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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 Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2010, or tax year beginning , and ending G Check all that apply Initial return Initial return of a former public charity 🗌 Final return Amended return Address change Name change Name of foundation A Employer identification number JEROME S. GLAZER FOUNDATION, INC. (THE "SUCCESSOR FOUNDATION") 31-1787788 Number and street (or P O box number if mail is not delivered to street address) Boom/suite B Telephone number 9200 FLORAL AVENUE 513-936-4801 City or town, state, and ZIP code C If exemption application is pending, check here CINCINNATI 45242-6954 OH 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated X Accrual I Fair market value of all assets at end of year | J Accounting method. under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination 4,616,419. (Part I, column (d) must be on cash basis.) **▶**\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for chantable purpos (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 102,661. 102,661. Dividends and interest from securities STATEMENT 5a Gross rents Net rental income or (loss) 15,223 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 288,000. 15,223. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 38,734. 38,734. 11 Other income STATEMENT 156,618 156,618. 12 Total. Add lines Attrough 1 13 0. Other employee salables and wage 15 Pension plans, amployee per 16a Legal fees STMT 6,604. 0. b Accounting fees 6,604. STMT 18,366. 18,366. c Other professional fees 0. Administrative 17 Interest STMT 5 1,138. 0. 0. 18 Taxes 19 Depreciation and depletion 1,915. 0. 20 Occupancy 1,915. 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 443. 0. 443. 24 Total operating and administrative 18,366. 28,466. expenses. Add lines 13 through 23 8,962. 116,562. 25 Contributions, gifts, grants paid 116,562. 26 Total expenses and disbursements. 145,028. 18,366. Add lines 24 and 25 125,524. 27 Subtract line 26 from line 12 11,590. 3 Excess of revenue over expenses and disbursements 138,252. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see the instructions.

Form 990-PF (2010)

"SUCCESSOR FOUNDATION" 31-1787788 Page 2 Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 88,143. 89,283 Cash - non-interest-bearing 88,143. 202,053. 440,573. 440,573. 2 Savings and temporary cash investments 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 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 1,533,136. 1,307,596. 1,398,850. 10a Investments - U.S. and state government obligations STMT 7 951,377. 987,329. STMT 8 1,203,946. b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less, accumulated depreciation 12 Investments - mortgage loans STMT 9 1,459,770. 1,417,867. 1,466,128. 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation STATEMENT 10 16,172. 18,779. 15 Other assets (describe ▶ 18,779. 4,251,791. 4,260,287. 4,616,419. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable STATEMENT 11) 8,194. 5,100. 22 Other liabilities (describe 8,194. 5,100. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 4,243,597. 4,255,187. 4,243,597. 4,255,187. 30 Total net assets or fund balances 4,251,791. 4,260,287 31 Total liabilities and net assets/fund balances Part III 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-of-year figure reported on prior year's return) 4,243,597. 2 Enter amount from Part I, line 27a 2 3 Other increases not included in line 2 (itemize) 3 4,255,187. 4 Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize)

> 4,255,187. Form 990-PF (2010)

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

Form 990-PF (2010)

F	Part IV Capital Gains and I	Losses for Tax on In	vestment	Income						
_		kind(s) of property sold (e.g., se, or common stock, 200 shs			(b) 	low acquired - Purchase - Donation) Date a mo , da	icquired ay, yr)	(d) Date sold (mo , day, yr)
<u>1a</u>					<u> </u>		↓_			
_b		ATEMENT	 -		<u> </u>		-			
					├		+-	-		
d					┢		┼┈			
		f) Depreciation allowed (or allowable)		t or other basis			 (in or (loss (f) minus (
				·					···	
						-				·
_										
d	1									
_6				272,77	7.					15,223.
_	Complete only for assets showing gain	in column (h) and owned by t	he foundation	on 12/31/69			(I) G	ains (Co	ol. (h) gain	minus
_	(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			COI (K), but n .osses (ot less that (from col. (n -0-) or (h))
_8	1									
_t	<u> </u>									
_	<u> </u>					 -				
										15 000
_6				-, .	- -	1				15,223.
2	Capital gain net income or (net capital lo	ss) { If gain, also enter If (loss), enter -0-			}	2				15,223.
3	Net short-term capital gain or (loss) as d	lefined in sections 1222(5) and	d (6)		١ , ١					
	If gain, also enter in Part I, line 8, column	n (c)			 				37 / 3	
l E	If (loss), enter -0- in Part I, line 8 Part V Qualification Under	Section 4940(a) for	Reduced	Tay on Not	<u> </u>	3 estment	ncol		N/A	<u> </u>
-	! 						11001	110		
(1	or optional use by domestic private found	ations subject to the section 4	940(a) lax on	net investment ii	ICOTTIE	')				
lf:	section 4940(d)(2) applies, leave this part	blank								
w	as the foundation liable for the section 49	42 tax on the distributable am	ount of any ve	ar in the base nei	rıod?					Yes X No
	"Yes," the foundation does not qualify und			•						
	Enter the appropriate amount in each co				es		****			
	(a) Base period years	(b)			(2)				Distrit	(d) oution ratio
	Calendar year (or tax year beginning in)	Adjusted qualifying dist		Net value of no				(/ided by col (c))
	2009		8,971.			,246,1				.042149
_	2008	18	1,169.			<u>,450,4</u>				.040708
_	2007		6,332.			,556,93				.029917
_	2006		6,208.			,409,4				.028622
_	2005	10	5,868.	· ·	4	,258,9	69.			.024858
2	Total of line 1, column (d)							2		.166254
	Average distribution ratio for the 5-year	base period - divide the total of	n line 2 by 5,	or by the number	of ye	ars				
	the foundation has been in existence if le	•	• .	•	•			3		.033251
		•								
4	Enter the net value of noncharitable-use	assets for 2010 from Part X, I	ine 5					4		4,394,202.
5	Multiply line 4 by line 3							5		146,112.
6	Enter 1% of net investment income (1%	of Part I, line 27b)						6		<u> </u>
7	Add lines 5 and 6							7		<u>147,495.</u>
8	Enter qualifying distributions from Part 3	XII, line 4						8	L	125,524.
	If line 8 is equal to or greater than line 7. See the Part VI instructions		1b, and comp	lete that part usir	ng a 1	% tax rate				<u> </u>

