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# SCANNED NOV 9. 3 2015

EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation

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

OMB No 1545-0052

Form 990-PF Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Department of the Treasury Internal Revenue Service For calendar year 2014 or tax year beginning and ending

		f foundation		, and onling	A Employer identification	n number
_						_
		KERMAN FAMILY FOUNDATIO		Room/suite	20-2955094	<u> </u>
		and street (or P O box number if mall is not delivered to street	B Telephone number	200		
		0 E. ROCKCLIFF ROAD			520-749-88	F-3
		town, state or province, country, and ZIP or foreign p LSON, AZ 85750	ostal code		C If exemption application is i	bending, check here
G	Chec	k all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s. check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test, omputation
Н	Chec	k type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	
			Other taxable private founda	tion	under section 507(b)(1	
		arket value of all assets at end of year   J   Accounting	•	Accrual	F If the foundation is in a	60-month termination
			her (specify)		under section 507(b)(1	
	<b>\$</b>	8,393,921. (Part I, colu.	mn (d) must be on cash b	pasis.)	_	
P	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,000,000.		N/A	· · · · · · · · · · · · · · · · · · ·
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	17,524.	14,212		STATEMENT 1
	4	Dividends and interest from securities,	165,556.	159,953	•	STATEMENT 2
	58	Gross rents				
	t	Net rental income or (loss)	4.50			
e	6a	Net gain or (loss) from sale of assets not on line 10	478,303.			
Revenue	_t	4336(3 Of) IIII6 0a		470 202	TEV:	1 4 r 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Ŗ	8	Capital gain net income (from Part IV, line 2)		478,303	•	100
	9	Net short-term capital gain Income modifications	***************************************	1. at	NOV 1	14-2445 (J)
	10a	Gross sales less returns			W III	
		Less Cost of goods sold	····· <del>····· ···· · · · · · · · · · · ·</del>	usseelles' on enthal all one	ÖĞÜ	IN UT
	1	Gross profit or (loss)				
	11	Other income	4,538.	4,538	•	STATEMENT 3
	12	Total Add lines 1 through 11	1,665,921.	657,006		
	13	Compensation of officers, directors, trustees, etc	0.	0		0.
	14	Other employee salaries and wages				
S	15	Pension plans, employee benefits		<del></del>		
Sesu		Legal fees Accounting fees STMT 4	2 400			
ž	ı	Accounting fees STMT 4 Other professional fees STMT 5	2,400. 25,000.	0.	<u> </u>	0.
ē	17	Interest	23,000.	<u> </u>	•	25,000.
ję.	18	Taxes STMT 6	5,966.	1,456		10.
Operating and Administrative Expen	19	Depreciation and depletion	2,7550	1,130	'	10.
Ē	20	Occupancy			<del> </del>	
PΑ	21	Travel, conferences, and meetings			<u> </u>	
and	22	Printing and publications				
gu	23	Other expenses STMT 7	67,553.	64,628.		2,925.
rat	24	Total operating and administrative				
å		expenses. Add lines 13 through 23	100,919.	66,084.		27,935.
•	25	Contributions, gifts, grants paid	570,050.			570,050.
	26	Total expenses and disbursements.	670 060	CC 004		505 00-
	27	Add lines 24 and 25	670,969.	66,084.		597,985.
			994,952.			
		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	772,372.	590,922.		
		Adjusted net income (if negative, enter -0-)	*	330,322	N/A	
4235	01	LHA For Paperwork Reduction Act Notice, see i	······	DO.		Form 900 DE (2014)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End	End of year			
7	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						
	2	Savings and temporary cash investments	1,468,504.	3,402,271	. 3,402,271.			
	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						
Ş	8	Inventories for sale or use						
Assets	g	Prepaid expenses and deferred charges						
ď	10a	Investments - U S and state government obligations			<del></del>			
	!	Investments - corporate stock STMT 9	2,766,943.	1,470,378	. 1,470,378.			
	1	Investments - corporate bonds STMT 10	2,265,630.	2,063,876	2,063,876.			
		Investments - land, buildings, and equipment basis						
		Less accumulated depreciation			1			
	12	Investments - mortgage loans						
	13	Investments - other STMT 11	1,244,982.	1,457,396	. 1,457,396.			
	14	Land, buildings, and equipment basis		······································				
		Less accumulated depreciation						
	15	Other assets (describe	-					
	1	Total assets (to be completed by all filers - see the						
	"	instructions Also, see page 1, item ()	7,746,059.	8,393,921	. 8,393,921.			
_	17	Accounts payable and accrued expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 7 0 5 0 7 5 2 2	0/030/321.			
	18	Grants payable						
Ś	19	Deferred revenue			-			
Liabilities	20	Loans from officers, directors, trustees, and other disquallfied persons		<del></del>	7			
abi	21	Mortgages and other notes payable						
7	22	Other liabilities (describe )						
					1			
	23	Total liabilities (add lines 17 through 22)	0.	0				
-		Foundations that follow SFAS 117, check here						
<b>/A</b>		and complete lines 24 through 26 and lines 30 and 31.						
Ç	24	Unrestricted						
Net Assets or Fund Balances	25	Temporarily restricted						
Ba	26	Permanently restricted						
בַ		Foundations that do not follow SFAS 117, check here						
Ī	İ	and complete lines 27 through 31.						
ls o	27	Capital stock, trust principal, or current funds	0.	0	•			
sel	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0				
ΙÀ	29	Retained earnings, accumulated income, endowment, or other funds	7,746,059.	8,393,921	•			
Se	30	Total net assets or fund balances	7,746,059.	8,393,921				
	31	Total liabilities and net assets/fund balances	7,746,059.	8,393,921				
P	art	Analysis of Changes in Net Assets or Fund B	alances					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30					
•		t agree with end-of-year figure reported on prior year's return)		1	7,746,059.			
2		amount from Part I, line 27a		. 2				
		Increases not included in line 2 (itemize)						
		ines 1, 2, and 3		. 4	0.044.044			
		pases not included in line 2 (itemize)	SEE STA	ATEMENT 8 5				
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6				
				<del></del>				

