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

Treated as a Private Foundation Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 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 Employer identification number 83-0352635 GLEN S GRABER FAMILY FOUNDATION INC Telephone number (see page 10 of the instructions) Number and street (or P O box number if mail is not delivered to street address) 812-636-7355 Room/suite 9164 E 875 N If exemption application is pending, check here City or town, state, and ZIP code D 1. Foreign organizations, check here ODON IN 47562 2. Foreign organizations meeting the H Check type of organization |X| Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at J Accounting method Cash X Accrual end of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 1,582,367 line 16) ▶ \$ (Part I, column (d) must be on cash basis Analysis of Revenue and Expenses (The total of (a) Revenue and (d) Disbursements (b) Net investment expenses per (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal books income income purposes the amounts in column (a) (see page 11 of the instructions)) (cash basis only) 209,830 Contributions, gifts, grants, etc , received (attach schedule) 2 Check ▶ I If the foundation is **not** required to attach Sch B 5,126 5,126 3 Interest on savings and temporary cash investments 5,126 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns & allowances b Less Cost of goods sold С Gross profit or (loss) (attach schedule) Stmt 1 117,071 117,071 11 Other income (attach schedule) 332,027 5,126 122,197 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal lees (attach schedule) 16a 1,085 608 477 Accounting fees (attach-schedule) Stmt 2 Other professional fees (attach schedule) Stmt 3 1,000 C 17 hethstructions) Stmt 4 18 Taxes-(attach-schedule)-(see-pag 1,211 19 Depreciation (aftern schedule) and depletion Stmt 5 60,292 20 46,872 20,099 26,773 Occupancy 22 21 Travel, conferences, and meetings 22 Printing and publications 23 Stmt 6 266,911 149,814 116,998 Other expenses (att sch) 24 Total operating and administrative expenses. 377,393 0 137,574 Add lines 13 through 23 177,195 85,655 85,655 Contributions, gifts, grants paid

463,048

-131,021

0

5,126

177,195

ol

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

Adjusted net income (if negative, enter -0-)

Total expenses and disbursements. Add lines 24 and 25

Excess of revenue over expenses and disbursements

Subtract line 26 from line 12

223,229

26

27

Form 990	O-PF (2010) GLEN S GRABER FAMILY FOUNDATION I	NC 83-035263		Page 2
		of year		
Part I	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	316,113	41,29	
2	Savings and temporary cash investments		162,66	9 162,668
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 15 of the			
	instructions)			
7	Other notes and loans receivable (att schedule)			
-	Less allowance for doubtful accounts ▶ 0			
8 12	Inventories for sale or use			
8 9 10a	Prepaid expenses and deferred charges			
0 10a	Investments—U S and state government obligations (attach schedule)			
b	Investments—corporate stock (attach schedule)			
c	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 ► 1,729,969			
''	Less accumulated depreciation (attach sch) ► Stmt 7 351,569	1,394,323	1,378,40	0 1,378,400
15	Other assets (describe ▶)			
16	Total assets (to be completed by all filers—see the			
	instructions. Also, see page 1, item I)	1,710,436	1,582,36	8 1,582,367
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue See Statement 8		2,95	3
≝ 20	Loans from officers, directors, trustees, and other disqualified persons			7
19 20 21 21 22 22 22 22 22 22 22 22 22 22 22	Mortgages and other notes payable (attach schedule)			7
	Other liabilities (describe >			7 .
23	Total liabilities (add lines 17 through 22)	0	2,95	3
	Foundations that follow SFAS 117, check here			7
တ္ထ	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted	1,710,436	1,579,41	.5
Net Assets or Fund Balances	Temporarily restricted			
26	Permanently restricted			
딛	Foundations that do not follow SFAS 117, check here ▶			1.
5	and complete lines 27 through 31.			+ ;
27	Capital stock, trust principal, or current funds			L Ke
<u>ဖ</u> ှ 28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see page 17 of the			7-7-7
듦	instructions)	1,710,436	1,579,41	(سے 5
Ž 31	Total liabilities and net assets/fund balances (see page 17			(%) 250
	of the instructions)	1,710,436	1,582,36	8
Part				ै.० । गरेराः
1 Tota	I net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	ist agree with		n
	of-year figure reported on prior year's return)		1	1,710,436
	r amount from Part I, line 27a		2	4.04
3 Othe	er increases not included in line 2 (itemize)		3	
	lines 1, 2, and 3		4	1,579,415
	reases not included in line 2 (itemize)		5	
6 Tota	I net assets or fund balances at end of year (line 4 minus line 5)—Part II, column ((b), line 30	6	1,579,415