31-178778	8
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₽æ	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see ii			ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	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 here and enter 1%	1		2,7	65.
	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, col (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	1			0.
3	Add lines 1 and 2			2,7	<u>65.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			2,7	<u>65.</u>
6	Credits/Payments Credits/Payments			in	
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 2,143.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d			2,1	43.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 12 ▶ 9			6	22.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
<u> 11</u>	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 11				
Pź	rt VII-A Statements Regarding Activities				
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?	ļ	1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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.				
C	Did the foundation file Form 1120-POL for this year?		10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .				
θ	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers ► \$O.	İ			
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 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?	N7 / D	_4a		X
_	·	N/A	4b		v -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ	5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or By the 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			v	
-	remain in the governing instrument?		6	X	_
′	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Α	
0.0	If "Yes," complete Part II, col. (c), and Part XV.				
64	Enter the states to which the foundation reports or with which it is registered (see instructions)]		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
μ			0.	v	
O	of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		8b	X	ļ
3	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	ı	۰		У
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10		X
10	any persons become substantial continuation during the tax year? If Yes, attach a schedule listing their names and addresses		10		_^_

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	JEROME S. GLAZER FOUNDATION, INC.			
orn	1990-PF(2010) (THE "SUCCESSOR FOUNDATION") 31-178	7788		Page 5
Pá	art VII-A Statements Regarding Activities (continued)			<u> </u>
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			Τ
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	}	Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	<u> </u>		
	August 17, 2008?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			<u> </u>
14	The books are in care of ▶ BRADFORD A. GLAZER Telephone no ▶513-9	36-4	801	
	Located at ▶9200 FLORAL AVE., CINCINNATI, OH ZIP+4 ▶4			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
•	securities, or other financial account in a foreign country?	16	162	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of	10	J	_ ^_
	the foreign country			
D.	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		1
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		V	No
10	During the year did the foundation (either directly or indirectly)		res	INO
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	· · · · · · · · · · · · · · · · · · ·			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	İ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
E	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2010?	10	[X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010?			
	If "Yes," list the years >			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b	•	1
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	20		
•	יים ביים ביים ביים ביים ביים ביים ביים			
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Jū	during the year? Yes X No			
U	If "Yes," did it have excess business holdings in 2010 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			
	may 20, 1909, (2) the tappe of the 3-year period (of foliger period approved by the Commissioner under section 4943(C)(/)) to dispose	i	Į.	1

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 2010.)

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

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

Form **990-PF** (2010)

Х

3b

<u>4</u>a

4b

N/A

JEROME S. GLAZER FOUNDAT	•				
Form 990-PF (2010) (THE "SUCCESSOR FOUNDATI			31-17877	788	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Yı	es 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indir	ectly,			
any voter registration drive?		Y ₁	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y ₁	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described	in Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	1
Organizations relying on a current notice regarding disaster assistance check h	•			-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?		_ ,	es No		
If "Yes," attach the statement required by Regulations section 53.494		1/ 22	58 L 140		
	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	Day premiums on		(V),		
a personal benefit contract?		Y6	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	•	-	6b	X
If "Yes" to 6b, file Form 8870.		_			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.	 			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	xpense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
	(b) Title, and average		(d) Contributions to employee benefit plans and deterred compensation	(e) E accou allov	xpense nt, other vances
	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) E accou allov	nt, other
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	allo	nt, other vances
	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	allo	nt, other
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	allo	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	allo	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	allo	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	allo	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	allo	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	allo	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	allo	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	allo	nt, other vances
(a) Name and address SEE STATEMENT 15	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	allo	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	O .	ally	nt, other wances
(a) Name and address SEE STATEMENT 15 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position Iuded on line 1). If none,	(If not paid, enter -0-) O .	O .	(e) E	nt, other vances O .
(a) Name and address SEE STATEMENT 15 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	O .	(e) E	nt, other wances
(a) Name and address SEE STATEMENT 15 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) E	nt, other vances O .
(a) Name and address SEE STATEMENT 15 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) E	nt, other vances O .
(a) Name and address SEE STATEMENT 15 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) E	nt, other vances O .
(a) Name and address SEE STATEMENT 15 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) E	nt, other vances O .
(a) Name and address SEE STATEMENT 15 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) E	nt, other vances O .
(a) Name and address SEE STATEMENT 15 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) E	nt, other vances O .
(a) Name and address SEE STATEMENT 15 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) E	nt, other vances O .
(a) Name and address SEE STATEMENT 15 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) E	nt, other vances O .
(a) Name and address SEE STATEMENT 15 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) E	nt, other vances O .

Total number of other employees paid over \$50,000

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	formation such as the etc	Expenses
1 N/A		
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines N/A	1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<u> </u>	0.