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Form 990-PF (2014) ZUG	CKERM	AN FAMILY FOUNDAT	ION				2	<u>0-295!</u>	5094	Page 3
Part IV Capital Gains	and Lo	osses for Tax on Investme	nt Income					_		
		ind(s) of property sold (e.g., real estate or common stock, 200 shs MLC Co)	1	P	How ac - Purc ) - Don	11456	c) Date : (mo , d	acquired ay, yr )		te sold lay, yr )
1a	•									
b SEE ATTACHE	D STA	TEMENT								
C							-			
d										
6										
(e) Gross sales price	(f)		ost or other basis expense of sale					ain or (loss) (f) minus (		
a										
<u>_b</u>										
C	<u> </u>				ļ			_		
14 464 010			12 005 70		ļ <u>.</u>				470	202
B 14,464,010			13,985,70	)/.						,303.
Complete only for assets snow	<del></del> _	column (h) and owned by the foundati						ol (h) gain i iot less than		
(I) F M V as of 12/31/69			Excess of col (I) er col (I), If any			COL	Losses	(from col (h	1))	
<u>a</u>	<b></b>									
<u>b</u>										
C .					<u> </u>				<del> </del>	_
<u>d</u>	-					·			170	202
8	<u> </u>					1			4/0	,303.
2 Capital gain net income or (net	capital loss	) If gain, also enter in Part I, lir If (loss), enter -0- in Part I, lir		}	2_				478	,303.
3 Net short-term capital gain or (I				١,						
If gain, also enter in Part I, line 8		(c)		<b> </b>	_			N/A		
If (loss), enter -0- in Part I, line  Part V Qualification		Section 4940(e) for Reduce	d Tay on Not	Llova	Ostn	cont Inco		N/A		<del></del>
<u> </u>						Terri IIIC	ine			
(For optional use by domestic priva	ite ioundat	ions subject to the section 4940(a) tax	on net investment ir	ncome	e )					
If section 4940(d)(2) applies, leave	this part b	lank								
Was the foundation liable for the se	action 4942	tax on the distributable amount of any	year in the base no	riod?						X No
		section 4940(e) Do not complete this		iiou ·					163	(ZZ 1V)
<del> </del>		mn for each year, see the instructions t	~	entries						
(a)		(b)		(c)			T		(d)	
Base periód years Calendar year (or tax year begini	nına ın)	Adjusted qualifying distributions	Net value of no			use assets		Distribi (col (b) divi	útión ratio ded by col	(c))
2013	<u> </u>	717,159		7	, 83	9,720.		<u> </u>		91478
2012		1,047,760		8	,50	9,414.				23130
2011		782,177				6,564.				81762
2010		1,155,597				4,013.				13028
2009		767,340	•	9	,22	6,645.			.0	83166
										-
2 Total of line 1, column (d)							2		. 4	92564
3 Average distribution ratio for the	e 5-year ba	se period - divide the total on line 2 by	5, or by the number	r of ye	ars					
the foundation has been in exist	tence if less	s than 5 years					3		.0	98513
										· · · ·
4 Enter the net value of noncharita	able-use as	sets for 2014 from Part X, line 5					4		7,657	,063.
5 Multiply line 4 by line 3							_5		754	,320.
6 Enter 1% of net investment inco	ome (1% of	f Part I, line 27b)					6		5	<u>,909.</u>
7 Add lines 5 and 6							7		760	<u>,229.</u>
O Falou amatičnom do kilo kilo (	an Bestari	line 4							E 0.7	0.05
8 Enter qualifying distributions fro							8		397	<u>,985.</u>
If line 8 is equal to or greater the See the Part VI instructions	an line 7, cl	heck the box in Part VI, line 1b, and cor	nplete that part usin	ng a 1°	% tax	rate				

