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

OMB No 1545-0052

| | | f the Treasury | | | ieu as a Frivale Fi | | | | 2003 |
|---|----------|--|---------------------------|------------------------------|--|--|-------------------------|--|-------------------------|
| | | nue Service ar year 2009, or tax | | | ble to use a copy of this reti , and ending | irn to satisfy st | ate reporting r | equirements | <u> </u> |
| | | Il that apply | Initial return | · — — | return of a former public | charity | | Final return | |
| | neek a | " that apply | Amended re | | ddress change | | e change | | |
| Llee | the ID | Name of foundati | | 1 7 8 | sarese criarige | 1 1 10 | 7 | over identification num | ber |
| Use the IRS Name of foundation label. Otherwise. GLICKMAN FAMILY FOUNDATION | | | | | | -2878590 | | | |
| | | | N | | B Telep | hone number (see page | 10 of the instructions) | | |
| | rint | · ———— | et (or P O box nur | nber if mail is not delivere | ed to street address) | Room/suite | 700 | 6-548-6917 | |
| or | type. | _ | TON ROAL | | , | | C If exe | mption application is pen | ding, check here |
| See S | Specifi | City or town, state | e, and ZIP code | | | | D 1. Fo | reign organizations, chec | k here |
| nstr | uction | s. ATHENS | | GA | 30605 | | 2. Fo | reign organizations meet | ing the |
| + C | heck ty | pe of organization | X Section 50 | 01(c)(3) exempt privat | te foundation | | 85 | % test, check here and a | ttach computation |
| s | ection | 4947(a)(1) nonexer | | | ble private foundation | | E If priv | ate foundation status was | s terminated under |
| Fa | ır mark | et value of all asset | ts at end J | Accounting method | X Cash Ac | crual | section | n 507(b)(1)(A), check he | re • |
| of | year (f | rom Part II, col (c), | | Other (specify) | | | F If the | foundation is in a 60-mor | nth termination |
| line | e 16) 🕨 | \$ | 97,816 (F | Part I, column (d) mus | t be on cash basis) | | under | section 507(b)(1)(B), ch | eck here |
| Pa | rt I | Analysis of R | evenue and | Expenses (The | (a) Revenue and | | | | (d) Disbursements |
| | | total of amounts in colum | ins (b), (c), and (d) mag | y not necessanly equal | expenses per books | 1 '' | nvestment come | (c) Adjusted net income | for charitable purposes |
| | | the amounts in column (a | a) (see page 11 of the | nstructions)) | | | | | (cash basis only |
| | 1 | Contributions, gifts, gi | rants, etc , receive | d (attach schedule) | 26,00 | 2 | | | 1 |
| | 2 | Check ▶ if the | foundation is not | required to attach Sch B | | <u> </u> | | | <u> </u> |
| | 3 | Interest on savings | and temporary | cash investments | 2,77 | 5 | 2,775 | - | |
| | 4 | Dividends and inter | rest from securit | ies | | - | | | |
| | 5a | Gross rents | | | | | | | |
| e l | b | Net rental income of | or (loss) | | | | | | |
| ĭ | 6a | Net gain or (loss) from sale | | 10 | | | | | |
| Revenue | b | Gross sales price for all as | _ | | | | | | - |
| ď | 7 | Capital gain net ind | come (from Part | IV, line 2) | | 1 | 0 | | |
| | 8 | Net short-term cap | - | | | | | |) |
| | 9 | Income modificatio | | 1 | | | | · · · · · · · · · · · · · · · · · · · | |
| | 10a | Gross sales less retur | | | | - | | | |
| | b | Less Cost of good | | L | | | | | |
| | C | Gross profit or (los | , , | ule) | | - | | | |
| | 11 | Other income (atta | · · | | 20 77 | <u> </u> | 2,775 | | |
| | 12 | Total. Add lines 1 t | | 44 | 28,77 | <u> </u> | 2,113 | | 7 |
| es | 13 | Compensation of o | · | • | | | | | |
| ĬĎ. | 14 | Other employee sa | - | S | | | | | |
| ben | 15 | Pension plans, emplementation legal fees (attach : | • | | | _ | | | - |
| X | 16a b | Accounting fees (a | • | STMT 1 | 86 | | 83 | | VED |
| e e | C | Other professional fee | | | | <u>- </u> | | RECE | IVED (|
| ati | 17 | Interest | 23 (attach school) | ' / | | | | | 8 |
| str | 18 | Taxes (attach schedule) (s | ee nage 14 of the inst | nictions) | | | - | I YAM | 7 2010 |
| Ξ | 19 | Depreciation (attach s | | | | <u> </u> | | 8 | 一一民 |
| d Administrative E | 20 | Occupancy | | | | 1 | | | EN, UT |
| Ž | 21 | Travel, conference | s, and meetings | | | | | OGD | 114, 0. |
| nd | 22 | Printing and public | = | | | | | | |
| g a | 23 | Other expenses (att sch) | | | | | | | |
| Ę | 24 | Total operating a | | ve expenses. | | | | | |
| era | | Add lines 13 through | | | 86 | 2 | 83 | | |
| Operating and Admir | 25 | Contributions, gifts | , grants paid | | 50 | 0 | | | |
| <u> </u> | 26 | Total expenses and | disbursements | Add lines 24 and 25 | 1,36 | 2 | 83 | | |
| | 27 | Subtract line 26 fro | | · | | | | | 1 |
| | а | Excess of revenue | over expenses a | and disbursements | 27,41 | 3 | | | |
| | b | Net investment in | come (if negative | ve, enter -0-) | | | 2,692 | | |
| | С | Adjusted net inco | me (if negative, | enter -0-) | | 1 | | (| 0 |