31-1787788 Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a]	2,721,025.
	Average of monthly cash balances	1b	486,466.
c	Fair market value of all other assets	10	1,253,628.
d	Total (add lines 1a, b, and c)	10	4,461,119.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1s 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,461,119.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	66,917.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,394,202.
6	Minimum investment return. Enter 5% of line 5	6	219,710.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	219,710.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
Ç	Add lines 2a and 2b	2c	2,765.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,765. 216,945.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	216,945.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	216,945.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		105 504
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	125,524.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ		3b	105 504
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	125,524.
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	5	105 504
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	125,524.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years	qualifies f	or the section

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI.				2010
line 7				216,945.
2 Undistributed income, if any, as of the end of 2010		('''- ''' 	MINITE IN THE PROPERTY OF THE	210/513.
a Enter amount for 2009 only			0.	
b Total for prior years	***************************************			
,,	***************************************	0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ►\$ 125,524.				
a Applied to 2009, but not more than line 2a	***************************************		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	***************************************	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	······································		
d Applied to 2010 distributable amount		***************************************		125,524.
B Remaining amount distributed out of corpus	0.			***************************************
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	***************************************			
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				91,421.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.	***************************************		
8 Excess distributions carryover from 2005	_			
not applied on line 5 or line 7	0.	****		
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.		•••••••••••••••••••••••••••••••••••••••	·····
O Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

JEROME S. GLAZER FOUNDATION, INC. (THE "SUCCESSOR FOUNDATION")

	UCCESSOR FO		=		787788	Page 11
Part XIV Private Operating Fo	oundations (see in	structions and Part VI	I-A, question 9)	N/A		
1 a If the foundation has received a ruling or	determination letter tha	it it is a private operating				
foundation, and the ruling is effective for		•	▶ └			
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or4	1942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year	(6) 0000	Prior 3 years	(4) 0007	-	
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Tot	lai
investment return from Part X for						
each year listed	- <u>-</u>	 			 	
b 85% of line 2a					 	
c Qualifying distributions from Part XII, line 4 for each year listed						
d Amounts included in line 2c not					 	
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly					 	
for active conduct of exempt activities						
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the						
alternative test relied upon a "Assets" alternative test - enter						
(1) Value of all assets		<u>L</u>				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter					 	
2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter		 			 	
(1) Total support other than gross						
investment income (interest,		ł			İ	
dividends, rents, payments on securities loans (section					1	
512(a)(5)), or royalties)		<u>L</u> .				
(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					<u> </u>	
(4) Gross investment income		1		1	<u> </u>	
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	iore in asse	ets
at any time during t		instructions.)				
1 Information Regarding Foundation	=	Aban 00/ -64b - 4-4-1				
a List any managers of the foundation who year (but only if they have contributed m			tributions received by the	e toundation before the ci	ose of any tax	
NONE						
b List any managers of the foundation who	n nwn 10% or more of t	he stock of a corporation	for an equally large port	ion of the ownership of a	nartnershin or	
other entity) of which the foundation has			(or all educity large port	ion of the ownership of a	partitership of	
BRADFORD A. GLAZER						
2 Information Regarding Contributi	on, Grant, Gift, Loan	. Scholarship, etc., P	rograms:			
Check here ► X If the foundation o				not accept unsolicited red	uests for funds	. If
the foundation makes gifts, grants, etc. (see instructions) to ind	ividuals or organizations i	under other conditions, o	complete items 2a, b, c, ar	nd d	
a The name, address, and telephone numl	per of the person to who	om applications should be	addressed			
N/A						
<u> </u>	<u> </u>	<u></u>				
b The form in which applications should b ${\sf N/A}$	e submitted and inform	ation and materials they s	hould include			
c Any submission deadlines						
<u>N/A</u>						
d Any restrictions or limitations on awards	, such as by geographic	cal areas, charitable fields	, kınds of institutions, or	other factors		
N/A						

023601 12-07-10

Form **990-PF** (2010)

JEROME S. GLAZER FOUNDATION, INC.

Form 990-PF (2010)

(THE "SUCCESSOR FOUNDATION")

31-1787788 Page 11

Part XV Supplementary Information (continued) 3 Grants' and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor **Amount** status of Name and address (home or business) recipient a Paid during the year PARK CENTER, LLC K-1 PUBLIC 687. GENERAL USE OF DONEE SEE ATTACHED SCHEDULE PUBLIC 115,875. GENERAL USE OF DONEE Total **▶** 3a 116,562. b Approved for future payment NONE Total **▶** 3b

Unrelated business income

Excluded by section 512, 513, or 514

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

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a			1		
b					
C			İ		
d					
8	_		 		
f					-
g Fees and contracts from government agencies			 		
2 Membership dues and assessments	-		<u> </u>		
3 Interest on savings and temporary cash			 		
Investments					
4 Dividends and interest from securities			14	102,661.	
5 Net rental income or (loss) from real estate.		· · · · · · · · · · · · · · · · · · ·	14	102,001.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•			 		
a Debt-financed property			<u> </u>		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property			1		· · · · · · · · · · · · · · · · · · ·
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other			1.0	15 000	
than inventory		<u> </u>	18	15,223.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		 .	<u> </u>		
11 Other revenue					
a RENTAL - PARK CENTER LLC			16	38,734.	
b					
C			ļ		
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		156,618.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	156,618.
(See worksheet in line 13 instructions to verify calculations)					<u> </u>
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom					nishment of
the foundation's exempt purposes (other than b	y providing fu	inds for such purposes)		sated importantly to the accomp	Shishinon of
	<u> </u>				
		<u>, </u>			
		-			_ .
				 -	
			_		
-				 -	
					