	<del></del>		<u> 295509</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	148 -	see ins	truc	tion	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			1 1	_	10
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_1	<del></del>	11	, 8	18.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		1 1		<del>. 0 .</del>
	Add lines 1 and 2	3		<u> 1 1</u>	, 8	18.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4		11		0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -O-	_5_	<del></del>	11	, 8	<u> 18.</u>
	Credits/Payments					
	2014 estimated tax payments and 2013 overpayment credited to 2014 . 6a 6,883.					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d			_	_	
7	Total credits and payments Add lines 6a through 6d	7		6	, 8	<u>83.</u>
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		4	, 9	35.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11				
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	n		_ \	es/	
	any political campaign?		1	a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1	b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				
	distributed by the foundation in connection with the activities.				1	
C	Did the foundation file Form 1120-POL for this year?		1	c		X
	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ► \$ (2) On foundation managers ► \$ 0.				1	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$O.					
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2			X
	If "Yes," attach a detailed description of the activities.					
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		_3			X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. 4	a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	/A 4	<b>b</b>		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	<u> </u>		X
	If "Yes," attach the statement required by General Instruction T.				- 1	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation.</li> </ul>	aw			- 1	
	remain in the governing instrument?		<u> </u>		<u>X</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7		X	
_						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					-
	AZ					
	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		81	,	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	Jar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9			<u>X</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			)		X

X

3b

4a

Yes X No

N/A

b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2014.)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

during the year?

Total. Add lines 1 through 3

ZUCKERMAN FAMILY FOUNDATION 20-2955094 Form 990-PF (2014) Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 6,406,030. a Average monthly fair market value of securities 1a 1,367,638. b Average of monthly cash balances 1b c Fair market value of all other assets 10 7,773,668. 10 d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 773,668. Subtract line 2 from line 1d 3 116,605. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 7,657,063. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 382,853 Minimum investment return. Enter 5% of line 5 6 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 
and do not complete this part ) 382,853. Minimum investment return from Part X, line 6 11,818. Tax on investment income for 2014 from Part VI, line 5 2a Income tax for 2014 (This does not include the tax from Part VI) 2b 11,818. Add lines 2a and 2b 2с 371,035. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 371,035. 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 371,035 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. 597,985. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 597,985. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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5