| | Darf II | Raisnee Sheets Attached schedules and amounts in the description column | Beginning of year | End of | fyear |
|--------------------------|---------|--|-------------------|----------------|---------------------------------------|
| _ | Part II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | 4,730 | 24,143 | 24,144 |
| | 2 | Savings and temporary cash investments | 63,000 | 71,000 | 73,672 |
| | 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 (attach schedule) (see page 16 of the | | | |
| | | instructions) | | · - · | |
| | 7 | Other notes and loans receivable (att. schedule) | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| 휣 | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ۲ | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach sch.) | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach sch.) | | | · |
| | 15 | Other assets (describe ▶) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| ╛ | | instructions Also, see page 1, item l) | 67,730 | 95,143 | 97,816 |
| T | 17 | Accounts payable and accrued expenses | | | |
| ဖ | 18 | Grants payable | | | |
| 읦 | 19 | Deferred revenue | | | |
| 뻸 | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | |
| 7 | 22 | Other liabilities (describe SEE STATEMENT 2) | 2,743 | 2,743 | |
| \perp | 23 | Total liabilities (add lines 17 through 22) | 2,743 | 2,743 | |
| | | Foundations that follow SFAS 117, check here ▶ X | | | |
| ces | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| 임 | 24 | Unrestricted | 64,987 | 92,400 | |
| 쯺 | 25 | Temporarily restricted | | | |
| άĬ | 26 | Permanently restricted | | | |
| Net Assets or Fund Balan | | Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. | | | |
| 딝 | 27 | Capital stock, trust principal, or current funds | | | |
| ဖွ | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| Se | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| P | 30 | Total net assets or fund balances (see page 17 of the | | | |
| 뒝 | | instructions) | 64,987 | 92,400 | |
| 낌 | 31 | Total liabilities and net assets/fund balances (see page 17 | | | |
| | | of the instructions) | 67,730 | 95,143 | · · · · · · · · · · · · · · · · · · · |
| | Part II | Analysis of Changes in Net Assets or Fund Balances | | | |
| 1 | Total | net assets or fund balances at beginning of year—Part II, column (a), line 30 (must | agree with | | |
| | end-o | f-year figure reported on prior year's return) | | 1 | 64,987 |
| 2 | Enter | amount from Part I, line 27a | | 2 | 27,413 |
| 3 | Other | increases not included in line 2 (itemize) ▶ | | 3 | |
| 4 | | nes 1, 2, and 3 | | 4 | 92,400 |
| 5 | Decre | eases not included in line 2 (itemize) | | 5 | |
| _6 | Total | net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), | line 30 | 6 | 92,400 |
| | | | | | Form 990-PF (2009) |