				<u> </u>	
					

Form 990-PF	(2010) (THE	"SUCCESSO	OR FOUN	DATION")			31-178	37788	Pa	ge 13
Part XVII			sfers To a	and Transactio	ns and	d Relatio	onships With Nonch	aritable		
1 Did the d	Exempt Organ organization directly or indi	_	of the followin	a with any other orga	nization d	described in	section 501/c) of		Yes	No.
	(other than section 501(c						30000011 001(0) 01			
	s from the reporting found			• •	·					
(1) Cas								1a(1)		X
	er assets							1a(2)		X
	insactions									v
	es of assets to a noncharita chases of assets from a no			•				1b(1)	_	$\frac{x}{x}$
	tal of facilities, equipment,	•	uryanizatiun					1b(2) 1b(3)	-	X
, ,	mbursement arrangements							1b(4)		
	ns or loan guarantees							1b(5)		X
(6) Peri	formance of services or me	embership or fundra	ısıng solicitatio	ns				1b(6)		X
	of facilities, equipment, ma	-	•	•				1c		X
or service		oundation If the fou other assets, or sen	indation received			n any transac	air market value of the goods ction or sharing arrangement,	show in		
		<u> </u>	N/A			, , ,	,			
									,	
	·									
										
	<u></u>	-								
									-	
		ļ								
							 .	_		
		_								
in sectio	undation directly or indirec n 501(c) of the Code (othe complete the following sch	r than section 501(c edule		ion 527?		ions describe	[Yes	X] No
	(a) Name of org	Janization		(b) Type of organiza	tion		(c) Description of relation	snip		
	217 21									
							<u> </u>			
Sign Here	Complete Declaration of preparation	arer (other than taxpayer	his return, includi	ng accompanying schedu ised on all information of	eles and str which prep	atements, and parer has any k	to the best of my knowledge and b nowledge PRESIDENT	elief, it is tr	ie, corre	>t,
	Signature of officer or tru		1_	Date			Title			
	Print/Type preparer's na	ame	Preparer's si	gnature	Da	ate	Check if PTIN			
Paid	ERIC D. SM	TTH	ارعرا	5	NIN	V 07 7	2011 P	0000	11	11.
raiu Preparer Use Only	Firm's name ► BOU		ENNETT,	L.L.C.	<u>UNU</u>	1 0 / /	Firm's EIN		<u>, </u>	
	Firm's address ▶ 11	1 VETERAN	S BLVD	. 17TH FI	LOOR		-			
	MEME	TAIRIE, I	A 7000	5			Phone no 504.	831.	<u>49</u> 4	9
	-	- ·· · · · · · · · · · · · · · · · · ·					F	orm 990	-PF	2010)

PART IV OF

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co (mo., day, yr) (mo, day, yr) D - Donation ASTRAZENECA PLC _{1a} 500 SHS P 12/31/0903/12/10 PROCTER & GAMBLE CO 06/19/0004/09/10 ь 100 SHS P c 100 SHS PROCTER & GAMBLE CO P 08/13/0704/09/10 d 1500 SHS NORTHWESTERN CORP P 12/07/07/04/28/10 e 100 SHS RECKITT BENCKISER 04/12/9906/16/10 $\bar{\mathbf{p}}$ f 200 SHS RECKITT BENCKISER P 04/13/9906/16/10 g 692 SHS REED ELSEVIER PLC SPON ADR $\overline{\mathtt{P}}$ 12/14/0506/23/10 REED ELSEVIER PLC SPON ADR P 03/10/0606/23/10 h 173 SHS 700 SHS ACCENTURE PLC IRELAND \overline{P} 03/30/0907/20/10 09/02/0907/20/10 200 SHS ACCENTURE PLC IRELAND $\overline{\mathtt{P}}$ 135,000 FANNIE MAE BOOKENTRY 3.875% P 06/27/0702/16/10 m n 0 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 21,943 23,718. <1,775.> a 6,225 3,423. 2,802. b 6,225. <233.> 6,458. C 42,335. $44,1\overline{18}$ 1,783. d 4,837. 1,065. $\overline{3,772}$. е 9,674 2,118. 7,556. f 20,505 29,434. <8,929.> 5,126. 7,306.<2,180.> h 7,277.26,714. 19,437. 6,767. 7,633. 866. 135,000. 131,337. 3,663. k j m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (i) Adjusted basis (k) Excess of col (i) (I) F.M V as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any <1,775.> a 3,423. b <233.> C 1,783. d 3,772. θ 7,556. <u><8,929.</u>> g <2,180.>h 7,277. 866. 3,663. k 1 m п 0 { If gain, also enter in Part I, line 7 If (loss), enter *-0-* in Part I, line 7 } 15,223. 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8 N/A

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	JRITIES	STATEMENT	1
•	_		-	CAI	PITAL GAINS	COLUMN (A	`
SOURCE		GROSS	AMOUNT		DIVIDENDS	AMOUNT	,
OTHER DIVIDEND INCOME	-		25,831.		0.	25,8	
OTHER INTEREST INCOME PARK CENTER LLC INTEREST			75,779. 1,051.		0. 0.	75,7 1,0	
TOTAL TO FM 990-PF, PART I, I	N 4		102,661.	: ===	0.	102,6	61.
FORM 990-PF	O'.	THER I	NCOME			STATEMENT	2
DESCRIPTION			(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
RENTAL - PARK CENTER LLC			38,	734.	38,734	•	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
TOTAL TO FORM 990-PF, PART I,	LINE	11	38,	734.	38,734	•	
TOTAL TO FORM 990-PF, PART I,				734.	38,734	: 	
			38,	734.	38,734	STATEMENT	3
TOTAL TO FORM 990-PF, PART I,	ACC (2 EXPE	COUNTI		EST-	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITA	BLE
TOTAL TO FORM 990-PF, PART I,	ACO (A EXPEI PER I	COUNTI A) NSES	NG FEES (B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOMI	STATEMENT (D) CHARITA	BLE ES
TOTAL TO FORM 990-PF, PART I, FORM 990-PF DESCRIPTION	ACC (Z EXPEI PER I	COUNTI A) NSES BOOKS	NG FEES (B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITA E PURPOS	BLE ES
TOTAL TO FORM 990-PF, PART I, FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	ACC (A EXPE) PER 1	COUNTI A) NSES BOOKS 6,604.	NG FEES (B) NET INV MENT IN	VEST-ICOME	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITA PURPOS 6,6	BLE ES 04.
TOTAL TO FORM 990-PF, PART I, FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	ACC EXPEI PER I	COUNTI A) NSES BOOKS 6,604. 6,604. PROFES	NG FEES (B) NET INV MENT IN	VEST- O O O O TEES	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITA FURPOS 6,6 6,6 STATEMENT (D) CHARITA	BLF 04. 04.
TOTAL TO FORM 990-PF, PART I, FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B FORM 990-PF	EXPED THER DER DER DER DER DER DER DER DER DER D	COUNTI A) NSES BOOKS 6,604. 6,604. PROFES A) NSES	NG FEES (B) NET INV MENT IN SIONAL F (B) NET INV MENT IN	VEST- O O O O TEES	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITA FURPOS 6,6 6,6 STATEMENT (D) CHARITA	BLF 04. 04.