6

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				371,035.
2 Undistributed income, if any, as of the end of 2014	· , · · · · · · · · · · · · · · · · · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·	
a Enter amount for 2013 only			0.	
b Total for prior years				
,		0.		
3 Excess distributions carryover, if any, to 2014				.,
a From 2009 406,716.				
b From 2010 652,568.				
c From 2011 313,403.				
d From 2012 627, 169.				
e From 2013 330, 185.				
f Total of lines 3a through e	2,330,041.	•		
4 Qualifying distributions for 2014 from				
Part XII, line 4 ► \$ 597, 985.				
a Applied to 2013, but not more than line 2a	'n'		0.	***** <del>********************************</del>
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 2014 distributable amount	206 252			371,035.
e Remaining amount distributed out of corpus	226,950.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
5 Excess distributions carryover applied to 2014 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,556,991.			
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 2013 Subtract line		•		······
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of	111111111111111111111111111111111111111		***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	406,716.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	2,150,275.			
10 Analysis of line 9				
a Excess from 2010 652,568.				
b Excess from 2011 313, 403.				
c Excess from 2012 627, 169.				
d Excess from 2013 330 , 185 .				
e Excess from 2014 226, 950.	<u> </u>			<u> </u>
11-24-14				Form <b>990-PF</b> (2014)

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN DIABETES ASSOCIATION NONE 501(C)(3) SUPPORT 3400 E. SPEEDWAY BLVD, #108 TUCSON, AZ 85716 1,400. AMERICAN ISRAEL FRIENDSHIP LEAGUE NONE 501(C)(3) SUPPORT 4729 E. SUNRISE DRIVE TUCSON, AZ 85718 25,000. ARIZONA THEATRE COMPANY NONE 501(C)(3) DONATION 343 S. SCOTT AVENUE TUCSON, AZ 85701 5,000. BERKSHIRE INTERNATIONAL FILM FESTIVAL NONE 501(C)(3) SUPPORT PO BOX 237 GREAT BARRINGTON, MA 01230 1,000. BIKERS AGAINST CHILD ABUSE NONE 501(C)(3) DONATION PO BOX 18897 TUCSON, AZ 85711 1,000. SEE CONTINUATION SHEET (S **▶** 3a Total 570,050. b Approved for future payment NONE Total **▶** 3b 0.

Part XVI-A	Analysis	of Income	-Producing	<b>Activities</b>
------------	----------	-----------	------------	-------------------

Enter gross amounts unless otherwise indicated	Unrelated	ousiness income		d by section 512, 513, or 514	(e)	
- ··· <b>,</b>	(a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue	Business code	Amount	sion code	Amount	function income	
a						
b		· · · · · · · · · · · · · · · · · · ·				
C						
d						
e						
1					· · · · · ·	
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	17,524.		
4 Dividends and interest from securities			14	17,524. 165,556.		
5 Net rental income or (loss) from real estate					TWO TO THE TOTAL PROPERTY OF THE PERSON OF T	
a Debt-financed property	<u> </u>	***************************************				
b Not debt-financed property					<del></del>	
6 Net rental income or (loss) from personal						
property						
7 Other investment income			18	4,538.		
8 Gain or (loss) from sales of assets other than inventory			18	478,303.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a						
b						
C						
d						
8						
12 Subtotal Add columns (b), (d), and (e)		C	).	665,921.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	665,921.	
(See worksheet in line 13 instructions to verify calculations )				· · · · · · · · · · · · · · · · · · ·		

Part XV	Relationship of Activities to the Accomplishment of Exempt Purposes							
Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)							