| | FAMILY FOUNDATION | | 20-2878590 | | Page 3 |
|--|---|--------------------|--|-------------------------------------|--|
| Part IV Capital Gains and | Losses for Tax on Investment | Income | 1 400 | | |
| | he kind(s) of property sold (e g , real estate, use, or common stock, 200 shs MLC Co) | | (b) How acquired P—Purchase D—Donation | (c) Date acquire (mo , day, yr) | |
| 1a MUTUAL BANK HARVI | ΞΥ | | P | 04/09/0 | 7 04/27/09 |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | r other basis ense of sale | | Gain or (loss) lus (f) minus (g) |
| a 10,000 | | | 10,000 | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| Complete only for assets showing ga | in in column (h) and owned by the foundation | ation on 12/31/69 | | (I) Gains | (Col (h) gain minus |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | • • | ss of col (ı) l (j), ıf any | • • • | t not less than -0-) or es (from col. (h)) |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| 2 Capital gain net income or (net capital | If gain, also enter in Pa If (loss), enter -0- in Pa | | | 2 | |
| 3 Net short-term capital gain or (loss) a | _ ` ' | | | _ | |
| , - | umn (c) (see pages 13 and 17 of the instr | ructions) | | | |
| If (loss), enter -0- in Part I, line 8 | (1) (110 11 | | | 3 | |
| | er Section 4940(e) for Reduced | Tax on Net In | vestment Incom | е | |
| ······································ | indations subject to the section 4940(a) ta | | | | |
| ` ' | , , , | | , | | |
| If section 4940(d)(2) applies, leave this p | art blank | | _ | _ | |
| Was the foundation liable for the section | 4942 tax on the distributable amount of a | ny year in the bas | se period? Ye | es 🗶 No | |
| If "Yes," the foundation does not qualify ι | under section 4940(e) Do not complete the | nis part | | | |
| 1 Enter the appropriate amount in each | n column for each year; see page 18 of th | e instructions bef | ore making any entries | 3 | |
| (a) | (b) | | (c) | | (d) Distribution ratio |
| Base period years Calendar year (or tax year beginning in) | Adjusted qualifying distributions | Net value | of nonchantable-use ass | ets (col | (b) divided by col (c)) |
| 2008 | 2, | 500 | 49, | 837 | 0.050164 |
| 2007 | | 600 | 33, | | 0.077140 |
| 2006 | 1, | 750 | 17, | | 0.098475 |
| 2005 | 2, | 100 | 5, | 129 | 0.409437 |
| 2004 | | | | | |
| | | | | | |
| 2 Total of line 1, column (d) | | | | 2 | 0.635216 |
| 3 Average distribution ratio for the 5-ye | ear base period—divide the total on line 2 | by 5, or by the | | | |
| number of years the foundation has I | been in existence if less than 5 years | | | 3 | 0.158804 |
| | | | | | |
| 4 Enter the net value of noncharitable- | use assets for 2009 from Part X, line 5 | | | 4 | <u>76,</u> 890 |
| | | | | | |
| 5 Multiply line 4 by line 3 | | | | 5 | 12,210 |
| | | | | | |
| 6 Enter 1% of net investment income (| 1% of Part I, line 27b) | | | 6 | 27 |
| | | | | | |
| 7 Add lines 5 and 6 | | | | 7 | 12,237 |
| | | | | | |
| 8 Enter qualifying distributions from Pa | rt XII, line 4 | | | 8 | 500 |
| If line 8 is equal to or greater than lin | e 7, check the box in Part VI, line 1b, and | complete that pa | rt using a 1% tax rate | See the | |