FORM 990-PF	TAX	ES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO					
OTHER TAXES EXCISE TAX	201. 937.		0.	0.			
TO FORM 990-PF, PG 1, LN 18	1,138.		0.	0.			
FORM 990-PF	OTHER E	XPENSES	STATEMENT 6				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO					
OFFICE EXPENSES	443.		0.	443.			
TO FORM 990-PF, PG 1, LN 23	443.		0.	443.			
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLIGATIONS	STATEMENT 7			
DESCRIPTION	U.S GOV'		BOOK VALUE	FAIR MARKET VALUE			
TREASURY NOTES AGENCY NOTES MORTGAGE PASS THRU NOTES U.S. TREASURY BILLS - 1ST MAN	X X X X Y V V V V V V		847,915. 215,315. 169,398. 74,968.				
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS	-	1,307,596.	1,398,850.			
TOTAL STATE AND MUNICIPAL GOV	ERNMENT OBL	IGATIONS	· · · · · · · · · · · · · · · · · · ·				
TOTAL TO FORM 990-PF, PART II	, LINE 10A	_	1,307,596.	1,398,850.			

FORM 990-PF C	OTHER INVESTMENTS VALUATION BOOK VALUE	STATEMENT			
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE		
SEE ATTACHED 1ST MANHATTAN SCHEDU	LE	987,329.	1,203,946		
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	987,329.	1,203,946		
FORM 990-PF OT	HER INVESTMENTS		STATEMENT		
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE		
INVESTMENT IN PARK CENTER, LLC INVESTMENT IN WEST VIRGINIA LAND INVESTMENT IN MINERAL INTEREST STATE OF ISRAEL BONDS	COST COST	1,177,117. 25,000. 750. 215,000.	VALUE 1,203,94 1,203,94 1,203,94 STATEMENT FAIR MARKET VALUE 1,225,37 25,00 75 215,00 7,215,00 7,1,466,12 STATEMENT FAIR MARKET VALUE 14,13 2,14 2,50 18,77 STATEMENT EOY AMOUNT		
TOTAL TO FORM 990-PF, PART II, LI	NE 13	1,417,867.	1,466,128.		
FORM 990-PF	OTHER ASSETS		STATEMENT 1		
DESCRIPTION			FAIR MARKET VALUE		
ACCRUED INTEREST RECEIVABLE PREPAID TAXES PORTRAIT	3,080.	14,136. 2,143. 2,500.	14,136 2,143 2,500		
TO FORM 990-PF, PART II, LINE 15	16,172.	18,779.	FAIR MARKET VALUE . 1,203,94 . 1,203,94 STATEMENT FAIR MARKET VALUE . 1,225,37		
FORM 990-PF OT	HER LIABILITIES		STATEMENT 1		
DESCRIPTION		BOY AMOUNT	EOY AMOUNT		
CERTIFICATE OF MEMBERSHIP VOUCHERS PAYABLE		2. 8,192.	5,098		

FORM 990-PF	INTERE	ST AND	PENAL	TIES			STAT	EMENT	12
					ï	<u> </u>			
TAX DUE FROM FORM 990 LATE PAYMENT INTERE LATE PAYMENT PENALT	ST	VI						6	22. 11. 19.
TOTAL AMOUNT DUE								6	52.
FORM 990-PF	LA	TE PAY	MENT P	ENALTY	·		STAT	EMENT	13
DESCRIPTION	DAT	E	AMOUN	т	BALANC	CE	MONTHS	PENAI	ΤY
TAX DUE DATE FILED	05/15 11/15			622.			6	19.	
TOTAL LATE PAYMENT PEN	IALTY								19.
FORM 990-PF	LA	TE PAY	MENT I	NTEREST			STAT	EMENT	14
DESCRIPTION	DATE	JOMA	JNT	BALAN	CE	RATE	DAYS	INTER	REST
TAX DUE INTEREST RATE CHANGE DATE FILED	05/15/11 09/30/11 11/15/11		622.		622. 631. 633.	.040			9.
TOTAL LATE PAYMENT INT	TEREST								11.

FORM 990-PF PA	ART VIII - LIST TRUSTEES AND	STATEMENT			
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALFRED H. MOSES WASHINGTON DC		CHAIRMAN OF BD 0.50	0.	0.	0.
BRADFORD A. GLAZER CINCINNATI OH		PRES & TREAS 0.50	0.	0.	0.
DAVID H. GLAZER CINCINNATI OH		VICE PRESIDENT 0.50	0.	0.	0.
SUSAN F GLAZER CINCINNATI OH		DIRECTOR 0.50	0.	0.	0.
MELISSA A. GLAZER CINCINNATI OH		DIRECTOR 0.50	0.	0.	0.
JILL N. GLAZER CINCINNATI OH		DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON	990-PF, PAGE 6,	- PART VIII	0.	0.	0.