1 541 6 / 4 7 1	Exempt Organ	egarumg mansiers nizations	, 10 2	and manisactions a	ina nelations	inpo man monon	arnabic	•	
1 Did the		rectly engage in any of the f	ollowin	g with any other organization	on described in sect	ion 501(c) of		Yes	No
		r)(3) organizations) or in sec						100	
	·	ation to a noncharitable exe			112410110				
(1) Cas	• •	ation to a nononantable exc	pt oi	gamzation of			1a(1)		Х
	er assets				•		1a(2)		X
• -	ansactions				•		· - (-/		
	es of assets to a noncharita	hle evemnt organization					1b(1)		Х
• •			ntion				1b(2)		X
(2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets									X
• •							1b(3) 1b(4)		X
	mbursement arrangements	•							X
	ins or loan guarantees		ميغمغيم				1b(5)		X
		embership or fundraising so					1b(6)		$\frac{X}{X}$
•		ailing lists, other assets, or p		• •			10	-4-	
	•	"Yes," complete the following			*	=		eis,	
	• •	oundation If the foundation		eu iess (iiaii iair market vaiu	ie in any transaction	i or shanny arrangement	., Snow in		
	<del></del>	other assets, or services re-		Avamet organization	(4) 5				
(a) Line no	(b) Amount involved			exempt organization	(u) Description	of transfers, transactions, ar	nd sharing ar	rangeme	nts
		IN IN	/A		<del></del> -	<del></del>			
	·	<del> </del>							
					<del></del>				
				<del>-</del>					
	····								
		ļ							
		ļ		<del> </del>					
		<u> </u>							
								_	
2a Is the fo	undation directly or indirec	tly affiliated with, or related	to, one	or more tax-exempt organi	zations described				
ın sectio	on 501(c) of the Code (othe	r than section 501(c)(3)) or	ın sect	tion 527?			Yes	X	No
b If "Yes,"	complete the following sch	edule							
	(a) Name of org	ganization		(b) Type of organization		(c) Description of relation	nship		
	N/A								
	<del></del>		-						
						<del> </del>			
					<del></del>				
Und	ler penalties of perjury, I declare	that I have examined this return,	includin	ng accompanying schedules and	statements, and to the	best of my knowledge	4 No - 100 -	11	
Sign and	bellef, it is true, correct, and cor	mplete Declaration of pregarer (o	ther tha	n taxpayer) is based on all inform	nation of which prepare	nas any knowledge	May the IRS of eturn with the	e prepar	er
Here	/ / / / /	10/N POSION	/	1/1/13/15	PREST	ENT.	hown below		No No
Si	gnature of officer or trustee	CH CON IC		Date	Title				
	Print/Type preparer's na		s s	ignature	Date	Check If PTI	V		
				1-	1	self- employed			
Paid	THOMAS FUR	RIER	MIL	1 July	11/12/11		00140	ឧឧስ	
Prepare			OFF	SSIONAL CORP	ORATION	Firm's EIN ► 86-			
Use Only		01.10 11 11		JOIOMAN CORF	01011 1011	THIRSEN P CO-		- /	
222 4.11	Firm's address ▶ 45	42 E. CAMP T.	OWF	LL STE. 100		<del> </del>			
		CSON, AZ 857		01L. 100		Phone no (520	881	_10	<b>0</b> 0
		COON, RE OST	16			Phone no (520			
							Form 990	,-PF	(2014)

x con x ve   Capital Gallis allu Los	2262 Int. Lay all Illacollicit litralite	<u> </u>			
	describe the kind(s) of property solution describe the kind(s) of property solution (s) described the kind(s) described the kind(s) of property solution (s) described the kind(s) described the	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr )	
1a RBC CAPITAL GA		-	P		
	IND				
b UBS #7576			P		<del>_</del>
c UBS #7576			P		
d UBS #7576 RETU	RN OF PRINCIPAL		P		
e MERRILL LYNCH	# 4074		P		
	ROM PTP K-1S				
g BASIS ADJUSTME		INCOME FROM SALES	O P		
h MERRILL LYNCH		THEORE THOSE BREED	P	<u>-</u> .	
					<del></del>
CAPITAL GAINS	DIVIDENDS				
<u></u>					
k					
1					
m					
n					
0					
	(f) Depreciation allowed	(g) Cost or other basis	(6)	Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale	(II) (a) D	lus (f) minus (g)	
12 215 055	(0. 200,0000)		(v) P	1.7	420 262
a 13,215,055.		12,785,792.	<del></del> - · ·		429,263.
b 314,041.	<del> </del>	306,153.			7,888.
c 653,395.		623,095.			30,300.
d 9,062.		9,062.			0.
e 9,258.		9,135.			123.
f		6.		• •	-6.
q 4,889.		3,464.			1,425.
h 249,000.		249,000.			0.
9,310.					9,310.
- 3,5100					<u> </u>
1					
<u>k</u>			· · · · · ·		
m				<del></del>	
n					
0				-	
Complete only for assets showing	ig gain in column (h) and owned by t	he foundation on 12/31/69	(I) Los:	ses (from col (h))	
(I) F NA ) /4 10 /04 /CO	(j) Adjusted basis	(k) Excess of col (i)	Gains (excess o	f col (h) gain over	col (k),
(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any	but no	ot less than "-0-")	
a					429,263.
b					7,888.
C					7,888. 30,300.
d					0.
					123.
<u>θ</u>			· -		
<u>f</u>			<del></del>		<u>-6.</u>
<u>g</u>	· · · · · · · · · · · · · · · · · · ·				1,425.
h					0.
<u> </u>					9,310.
<u>k</u>					
1					
m					
n					
0					
2. Capital gain not income or /ast as	pital loss) { If gain, also enter "-0	in Part I, line 7			170 202
2 Capital gain net income or (net ca		• i	2		478,303.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) an	d (6)			
If gain, also enter in Part I, line 8,		}		/-	
If (loss), enter "-0-" in Part I, line 8	<u> </u>		3	N/A	