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

223,229

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

	990-PF (2010) GLEN S GRABER FAMILY FOUNDATION INC 83-0352635	11	iono)		P	age 4
<u>Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	nstruct	10115)	*		
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						51
	here ▶ X 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				51
3	Add lines 1 and 2	3				0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				51
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		·····		21
6	Credits/Payments					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
b	Exempt foreign organizations—tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 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 _				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9 _				51
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶	11				
Pa	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		<u>X</u>
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		X
	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?	N	/A	1c		
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 ▶ \$	_				_
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					•
	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					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	N	/A [5		
-	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 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 Par	t XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ► IN					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
•	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			:		ĺ
	27)? If "Yes," complete Part XIV			9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		x
		in the second	For	m 99	0-PF	(2010)

	n 990-PF (2010) GLEN S GRABER FAMILY FOUNDATION INC 83-0352635			P	age 5
_Pa	art VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► NONE				
14	The books are in care of ▶ CATHERINE WAGLER Telephone no ▶	812-6	36-	823	1
	7351 E 1150 N				
	Located at ▶ opon in ZIP+4 ▶	47562	2		
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	15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter		<u> </u>		
	the name of the foreign country				
P:	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<u> </u>		<u>L</u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		·····	Yes	No
1a	During the year did the foundation (either directly or indirectly)			163	110
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No			
		21 140			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	X No			
		-			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	===			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	X No			
	the benefit or use of a disqualified person)? Yes	X No			
	(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	X No			
	termination of government service, if terminating within 90 days)	X No			
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	N/A		1	ŀ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	N/A	1b		ļ
	Organizations relying on a current notice regarding disaster assistance check here				
c,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	N/A			ŀ
_	were not corrected before the first day of the tax year beginning in 2010?	N/A	1c	-	
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?	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20				
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	37 / 3			i .
	all years listed, answer "No" and attach statement—see page 22 of the instructions)	N/A	2b	ļ	_
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	► 20 , 20 , 20 , 20				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	(F)			
	at any time during the year?	X No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or				l
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	•		1	
	foundation had excess business holdings in 2010)	N/A	3b	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	ļ	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			1	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?		4b	I	X

Form **990-PF** (2010)

	990-PF (2010) GLEN S GRABER FAMILY FOUNDATION			4:		P	age o
Pa	rt VII-B Statements Regarding Activities for Which Form	1720 May Be R	equired (con	itinuea)	, , ,	т	·····
5a	During the year did the foundation pay or incur any amount to			() *		1	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4			Yes X No		-	
	(2) Influence the outcome of any specific public election (see section 4955), or t	o carry on,					
	directly or indirectly, any voter registration drive?			Yes X No	+		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instr	uctions)		Yes 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?			Yes X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions d	escribed in				
	Regulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check he			▶ □			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from						
•	because it maintained expenditure responsibility for the grant?		N/A	Yes No			
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	v nremiums					
va	on a personal benefit contract?	., 2.0		Yes X No			
.	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit contr	· · ·		6b	İ	х
b	If "Yes" to 6b, file Form 8870	Sonai Denom Com	uot				
7-		elter transaction?		Yes X No			
7a	and the second s			N/A	7b	[•
D ₁	irt VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers. Highly				
F	and Contractors	anadion man		,p	,		
1 1	ist all officers, directors, trustees, foundation managers and their compensation	tion (see page 22	of the instructio	ns).			
	, and all officers, and a second of the seco		i —	(d) Contributions to	1		
(b) Title, and average (c) Compensation employee benefit							count,
	(4) / 141110 2111 2111 2111	devoted to position	-0-)	plans and deferred compensation	otne	r allowar	ices
	e Statement 9				1		-
	e bealement y						
							-
					1		
]					
	Compensation of five highest-paid employees (other than those included on	line 1 — see pag	e 23 of the instri	uctions).			
_	If none, enter "NONE."						
		(b) Title, and guessage		(d) Contributions to	1		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		pense a	
		devoted to position		plans and deferred compensation	otne	er allowar	nces
NO	DNE						
211	•••	1	1	}	1		
					1		
					[
		<u> </u>		1			
				+	+		
			1	1			
				 	+-		
	L number of other employees paid over \$50,000	<u> </u>	L				

Form **990-PF** (2010)