Jerome S Glazer Foundation, Inc 31-1787788 Contributions 12/31/2010

	12/31/2010	.	
Date	Dones Name and Address	Chanty Type	Amount
3/10/2010	Schottenstein Chabad House Columbus, OH	R	500 00
1/22/2010	Chabad House of Cincinnati Cincinnati, OH	R	35,000 00
1/27/2010	Chabad at Vanderbilt Nashville, TN	R	2,500 00
1/15/2010	Crossroads Community Church Cincinnati, OH	R	100 00
4/30/2010	Cincinnati Community Kollel Cincinnati, OH	R	100 00
5/11/2010	Chabad Jewsh Center - Blue Ash Cincinnati, OH	R	100 00
9/13/2010	Chabad Jewsh Center Blue Ash, OH	R	1,000 00
11/23/2010	American Red Cross Cincinnati, OH	H&S	100 00
7/16/2010	National Multiple Sclerosis Society New York, NY	H&S	100 00
9/20/2010	Cincinnati Children's Hospital Medical CTR Cincinnati, OH	H&S	50 00
1/27/2010	Congregation Sheanth Israel Nashville, TN	R	350 00
1/27/2010	Boy Scouts of America Cincinnati, OH	C, H & E	75 00
12/31/2010	Community Preparatory School Providence, R I	C, H & E	100 00
9/1/2010	Bronfman Center for Jewish Student Life New York, NY	C, H & E	500 00
11/1/2010	Hebrew Union College Cincinnati, OH	C, H & E	100 00
9/10/2010	Walnut Hills Instrumentalists Parents Cincinnati, OH	C, H & E	150 00
9/20/2010	Beth Israel Synagogue Hamilton, OH	R	150 00
11/30/2010	Machon Chana Womens Institute Brooklyn, NY	C, H & E	500 00
5/19/2010	American Discovery Trail Society Washington, DC	C, H & E	4,500 00
10/27/2010	Jewsh National Fund New York, NY	0	100 00
1/8/2010	Next Generation Dance Company Cincinnati, OH	C, H & E	3,000 00
11/22/2010	Blue Ash Montgomery Rotary Fund Cincinnati, OH	0	300 00
6/16/2010	American Jewish Committee 165 E 56th St. New York, NY 10022	C, H & E	50,000 00
9/13/2010	American Jewish Committee Ciricinnati, OH	C, H & E	3,000 00
7/30/2010	Temple Sinai New Orleans, LA	R	10,000 00
7/5/2010	Jeep Jewish Education for Every Person Cincinnati, OH	R	2,000 00
12/9/2010	Young Men's & Women's Hebrew Assn New York, NY	C, H & E	1,500 00
	Total Contributions		115,875 00
	Summary by Chanty Type	_	F4
	Religious Cultural, Historical, Educational	R C, H & E	51,800 00 63,425 00
	Health & Services Other	H&S O	250 00 400 00
	Guiti	Ŭ	115,875 00
			113,013 00

FIRST	HATTAN	CO.	437 Madison Ave, New York, N.Y. 10022		OR FACE VALUE OF BONDS SECURITY	COMMON STOCKS	BANKING 1,150 US BANCORP DEL NEW 1,200 WELLS FARGO & CO NEW SUB TOTAL	REIT 4,000 CAPLEASE INC. SUB TOTAL	ENERGY 700 CONOCOPHILLIPS 400 HESS CORP COM SUB TOTAL	FINANCIAL SERVICES 750 AMERICAN EXPRESS CO SUB TOTAL	1,000 KELLOGG CO 1,200 KRAFT FOODS INC CL A 1,250 NESTLE SA-SPONSORED ADR	SUB TOTAL
	Jerome s glaze	NO.	542-004894-1-030	ප	PER UNIT		16.86 24.56	10.68	66.90 74.46	36.13	47.59 28.38 24.15	
	GLAZER FOUNDATION			cosr	TOTAL		19,394 29,467 48,861	42,728 42,728	46,827 29,784 76,611	27,094	47,590 34,060 30,192	111,842
	ALFRED H MOSES,		EIN: 31-1787788	MARKET	PER UNIT*		26.97 30.99	5.82	68.10 76.54	42.92	51.08 31.51 58.82	
	ES, CHAIRMAN			KET	VALUE		31,016 37,188 68, 204	23,280	47,670 30,616 78,286	32,190 32,190	51,080 37,812 73,525	162,417
PAGE		AS OF	12/31/2010	ESTIMATED	ANNUAL		230 240 470	1,040	1,540 160 1,700	540 540	1,620 1,392 1,121	4,133
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984 525 1,728