Part-XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
BOYS & GIRLS CLUB OF TUCSON	NONE	501(C)(3)	SUPPORT	
P.O. BOX 40217 TUCSON, AZ 85717				500
10CSON, RZ 63717				300
CITY HIGH SCHOOL	NONE	PUBLIC SCHOOL	SUPPORT	
47 E. PENNINGTON ST	NONE	TOBBIC SCHOOL	DOI TOKE	
TUCSON, AZ 85701				1,000
COMMUNITY FOODBANK OF SOUTHERN	NONE	501(C)(3)	SUPPORT	
ARIZONA				ļ
3003 S. COUNTRY CLUB RD				
TUCSON, AZ 85713				100,000
CONGREGATION ANSHEI ISRAEL 5550 E. FIFTH STREET	NONE	501(C)(3)	SUPPORT	
TUCSON, AZ 85711				75,000
FOX THEATRE FOUNDATION	NONE	501(C)(3)	SUPPORT	
17 W. CONGRESS ST				
TUCSON, AZ 85701				21,000
GREATER TUCSON LEADERSHIP	NONE	501(C)(3)	SUPPORT	
5151 E. BROADWAY TUCSON, AZ 85711				900
				-
GREEN MONDAY	NONE	SOCIAL	SUPPORT	
	NON 2	ENTERPRISE	DOTTORI	
<del></del>		GROUP		5,000
HUMANE SOCIETY OF SOUTHERN ARIZONA	NONE	501(C)(3)	SUPPORT	
3450 N. KELVIN BLVD TUCSON, AZ 85716				20,000
				20,000
IRONWOOD RIDGE HIGH SCHOOL	NONE	PUBLIC SCHOOL	SUPPORT	
2475 W. NARANJA DR	5.541.0	1 3 2 2 2 C SCROOL	JOI FORT	
ORO VALLEY, AZ 85742				1,000
OUR FAMILY SERVICES	NONE	501(C)(3)	SUPPORT	
2590 N. ALVERNON WAY TUCSON, AZ 85712				10,000
Total from continuation sheets		<u></u>	<del> </del>	536,650

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor PIONEER PLAYHOUSE NONE 501(C)(3) SUPPORT 840 STANFORD ROAD DANVILLE, KY 40422 5,000. RESPLANDOR INTERNATIONAL NONE 501(C)(3) SUPPORT PO BOX 40594 TUCSON, AZ 85717 10,000. SOUTHWEST TORAH INSTITUTE NONE 501(C)(3) SUPPORT 5150 E. 5TH STREET TUCSON, AZ 85711 5,000. SPRINGFIELD COLLEGE NONE 501(C)(3) SUPPORT 263 ALDEN STREET SPRINGFIELD, MA 01109 50,000. STEP STUDENT EXPEDITION PROGRAM INC NONE 501(C)(3) DONATION 6336 N ORACLE #326-326 TUCSON, AZ 85704 1,000. STEPHEN M. GOOTTER FOUNDATION NONE 501(C)(3) SUPPORT PO BOX 64583 TUCSON, AZ 85728 5,000. THE LOFT CINEMA NONE 501(C)(3) SUPPORT 3233 EAST SPEEDWAY TUCSON, AZ 85716 2,500. TMC FOUNDATION 501(C)(3) NONE SUPPORT 5301 E. GRANT ROAD TUCSON, AZ 85712 1,500. TUCSON HEBREW ACADEMY NONE 501(C)(3) SUPPORT 3888 EAST RIVER ROAD TUCSON, AZ 85718 50,000. TUCSON HIGH MAGNET SCHOOL NONE PUBLIC SCHOOL SUPPORT 400 N. 2ND AVENUE TUCSON, AZ 85705 500. Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient TUCSON JEWISH COMMUNITY CENTER NONE 501(C)(3) SUPPORT 3800 EAST RIVER ROAD TUCSON, AZ 85718 5,000. U OF A FOUNDATION - ARIZONA ARTHRITIS NONE 501(C)(3) SUPPORT CENTER P.O. BOX 210109 TUCSON, AZ 85721 25,000. U OF A FOUNDATION - DISABILITY NONE 501(C)(3) SUPPORT RESOURCE CENTER 1224 E. LOWELL STREET TUCSON, AZ 85721 1,500. U OF A FOUNDATION - UA PRESENTS NONE 501(C)(3) SUPPORT P.O. BOX 210109 TUCSON, AZ 85721 10,000. UA FOUNDATION - HISPANIC ALUMNI NONE 501(C)(3) SUPPORT ASSOCIATION P.O. BOX 210109 TUCSON, AZ 85721 10,000. UA FOUNDATION - SOCIAL & BEHAVIORAL NONE 501(C)(3) SUPPORT SCIENCES P.O. BOX 210109 TUCSON, AZ 85721 60,000. WORLD CARE NONE 501(C)(3) SUPPORT 100 N. STONE AVENUE TUCSON, AZ 85701 250. YWCA TUCSON NONE 501(C)(3) SUPPORT 525 N. BONITA AVENUE TUCSON, AZ 85745 60,000. Total from continuation sheets

