) P                         | urchases of assets fron  | n a noncharita                             | ble exempt orga                                  | nızation                                   |  |  |   | 1 b (2)            |             | X   |
| <b>(3)</b> R                  | ental of facilities, equip   | ment, or othe                              | assets.  |  |  |  |   | 1 b (3)            |             | Х   |
| (4) R                         | eimbursement arrangei  | ments                                      |  |  |  |  |   | . 1b (4)           |             | X   |
| <b>(5)</b> Lo                 | oans or loan guarantee   | s  |  |  |  | •  |   | 1 b (5)            |             | X   |
| <b>(6)</b> P                  | erformance of services   | or membersh                                | p or fundraising                                 | solicitations .                            |  | •  |   | . 1b (6)           |             | X   |
| <b>c</b> Sharıı               | ng of facilities, equipme  | nt, mailing lis                            | ts, other assets,                                | or paid employe                            | ees  |  |   | 1 c                |             | X   |
| the ac                        | answer to any of the all<br>bods, other assets, or s<br>ansaction or sharing an<br>(b) Amount involved | ervices given<br>rangement, sl             | by the reporting                                 | foundation. If th<br>) the value of th     | e founda<br>e goods,                             | ation received le<br>, other assets, c       | ss than fair mark                           | et value in<br>ed. |             | s   |
| A                             |  | \  |  |  | <del>                                     </del> |  | ,   |                    | 5           |     |
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|                               |  |  |  |  |  |  |   |                    |             |     |
|                               |  |  |  |  | <u> </u>   |  |   |                    |             |     |
| descri                        | foundation directly or in<br>tibed in section 501(c) o<br>s,' complete the following                   | f the Code (ot                             | ited with, or rela<br>her than section           | ted to, one or m<br>501(c)(3)) or in       | ore tax-e<br>section 5                           | exempt organiza<br>527?                      | ations .                                    | Yes                | X           | No  |
|                               | (a) Name of organization   | on   | <b>(b)</b> Турі                                  | of organization                            | 1  | (0   | ) Description of r                          | elationship        |             |     |
| <u> </u>                      |  |  |  |  |  |  |   |                    |             |     |
|                               |  | <del></del>                                |  |  |  |  |   |                    |             |     |
|                               |  |  |  |  |  | ļ  |   |                    |             |     |
|                               |  |  |  |  |  |  |   |                    |             |     |
|                               | er penalties of perjuly, I declar<br>ect, and complete Declaration                                     | e that I have exam<br>of preparer (other   | nned this return, inclu<br>than taxpayer or fidu | ding accompanying sciency) is based on all | chedules a<br>information                        | nd statements, and to<br>of which preparer h | to the best of my know<br>has any knowledge | riedge and belief  | , it is tru | е,  |
| n<br>re ▶                     | Signature of officer or trustee  |  |  |  | Date   | 1/5/11                                       | Title                                       | indut              | -           |     |
|                               | Print/Type preparer's nar  | ne/  | Prepater's                                       | signature                                  | ~  | Date   |   | PTIN               |             |     |
| _                             | 1  | A. Dill co                                 | 1 1  | 00 (1 D)                                   | D ron  | 15/2/11                                      | Check ifif                                  |                    | 0/0         | 32  |
| d                             | 1 W. 11 (C.)   | いいしんい しん                                   | n + i V  | JU 17 P                                    | ~ (/ '   | コーナートリ                                       | i sen employed                              | 144/44             | ~ ~ ·       | _   |

Reiser, Jennings & Co., P.C. 1706 BRADY ST STE 306

DAVENPORT, IA 52803-4708

Preparer **Use Only** 

BAA

Firm's address

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Employer identification number Name of the organization Robert L Zimmerman Charitable Foundation 42-1461940 Organization type (check one). Section: Filers of: Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 990EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