Part VI instructions on page 18

| Form | 990-PF (2009) GLICKMAN FAMILY FOUNDATION 20-2878590 | | | | P | age 4 |
|--------|---|-------|----------|-----|-----|----------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in | nstri | uctions) | | | |
| 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) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | 1 | | | | 54 |
| | here ▶ and enter 1% of Part I, line 27b | | | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of | | | | | |
| | Part I, line 12, col (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | : | | | 0 |
| 3 | Add lines 1 and 2 | 9 | 3 | | | 54 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 4 | 1 | | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | 5 | | | 54 |
| 6 | Credits/Payments | | | | | |
| а | 2009 estimated tax payments and 2008 overpayment credited to 2009 | | | | | |
| b | Exempt foreign organizations—tax withheld at source 6b | | 1 | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c | | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | , | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | 3 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | , | | | 54 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 5 | | | |
| 11 | Enter the amount of line 10 to be Credited to 2010 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 | | | | Yes | No |
| | participate or intervene in any political campaign? | | | 1a | | х |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | | | | |
| _ | of the instructions for definition)? | | | 1b | | х |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | | |
| | published or distributed by the foundation in connection with the activities | | | | | |
| С | Did the foundation file Form 1120-POL for this year? | | | 1c | | х |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | : | |
| • | (1) On the foundation \$ (2) On foundation managers \$ | | | | : | l |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | _ | | | | |
| Ü | on foundation managers. > \$ | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | x |
| - | If "Yes," attach a detailed description of the activities | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | | | |
| 3 | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | x |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A | 4b | | |
| ь 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | , | 5 | | x |
| 3 | If "Yes," attach the statement required by General Instruction T | | | Ť | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | |
| U | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | | | |
| | conflict with the state law 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, col. (c), and Part X\ | , | | 7 | х | |
| 7 | | • | | | | - |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) GA | | | | | |
| L | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | 0 h | X | İ |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | | 8b | 43 | - |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | | | Ī |
| | 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page | | | 9 | | x |
| 10 | 27)? If "Yes," complete Part XIV | | | 3 | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | 10 | | х |
| | names and addresses | | | 10 | | <u> </u> |

Form 990-PF (2009)

| Form | 990-PF (2009) GLICKMAN | FAMILY FOUNDATION | 20-2 | 878590 | | | P | age 6 |
|------|---------------------------------------|---|---------------------------------------|---|--|--|-----------|--------------|
| Pa | rt VII-B Statements Reg | arding Activities for Which For | m 4720 May Be Re | quired (contir | nued) | | | , |
| 5a | During the year did the foundation p | ay or incur any amount to | | _ | | . | | į |
| | (1) Carry on propaganda, or otherv | vise attempt to influence legislation (section | on 4945(e))? | Y | es 🗶 No | | | į |
| | (2) Influence the outcome of any sp | pecific public election (see section 4955), | or to carry on, | _ | _ | | | ĺ |
| | directly or indirectly, any voter r | egistration drive? | | ∐ v | es X No | | 1 | Ė |
| | (3) Provide a grant to an individual | for travel, study, or other similar purposes | 37 | Y | es X No | | - | ĺ |
| | (4) Provide a grant to an organizati | on other than a charitable, etc , organizati | ion described in | | | | 1 | İ |
| | section 509(a)(1), (2), or (3), or | section 4940(d)(2)? (see page 22 of the | nstructions) | Y | 'es 🗓 No | | 1 | İ |
| | (5) Provide for any purpose other t | han religious, charitable, scientific, literary | , or educational | - | | | 1 | ĺ |
| | | of cruelty to children or animals? | | □ Y | 'es X No | | | ĺ |
| b | If any answer is "Yes" to 5a(1)-(5), | did any of the transactions fail to qualify u | nder the exceptions desc | ribed in | _ | | 1 | ĺ |
| | Regulations section 53 4945 or in a | current notice regarding disaster assistar | nce (see page 22 of the in | nstructions)? | N/A | 5b | | |
| | Organizations relying on a current r | notice regarding disaster assistance check | here | | ▶ 🗍 | | | |
| С | • • | a(4), does the foundation claim exemption | | | | | 1 | ĺ |
| | because it maintained expenditure | | | N/A 🗍 Y | 'es No | | | |
| | • | red by Regulations section 53 4945-5(d) | | | | | 1 | |
| 6a | · | receive any funds, directly or indirectly, to | pay premiums | | | | | |
| | on a personal benefit contract? | sarry range, and only or man doubt, to | Est brannama | | es X No | . 1 | 1 | ŧ |
| b | • | pay premiums, directly or indirectly, on a | nersonal henefit contract | _ | | 6b | | х |
| | If "Yes" to 6b, file Form 8870 | pay premiums, directly of maircoay, on a | personal benefit contract | | | | | |
| 7a | · · · · · · · · · · · · · · · · · · · | s the foundation a party to a prohibited tax | shelter transaction? | | es X No | | | |
| / a | , , , | ly proceeds or have any net income attribu | | | N/A | 7b | | <u> </u> |
| | | at Officers, Directors, Trustees, | | | | | 1 | |
| F | and Contractors | it officers, birectors, fructions, | Touridation manag | ,o.o,g, | =p.oyoo | -, | | |
| 1 1 | | foundation managers and their compe | ensation (see page 22 o | f the instructions |). | | | |
| | | Touridation managers and their compe | | | (d) Contributions to | | | |
| | (a) Nam | ne and address | (b) Title, and average hours per week | (c) Compensation (If not paid, enter | employee benefit | | pense ad | |
| | (a) Nan | e and address | devoted to position | -0-) | plans and deferred compensation | othe | r allowar | nces |
| | ARL GLICKMAN | ATHENS | TRUSTEE | | | | | |
| | | | 1.00 | o | o | | | o |
| | 5 MORTON ROAD | GA 30605 | TRUSTEE | · · | | | | |
| | ARA GLICKMAN | ATHENS | 1 | , | 0 | ļ | | c |
| 65 | 5 MORTON ROAD | GA 30605 | 1.00 | | | | | |
| | | | 1 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | Ь | | |
| 2 | | id employees (other than those include | ed on line 1—see page 2 | 23 of the instructi | ons). | | | |
| | If none, enter "NONE." | | | I . | (4) 0 | | | |
| | | | (b) Title, and average | (-) 0 | (d) Contributions to employee benefit | (e) Ex | pense a | ccount, |
| | (a) Name and address of each | n employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | plans and deferred | othe | r allowa | nces |
| | | | | | compensation | ├── | | |
| NC | ONE | | | 1 | | | | |
| | | | | | | - | | |
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| | | | | | | Ļ | | |
| | | - | | <u> </u> | | | | |
| | | | | | | <u> </u> | | |
| Tota | I number of other employees paid ov | er \$50,000 | | | | <u> </u> | | |
| | | | | | Fo | m 990 | 0-PF | (2009) |