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Name of the organization

Employer identification number

	ZUCKERMAN FAMILY FOUNDATION	20-2955094
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501  General Rule  X For an organizat	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule and II organization or (10) organization can special Rule and II organization organ	otaling \$5,000 or more (in money or
Special Rules		
sections 509(a)( any one contribi	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, utor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or <b>(2)</b> 2% of the a EZ, line 1. Complete Parts I and II.	, 16a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received abutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, ente purpose. Do not	tion described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received tons exclusively for religious, charitable, etc., purposes, but no such contributions total er here the total contributions that were received during the year for an exclusively religion to the parts unless the <b>General Rule</b> applies to this organization becauble, etc., contributions totaling \$5,000 or more during the year	led more than \$1,000 If this box igious, charitable, etc.,
but it <b>must</b> answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on eet the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF).	· · · · · · · · · · · · · · · · · · ·

Name of organization

Employer identification number

# ZUCKERMAN FAMILY FOUNDATION

20-2955094

Part I C	Contributors	(see instructions).	Use duplicate copies	of Part I if additional s	pace is needed.
----------	--------------	---------------------	----------------------	---------------------------	-----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MEL & ENID ZUCKERMAN  C/O 8600 E. ROCKCLIFF ROAD  TUCSON, AZ 85750	- \$ 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

# ZUCKERMAN FAMILY FOUNDATION

20-2955094

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_   _		*	
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			<del></del>
(a) No. rom rart I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

ZUCKER	MAN FAMILY FOUNDATION			20-2955094
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the follo	wing line entry. For organizatio	ns _
	Use duplicate copies of Part III if additiona	s, charitable, etc., contributions of \$1,000 o al space is needed.	riess for the year (Effective thanks one	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
rait.		· · · · · · · · · · · · · · · · · · ·		
		(e) Transfer of git	ft	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of git	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of git	H	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
<del></del>				
		(e) Transfer of git		
	Transferee's name, address, ar	_		aneforar to transferoe
	manareree s name, address, ar	IV 617 T T	neiation snip of tra	ansferor to transferee