50,712 52,155 49,480 21,472

84.52 34.77 61.85 53.68

40,392 25,692 47,326 26,710

59.16

67.32 17.13

BECTON DICKINSON & CO CVS CAREMARK CORP JOHNSON & JOHNSON ZIMMER HLDGS INC

HEALTH CARE PRODUCTS

1,500

800

400

CURR

MANTAN					PAGE	K
ALL'S I L'ALIA	点 S	CLAZER FOUNDATION	ALFRED H MOS	ALFRED H MOSES, CHAIRMAN	1	4
437 Madison Ave, New York, N.Y. 10022	ACCOUNT NO.	EIN	31-1787788		AS OF	
	542-004894-1-030	30			12/31/2010	
ES UE	COST		MAR	MARKET	ESTIMATED ANNUAL	CURR
OF BONDS SECURITY	PER UNIT	TOTAL	PER UNIT*	VALUE	INCOME	VIELD
SUB TOTAL		140,120		173,819	3,237	1.9
INTERNATIONAL HEALTH CARE 600 GLAXOSMITHKLINE PLC ADR SUB TOTAL	54.70	32,819 32,819	39.22	23,532 23,532	1,199	5.7
HOTEL/RESTAURANT 500 MCDONALDS CORPORATION SUB TOTAL	62.59	31,294 31,294	76.76	38,380 38,380	1,220	3.2
MEDIA 2,300 CBS CORP CL B COM SUB TOTAL	23.90	54,962 54,962	19.05	43,815 43,815	460	1.0
MISCELLANEOUS 1,500 BERKSHIRE HATHAWAY INC CL B SUB TOTAL	45.28	67,914 67,914	80.11	120,165 120,165		
MISC. CONSUMER 1,300 RECKITT BENCKISER 600 PROCTER & GAMBLE CO SUB TOTAL	9.98 28.54	12,968 17,122 30,090	55.18 64.33	71,734 38,598 110,332	2,444 1,156 3,600	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
INDUSTRIAL/MANUFACTURING 800 TYCO INTL LTD SHS 2,000 GENERAL ELECTRIC CO 500 3M CO COM 600 UNITED TECHNOLOGIES CORP SUB TOTAL	42.13 30.56 77.53 62.97	33,706 61,120 38,766 37,781 171,373	41,44 18,29 86,30 78.72	33,152 36,580 43,150 47,232 160,114	640 1,120 1,050 1,020 3,830	4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6
SERVICES 1,500 WESTERN UN CO COM. SUB TOTAL	18.99	28,492 28,492	18.57	27,855 27,855	420 420	H H 57 57
TECHNOLOGY						

*While we believe the pricing information contained herein is reliable, we cannot guarantee its accuracy.

PAGE	5	OF	12/31/2010	ESTIMATED	ANNUAL CURR INCOME YIELD	1,040 1.8 1,088 2.3		25,209 2.1		.1.	1, 06		1.	46 .1	25,345 1.9		 •	
	, CHAIRMAN	AS OF	12/		VALUE	58,704 47,447 106,151	-	1,203,946 2		1,573	76,566	····	38,283	38,283	1,318,795 2	,,	 	
	S GLAZER FOUNDATION ALFRED H MOSES, CHAIRMAN	31-1787788	31-1/8//88		MARKET	PER UNIT*	146.76 27.91	25.29		-	1.00	*						
		E N E	EIN:	COST	TOTAL	50,920 44,689 95,609	27,520	987,329		1,573	76,541		38,283	38,283	1,102,153			
1	ğ	ACCOUNT NO.	54Z-004894-1-030	9 3	PER UNIT	127.30	19.66			1.00								
FIRST	144.2.4.4.2.1.4	437 Madison Ave, New York, N.Y. 10022		O. OF SHARES	OR FACE VALUE OF BONDS SECURITY	400 INTERNATIONAL BUSINESS MACHINE 1,700 MICROSOFT CORP SUB TOTAL	UTILITIES 1,400 AMERICAN WTR WKS CO INC NEW CM SUB TOTAL	TOTAL COMMON STOCKS	CASH EQUIVALENTS	1,573 DIVIDENDS RECEIVABLE 75,000 U S TREASURY BILL 2/10/2011	TOTAL CASH EQUIVALENTS	CASH	PRINCIPAL CASH	TOTAL CASH	TOTAL ACCOUNT			

*While we believe the pricing information contained herein is reliable, we cannot guarantee its accuracy.

29221 8-15-11

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

Internal Revenue Service File a se	parate app	lication for each return.			AR FEE	CEPTIFIED
If you are filing for an Automatic 3-Month Extension, comp	lete only Pa	art I and check this box				X
If you are filing for an Additional (Not Automatic) 3-Month E	_				AAAV	1 0 2011
Do not complete Part II unless you have already been granted					Salite f	1 9 240
Electronic filing (e-file). You can electronically file Form 8868 i					or a como	oration
required to file Form 990-T), or an additional (not automatic) 3-m						
of time to file any of the forms listed in Part I or Part II with the e						
Personal Benefit Contracts, which must be sent to the IRS in pa	="					
visit www.irs.gov/efile and click on e-file for Charities & Nonprofi	-	(See mendedoney, For more detaile on t	110 010	ottorno ming	01 (1113)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I Automatic 3-Month Extension of Tim		ibmt orginal (no copies needed)				
A corporation required to file Form 990-T and requesting an auto			nolete			
Dead Leady			ipiete			
Part I only		trusts must use Form 7004 to request a	ovte	of time	–	
Air other corporations (including 1120-€ mers), partnersmps, n⊏ to file income tax returns.	iviics, and t	india mast ase roim root to request ar	CALC	ision or thige	,	
			T _F			
Type or Name of exempt organization		a	Emp	oloyer identi	itication	number
print JEROME S. GLAZER FOUNDATIO	-	C.	_ ا	1 1 7 0 5	7700	
(THE "SUCCESSOR FOUNDATION			=	<u> 1787</u>	788	
due date for Number, street, and room or suite no. If a P.O. box,	see instruc	tions.				
filing your 9200 FLORAL AVENUE						
City, town or post office, state, and ZIP code. For a		fress, see instructions.				
CINCINNATI, OH 45242-6954	<u> </u>					
Enter the Return code for the return that this application is for (f	īle a separa	te application for each return)				0 4
						