| Form 990-PF | (2009) GLICKMAN FAMILY FOUNDATION | 20-2878590 | Page 7 |
|--------------|---|---|------------------|
| Part VIII | Information About Officers, Directors, Trustees, Foundation and Contractors (continued) | on Managers, Highly Paid Empl | oyees, |
| 3 Five hi | ighest-paid independent contractors for professional services (see page 23 o | of the instructions). If none, enter "NON | E." |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | • | | |
| | | | |
| • | | | |
| Total number | r of others receiving over \$50,000 for professional services | I | <u> </u> |
| | | | |
| Part IX-A | Summary of Direct Charitable Activities | | |
| | dation's four largest direct charitable activities during the tax year. Include relevant statistical info | ormation such as the number of | Expenses |
| 1 THE | FOUNDATION INTENDS TO MAKE DISTRIBUTION | IS TO 501(C)(3) | |
| TAX | EXEMPT ORGANIZTIONS ON AN ANNUAL BASIS. | • | |
| | | | 500 |
| 2 | | | |
| | | | |
| | | | |
| 3 | | | |
| | | | |
| | | | |
| 4 | | | |
| | | | |
| Part IX-E | Summary of Program-Related Investments (see page 24 | 4 of the instructions) | |
| Describe the | two largest program-related investments made by the foundation during the tax year on lines 1 | | Amount |
| 1 N/A | | | |
| | | | |
| | | | |
| 2 | | | |
| | | | |
| | | | |
| | gram-related investments See page 24 of the instructions | | |
| 3 | | | |
| | | | |

Total. Add lines 1 through 3

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

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 page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2009)

4

6

500

500

4

Undistributed Income (see page 26 of the instructions) (b) (c) Corpus Years prior to 2008 2008 2009 1 Distributable amount for 2009 from Part XI. 3,791 line 7 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only b Total for prior years 20 _____ , 20 ___ Excess distributions carryover, if any, to 2009. a From 2004 From 2005 1,897 866 c From 2006 953 d From 2007 45 e From 2008 3,761 Total of lines 3a through e Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 500 a Applied to 2008, but not more than line 2a b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required-see page 26 of the instructions) 500 d Applied to 2009 distributable amount e Remaining amount distributed out of corpus 3,291 3,291 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 470 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b Taxable amount-see page 27 of the instructions e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a 470 Analysis of line 9 10 Excess from 2005 Excess from 2006 425 Excess from 2007 45 Excess from 2008 Excess from 2009

Page 9

organizations as provided in

section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization

(4) Gross investment income

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at Part XV any time during the year—see page 28 of the instructions.)

| 1 | | Information | Regarding I | -oundation | managers: |
|---|--|-------------|-------------|------------|-----------|
|---|--|-------------|-------------|------------|-----------|