| Schedule<br>Name of org | <b>B</b> (Form 990, 990-EZ, or 990-PF) (2010) | Page 1                            | of 1 of Part I   |
|-------------------------|---|-----------------------------------|--|
| _                       | L Zimmerman Charitable Foundation             | 1 ' *                             | 461940   |
| Part I                  | Contributors (see instructions.)              | ···                               |  |
| (a)<br>Number           | (b)<br>Name, address, and ZIP + 4             | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
| 1                       | LeClaire Mfg. Co. P.O. Box 1344               | \$5,000.                          | Person X Payroll Noncash (Complete Part II if there                            |
|                         | Bettendorf, IA 52722, Ia 52722                |                                   | is a noncash contribution.)  |
| (a)<br>Number           | (b)<br>Name, address, and ZIP + 4             | (c)<br>Aggregate<br>contributions | (d) Type of contribution   |
|                         |   | \$                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  |
| (a)<br>Number           | (b)<br>Name, address, and ZIP + 4             | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
|                         |   | \$                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  |
| (a)<br>Number           | (b)<br>Name, address, and ZIP + 4             | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
|                         |   | \$                                | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>Number           | (b)<br>Name, address, and ZIP + 4             | (c)<br>Aggregate<br>contributions | (d) Type of contribution   |
|                         |   | \$                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  |
| (a)<br>Number           | (b)<br>Name, address, and ZIP + 4             | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
|                         |   | \$                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  |
| RAA                     | TEE A07021 10/26/10                           | Schedule R /Form 991              | 0 000 E7 or 000 DEV (2010)   |

(a)
No. from
Part I

(b)
Description of noncash property given

(c) (d)
FMV (or estimate) Date received (see instructions)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

| 2010  | Federal Statements   | Page 1                 |  |  |  |  |
|---|--|------------------------|--|--|--|--|
| Client 0133   | Robert L Zimmerman Charitable Foundation   | 42-1461940             |  |  |  |  |
| 5/03/11  Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees                                  |  | 04.06PM                |  |  |  |  |
| Tax preparation .   | (a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         S       736.       \$       736.       \$       736.         Total       \$       736.       \$       736.       \$       736.  |                        |  |  |  |  |
| Statement 2<br>Form 990-PF, Part I, Line 18<br>Taxes  |  |                        |  |  |  |  |
| Internal Revenue Service  | (a)       (b)       Net       (c)         Expenses per Books       Investment Income       Adjusted Net Income         *       8.       \$       8.       \$       8.         *       8.       \$       8.       \$       8.         *       8.       \$       8.       \$       8.         *       8.       \$       8.       \$       8.   |                        |  |  |  |  |
| Statement 3<br>Form 990-PF, Part I, Line 23<br>Other Expenses                                       |  |                        |  |  |  |  |
| Investment costs<br>Other expenses  | (a) (b) Net (c)  Expenses per Books Investment Adjusted Net Income  \$ 81. \$ 81.  Total \$\frac{\\$ 81.}{\$} \$\frac{\\$ 81.}{ |                        |  |  |  |  |
| Statement 4 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustees, and Key Employees |  |                        |  |  |  |  |
| Name and Address  |  | to Account/<br>C Other |  |  |  |  |
| Elizabeth A Moore<br>26929 Ebenezer Road<br>Geneseo, IL 61254                                       | Vice President \$ 0.\$<br>0  | 0. \$ 0.               |  |  |  |  |
| Margaret Agnew<br>25122 189th Street<br>Bettendorf, IA 52722  | Secretary 0.   | 0. 0.                  |  |  |  |  |

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2010

#### **Federal Statements**

Page 2

Client 0133

Robert L Zimmerman Charitable Foundation

42-1461940

5/03/11

04.06PM

Statement 4 (continued)
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

| Name and Address   | Title and<br>Average Hours<br>Per Week Devoted | Compen-<br>sation | Contri-<br>bution to<br>EBP & DC | Expense<br>Account/<br>Other |
|--|--|-------------------|----------------------------------|------------------------------|
| Robert L. Zimmerman, Jr.<br>2103 Nathan Ct<br>Bettendorf, IA 52722   | Vice President<br>O                            | \$ 0.             | \$ 0.                            | \$ 0.                        |
| Nancy Sue Mappin<br>3105 Halcyon Drive<br>Bettendorf, IA 52722       | Vice President<br>0                            | 0.                | 0.                               | 0.                           |
| Ralph James Zimmerman<br>4530 Ashworth Court<br>Bettendorf, IA 52722 | Treasurer<br>0                                 | 0.                | 0.                               | 0.                           |
|  | Total  | \$ 0.             | \$ 0.                            | <u>\$</u> 0.                 |

# Statement 5 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

Charitable donations

3225 Zimmerman Drive

Name:

Margaret Agnew

Care Of:

Street Address: City, State, Zip Code: Telephone:

Form and Content:

Submission Deadlines:

Restrictions on Awards:

Bettendorf, IA 52722 563-332-6550 Letter explaining reasons and need for donations

None