Application	Return	Application				Return
s For	Code	Is For		Code		
Form 990	01	Form 990-T (corporation)		07		
Form 990-BL	02	Form 1041-A		08		
Form 990-EZ	03	Form 4720		09		
Form 990-PF	04	Form 5227		10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above)	06	Form 8870				12
BRADFORD A. GI	AZER					
The books are in the care of ▶ 9200 FLORAL AV		INCINNATI, OH - 452	42~	6954		
Telephone No. ► 513-936-4801		FAX No. ▶				
If the organization does not have an office or place of busines	ss in the Un	nited States, check this box		<u> </u>	•	
If this is for a Group Return, enter the organization's four digr			s is fo	r the whole	group, ct	neck this
oox ▶ ☐ . If it is for part of the group, check this box ▶						
I request an automatic 3-month (6 months for a corporation)						
		tion return for the organization named a		The extense	on	
is for the organization's return for:	, , , , , , , , , , , , , , , , , , ,					
► X calendar year <u>2010</u> or						
tax year beginning	20	d ending				
Lax year beginning		d ending		-		
2. If the tay year entered in line 1 is for loss than 12 months	chook roac	on: Initial return Fina	ıl retur	~		
2 If the tax year entered in line 1 is for less than 12 months,	Check reas		ıı retur	11		
L Change in accounting period						
On 16th and a to 1 - 1 - 200 DL 200 DE 200 T	0000	the the testation to leave		_		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	, or 6069, er	nter the tentative tax, less any			_	1.42
nonrefundable credits. See instructions.			3a	\$	2	<u>,143.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069	=				_	
estimated tax payments made Include any prior year over			3b_	\$	<u> </u>	<u>,143.</u>
c Balance due. Subtract line 3b from line 3a. Include your p	ayment with	h this form, if required,				
by using EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.	3c	\$		0.
Caution. If you are going to make an electronic fund withdrawal	with this Fo	orm 8868, see Form 8453-EO and Form	8879-	O for paym	ent instn	uctions.
HA For Paperwork Reduction Act Notice, see Instruction	s.			Form 8	868 (Rev	/. 1-2011)

Form 886	8 (Rev. 1-2011)	2011				Page 2			
	re filing for an Additional (Not Automatic) 3-Month E	26.	complete only Part II and check this bo	×	<u> </u>	• X			
	y complete Part II if you have already been granted an				8868.				
	re filing for an Automatic 3-Month Extension, compl								
Part II	Additional (Not Automatic) 3-Month			pies r	needed)				
	Name of exempt organization			Emp	loyer identification	n number			
Type or	JEROME S. GLAZER FOUNDATION	I, INC	•	•	-				
print	(THE "SUCCESSOR FOUNDATION"			3	1-1787788				
File by the extended	Number, street, and room or suite no. If a P O. box,		tions.						
due date for	9200 FLORAL AVENUE								
filing your return See	City, town or post office, state, and ZIP code. For a	foreign add	fress, see instructions		-				
instructions	CINCINNATI, OH 45242-6954								
	0.221022222								
Enter the	Return code for the return that this application is for (f	ile a separa	te application for each return)			0 4			
Linter the	riotalii codo foi allo fotalii allat allo application io foi (i	a copara		• •		ريين.			
Application	on.	Return	Application			Return			
is For		Code	Is For			Code			
Form 990		01	2. 1						
Form 990	.RI	02	Form 1041-A			08			
	orm 990-EZ 03 Form 4720								
	orm 990-PF 04 Form 5227 orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069								
	orm 990-T (sec 401(a) or 408(a) trust)								
	o not complete Part II if you were not already grante		1 · · · · · · · · · · · · · · · · · · ·	cly file	d Form 9969	12			
<u> </u>	BRADFORD A. GI		natic 3-month extension on a previou	SIY IIIC	uroilli 8808.				
• The be	oks are in the care of 9200 FLORAL AV		тметмматт он – 452	12-	6951				
	one No \triangleright 513-936-4801	т., С	FAX No. ►	44	0734				
-		aa oo ahaa lib							
	rganization does not have an office or place of busine s for a Group Return, enter the organization's four digi			fo		abaak thu			
г		_							
box 🕨 L	. If it is for part of the group, check this box			memb	ers the extension i	S IOI.			
	quest an additional 3-month extension of time until	NOVER							
	calendar year 2010, or other tax year beginning	- No No	, and ending	Frank -					
6 If th	e tax year entered in line 5 is for less than 12 months,	слеск reas	on: Initial return	Final r	etum				
	_ Change in accounting period								
	te in detail why you need the extension	73 CL 37O	m vom Deen ernatiged	. 7	DDTMTONAT	mTM2			
	E FOUNDATION'S ACCOUNTING H								
	NEEDED TO FINALIZE THE ACC		MG MUTCH MILL DE OSE	D T	U PREPARE	_A			
	MPLETE AND ACCURATE RETURN.			1					
	is application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any	_		2 506			
	refundable credits. See instructions			8a	\$	<u>2,596.</u>			
	us application is for Form 990-PF, 990-T, 4720, or 6069	_		, ;					
	payments made. Include any prior year overpayment a	allowed as a	a credit and any amount paid			0 506			
	viously with Form 8868.			8b	\$	<u>2,596.</u>			
	ance due. Subtract line 8b from line 8a. Include your p	-	th this form, if required, by using			_			
EFT	PS (Electronic Federal Tax Payment System) See inst			8c	\$	0.			
	•		d Verification						
Under pena	alties of perjury, I declare that I have examined this form, inclu	iding accomp	panying schedules and statements, and to the	best o	f my knowledge and	belief,			
	orrect, and complete, and that I am authorized to prepare this	IUI III.	BOURGEOIS, BENNETT, L.L.C. CERTIFIED PUBLIC ACCOUNTANTS		AUG '	1 1 2011			
<u>Signature</u>	> CASMUND, CATTITLE >	P+O	Box 60800, New Orleans, LA 70160-06	Date					
	•		I. D. #72-0136870 Ph. 831-4949		Form 8868 (F	Rev. 1-2011)			