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

SEE STATEMENT 3

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest N/A

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here > |X| if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

The name, address, and telephone number of the person to whom applications should be addressed

N/A

| þ | The form in which applications should be submitted and information and materials they st | noula incluae |
|---|--|---------------|
| | | |

N/A

Any submission deadlines

N/A

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

| N | / | Α |
|---|---|---|
| | | |

| Part XV Supplementary Information (co | | | | |
|---|--|------------------------|----------------------------------|--------------|
| 3 Grants and Contributions Paid During the | | ture Payment | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year SIZER MEMORIAL FUND HARVARD GRADUATE SCHOOL CAMBRIDGE MA 02138 | NONE | 501 (C) (3) GENERAL | OPERATION | 500 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3a | 500 |
| b Approved for future paymentN/A | | | | |
| | | | | |
| | | | | |
| Tabl | | | | |
| Total | | | ▶ 3b | |

Page 12

| | Austria (1 | | | | | 1 age 12 |
|-----------------|---|---------------|------------------|--|--------------|--|
| Part XVI-A | | - 1 | | T = / · | | |
| Enter gross amo | unts unless otherwise indicated. | (a) | (b) | (c) | (d) | (e) Related or exempt function income |
| 1 Program ser | N/CO TOVORNO | Business code | Amount | Exclusion code | Amount | (See page 28 of the instructions) |
| • | vice revenue | | | | | |
| | | | | | | |
| | | - | | | | |
| | | | | | | |
| _ | | | | | | |
| f | | | | | | |
| g Fees an | d contracts from government agencies | | | | | |
| 2 Membership | dues and assessments | | | | | |
| 3 Interest on s | avings and temporary cash investments | | | 14 | 2,775 | |
| | nd interest from securities | | | | | ······································ |
| | come or (loss) from real estate | | | | | |
| | anced property | | | | | |
| | t-financed property | | | - | | |
| | come or (loss) from personal property | | | - | | |
| 7 Other investi | | | | 18 | | |
| | s) from sales of assets other than inventory | | | 10 | | |
| | or (loss) from special events | | | | | |
| • | or (loss) from sales of inventory | | | + | | |
| | ue a | _ | | | | |
| | | - | | 1 | | |
| | | | | 1 | | |
| e | | _ | | | | |
| | d columns (b), (d), and (e) | | C | | 2,775 | 0 |
| | ne 12, columns (b), (d), and (e) | | | | 13 | 2,775 |
| | in line 13 instructions on page 28 to verify calculation | ons) | | | _ | |
| Part XVI-B | Relationship of Activities to the A | | ent of Exempt Pu | rposes | | |
| Line No. ▼ | Explain below how each activity for which income accomplishment of the foundation's exempt purpinstructions.) | | | | | the |
| N/A | instructions) | - | | | | |
| 11/ FL | | | | | | |
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| re | irt XVII | Exempt Organiza | _ | Insters to and transaction | is and Reia | ationships with No. | nchantable | | |
|-----------|---------------------------------------|--|-----------------------------------|--|---------------------------------------|---|---|---------|-------------|
| 1 | Did the or | | | e in any of the following with any oth | ner organizatio | on described | | Yes | No |
| • | | • | | n 501(c)(3) organizations) or in sec | - | | | | |
| | organizati | ` , | | | | 3 1 | | | |
| а | _ | | tion to a non | scharitable exempt organization of: | | | | | |
| | (1) Cash | , , | | | | | 1a(⁻ | n) | X_ |
| | (2) Other | assets | | | | | 1a(2 | 2) | X |
| b | Other tran | nsactions | | | | | | | |
| | (1) Sales | of assets to a noncharital | ble exempt o | organization | | | 1b(| 1) | X |
| | (2) Purch | nases of assets from a nor | ncharitable e | xempt organization | | | 1b(| 2) | X |
| | (3) Renta | al of facilities, equipment, o | or other asse | ets | | | 1b(: | 3) | X |
| | (4) Reimbursement arrangements | | | | | 1b(4 | 1) | X | |
| | (5) Loans | s or loan guarantees | | | | | 1b(| 5) | X |
| | (6) Perfo | rmance of services or mei | mbership or i | fundraising solicitations | | | 1b(| 5) | X |
| | _ | , , | _ | ner assets, or paid employees | | | <u> 1c</u> | | X |
| d | | • | | plete the following schedule. Colum | | * | | | |
| | | • | • | ren by the reporting foundation. If the | | | | | |
| | | k . | | t, show in column (d) the value of the | 1 | | | | |
| | a) Line no | (b) Amount involved | (c) Name | of noncharitable exempt organization | (a) De | escription of transfers, transac | ctions, and sharing arran | gements | |
| 1/2 | <u> </u> | | | | + | | | | |
| | | | | | + | | | | |
| | | | | | + | <u></u> | | | |
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| 2a | | | • | with, or related to, one or more tax-entain section 501(c)(3)) or in section | | zations | | Yes 🔀 | No |
| b | If "Yes," c | complete the following sch | edule. | | | | | | |
| | | (a) Name of organization | | (b) Type of organization | | (c) Description of | of relationship | | |
| 1 | N/A | | | | | | | | |
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| | Under pena belief, it is | alties of perjury, I declare that true, correct, and complete D | I have examine exaration of pi | ed this return, including accompanying s reparer (other than taxpayer or fiduciary) | chedules and sta is based on all i | atements, and to the best of a information of which preparer | my knowledge and r has any knowledge | | |
| | \ | m// c/N | 1111 | M 600 150 511 | 3/2010 | TRUSTE | !E | | |
| ا ۵ | Signat | ture of officer or trustee | <u> </u> | Date | | Title | | | |
| 후 | | | | 1 | Date | | Preparer's ide | | |
| = | " _ | Preparer's | | P | | Check if self-employed | number (see spage 30 of the | | |
| Sign Here | - F 도 드 | signature SCOTT | A. SAUC | CIER / | 05 | /11/10 sell-employed | | | |
| (" | Paid Preparer's Use Only | Firm's name (or yours if | TRINIT | Y ACCOUNTING GRO | | | | | |
| | ا د ځ | self-employed), address, | P.O. E | 3OX 1983/ / | | | EIN ▶ | | |
| | | and ZIP code | ATHEN | | | | Phone no 706-5 | | |
| | | | | | | | Form S | 90-PF | (2009) |