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPOR	ARY CA	ASH IN	VESTMENTS	SI	TATEMENT	1
SOURCE		RE	(A) VENUE BOOKS			(B) VESTMENT COME	N	(C) ADJUSTED NET INCOME	Ē
INTEREST INCOME FROM PTPS MERRILL LYNCH #4074 MERRILL LYNCH #4075 RBC DAIN RAUSCHER UBS FINANCIAL SERVICES INC UBS FINANCIAL SERVICES INC - OID UBS FINANCIAL SERVICES INC -		106. 10. 86. 6,336. 6,174.		10. 36. 36. 74.					
REMIC TOTAL TO PART I, LI		17,5							
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SECUR	ITIES	si	PATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A REVE PER B	ENUE	(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
DIVIDEND INCOME FROM PTPS MERRILL LYNCH #4074 RBC DAIN RAUSCHER	125. 8,467. 46,350.	3,	0.		125. 5,427. 5,350.	5,36	1.		
UBS FINANCIAL #7576	119,924.	6,	270.	113	8,654.	108,11	7.		
TO PART I, LINE 4	174,866.	9,	310.	165	,556.	159,95	3.		
FORM 990-PF		OTHER	INCO	<u>———</u> МЕ		<del></del>	sī	PATEMENT	<del></del> 3
DESCRIPTION			RE	(A) VENUE BOOKS		(B) ET INVEST- ENT INCOME		(C) ADJUSTEI NET INCOM	
CITIGROUP LITIGATION SETTLEMENT ORDINARY INCOME PORTION OF GAIN ON SALE OF PTPS				1,0	74.	1,074	•		
				3,4	64.	3,464	· -		
TOTAL TO FORM 990-P	F, PART I, I	LINE 11		4,5	38.	4,538	•		

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	2,400.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	2,400.	0.		0.	
FORM 990-PF C	THER PROFES	SIONAL FEES	S	TATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING FEES	25,000.	0.		25,000.	
TO FORM 990-PF, PG 1, LN 16C	25,000.	0.		25,000.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ARIZONA CORPORATION COMMISSION TAX EXCISE TAX FOREIGN TAX EXPENSE	10. 4,500. 1,456.	0. 0. 1,456.		10. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	5,966.	1,456.		10.	

FORM 990-PF	OTHER E	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
INVESTMENT FEES MISCELLANEOUS FROM PTP K-1S	64,628. 2,925.	64,628.		2,925
TO FORM 990-PF, PG 1, LN 23	FORM 990-PF, PG 1, LN 23 67,553. 64,628.			
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FU	ND BALANCES	STATEMENT
DESCRIPTION				AMOUNT
UNREALIZED LOSS ON INVESTMENT BOOK/TAX ADJ - INCOME TAX EXE				344,790
TOTAL TO FORM 990-PF, PART II	II, LINE 5			347,090
FORM 990-PF	CORPORAT	E STOCK		STATEMENT
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
US & INTERNATIONAL EQUITIES		•	1,470,378	. 1,470,378
TOTAL TO FORM 990-PF, PART II		_	1 470 270	1 470 270
TOTAL TO TORRY JOU-FT, FART 11	I, LINE IUB	=	1,470,378	1,470,378
	CORPORAT	E BONDS	1,4/0,3/8	STATEMENT
FORM 990-PF		E BONDS	BOOK VALUE	
FORM 990-PF  DESCRIPTION  BONDS		E BONDS		STATEMENT I

FORM 990-PF	OTHER	INVESTMENTS		STAT	EMENT 11		
DESCRIPTION		VALUATION METHOD BOOK VAL		FAIR MARKET JUE VALUE			
OTHER ASSETS		COST 1,457,39			1,457,396.		
TOTAL TO FORM 990-PF,	PART II, LINE 1	- 3 -	1,457,39	96. 1	,457,396.		
FORM 990-PF PAR	T VIII - LIST OF FRUSTEES AND FOU			STAT	EMENT 12		
NAME AND ADDRESS		TITLE AND VRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT		
MEL ZUCKERMAN 8600 E. ROCKCLIFF ROA TUCSON, AZ 85750		ESIDENT 4.00	0.	0.	0.		
ENID ZUCKERMAN 8600 E. ROCKCLIFF ROA TUCSON, AZ 85750		CE PRESIDENT 2.00	0.	0.	0.		
JAY ZUCKERMAN 8600 E. ROCKCLIFF ROA TUCSON, AZ 85750		CE PRESIDENT 2.00	0.	0.	0.		
JERROLD COHEN 8600 E. ROCKCLIFF ROA TUCSON, AZ 85750		CRETARY/TREAS	SURER 0.	0.	0.		
AMY ZUCKERMAN 8600 E. ROCKCLIFF ROA TUCSON, AZ 85750		RECTOR 2.00	0.	0.	0.		
TOTALS INCLUDED ON 99	O-PF, PAGE 6, PAI	- RT VIII	0.	0.	0.		

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FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

JAY ZUCKERMAN AMY ZUCKERMAN

FORM 990-PF

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

STATEMENT 14

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