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

2009

Name of the organization

Employer identification number

| GLICKMAN FAMIL | Y FOUNDATION | 20-2878590 | | |
|--|--|-------------|--|--|
| Organization type (check one) | | | | |
| Filers of: | Section: | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | |
| | 527 political organization | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | |
| | 501(c)(3) taxable private foundation | | | |
| , , | vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule Se | | | |
| General Rule | | | | |
| | g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money c contributor Complete Parts I and II | ır | | |
| 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. | | | | |
| 990-EZ, or 990-PF), but it must | not covered by the General Rule and/or the Special Rules does not file Schedule B (Form answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 99). | | | |

| Name of or | ganization KMAN 'FAMILY FOUNDATION | | Employer identification number 20–2878590 |
|------------|--|--------------------------------|--|
| Part I | Contributors (see instructions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | CARL AND SARA GLICKMAN 655 MORTON ROAD ATHENS GA 3 | s 26,00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | Aggregate contributions \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| No. | Name, audross, and ZIF + 4 | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 140. | reality, auditoss, and Eir · 4 | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| | | | -1- D (F 000 000 F7 000 DF) (2000) |

Page 1 5/11/2010 9:31 AM Charitable Purpose Adjusted Net Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees 83 Net Investment **Federal Statements** 862 862 Total 100549 Glickman Family Foundation INDIRECT ACCOUNTING FEES Description FYE: 12/31/2009 TOTAL 20-2878590

100549 Glickman Family Foundation
Federal Statements

FYE: 12/31/2009

5/11/2010 9:31 AM Page 2

Statement 2 - Form 990-PF, Part II, Line 22 - Other Liabilities

| Description | Beginning of Year | | End of Year | |
|----------------|----------------------|-------|----------------|-------|
| DUE TO OFFICER | \$ | 2,743 | \$ | 2,743 |
| TOTAL | \$ | 2,743 | \$ | 2,743 |

100549 Glickman Family Foundation
Federal Statements

5/11/2010 9:31 AM Page 3

FYE: 12/31/2009

Statement 3 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

| Name of Manager | <u>Amount</u> |
|-----------------|---------------|
| CARL GLICKMAN | \$ |
| SARA GLICKMAN | |
| TOTAL | \$ 0 |