Form 990-PF (20	010) GLEN S GRABER FAMILY FOUNDATION INC	83-0352635	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundat and Contractors (continued)		
3 Five highe	est-paid independent contractors for professional services (see page 23 o	f the instructions). 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		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	in's four largest direct charitable activities during the tax year. Include relevant statistical in differences convened, research papers produced, etc.	formation such as the number of	Expenses
1 N/A			
2			
3			
4			
-			
Part IX-B	Summary of Program-Related Investments (see page 24		
	largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A			
2			
, -	n-related investments. See page 24 of the instructions		
3			
Total. Add lines	1 through 3	>	

orn	1990-PF (2010) GLEN S GRABER FAMILY FOUNDATION INC 83-0352635		, Page 8
	art X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign 1	
	see page 24 of the instructions.)		· · · · · · · · · · · · · · · · · · ·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		,
	purposes		
а	Average monthly fair market value of securities	1a	, 0
b	Average of monthly cash balances	1b	260,040
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	260,040
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2_	0
3	Subtract line 2 from line 1d	3_	260,040
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of	<u> </u>	
	the instructions)	4_	3,901
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	256,139
6	Minimum investment return. Enter 5% of line 5	6_	12,807
P	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perati	ng
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1_	12,807
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)		
С	Add lines 2a and 2b	2c	51
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,756
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	12,756
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	12,756
P	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	223,229
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	223,229
	- weenlying were weether the mile to bord go to control to the total to the transfer of the tr		•

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

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

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** (2010)

5

54,084

41,397

226,936

210,473

Excess from 2006

Excess from 2007

Excess from 2008

Excess from 2009

Excess from 2010

	2635 10/25/2012 3 18 PM	D DAMILY D	OIBIDATION T	NC 93_0352	635	Para 4
	n 990-PF (2010) GLEN S GRABE art XIV Private Operating Fou					Page 1 on 9)
	If the foundation has received a ruling or				, <u>, , , , , , , , , , , , , , , , , , </u>	+
	foundation, and the ruling is effective for		· ·	•		
b	Check box to indicate whether the founda		-	bed in section	4942(j)(3) or	4942(լ)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(c) Total
	investment return from Part X for					
	each year listed					
þ	85% of line 2a					
С	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				<u> </u>	
е	Qualifying distributions made directly					
	for active conduct of exempt activities			 	Ţ	
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter			ľ		
	(1) Value of all assets		<u> </u>	 		
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	<u>.</u>	<u> </u>		 	
þ	"Endowment" alternative test—enter 2/3			}		
	of minimum investment return shown in					
_	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,			}		
	dividends, rents, payments on				1	
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt				l	-
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	art XV Supplementary Inform	nation (Complete	e this part only if	the foundation	had \$5,000 or	more in assets at
	any time during the ye	•	-		, .	
1	Information Regarding Foundation Mar					
а	List any managers of the foundation who	have contributed mo	re than 2% of the total	contributions receive	d by the foundatio	n
	before the close of any tax year (but only	if they have contribut	ted more than \$5,000)	(See section 507(d)	(2))	
	N/A					
b	List any managers of the foundation who	own 10% or more of	the stock of a corporat	tion (or an equally lar	ge portion of the	
	ownership of a partnership or other entity) of which the founda	tion has a 10% or grea	iter interest		
	N/A					
2	Information Regarding Contribution, G					
	Check here $ ightharpoonup oxed{X}$ if the foundation only	makes contributions	to preselected charita	ble organizations and	does not accept	
	unsolicited requests for funds. If the foun-		· · · ·	8 of the instructions)	to individuals or	
	organizations under other conditions, con			-,		
а	The name, address, and telephone numb	er of the person to w	hom applications shou	ld be addressed		
	N/A					
b	The form in which applications should be	submitted and inforn	nation and materials th	ey should include		
	N/A					
С	Any submission deadlines					
_	N/A	such as by assess-	usal areas, short-bi- f	ioldo kuedo et	1000 0" -4h	
d	Any restrictions or limitations on awards,	such as by geograph	ncai areas, criantable f	ieias, kinas of institut	ions, or other	
	factors					

N/A

Part XV Supplementary Information (co	ontinued)	_ 	 	
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	100.000		
a Paid during the year See Statement 10				
see Statement IV				85,655
				33,333
-				
-				
Total			> 3a	85,655
b Approved for future paymentN/A				
N/A				
Total			▶ 3b	
			c .	orm 990-PF (2010

Form 990-PF (2010) GLEN S GRABER FAMILY		INC 83-	0352635	<u> </u>	Page 12
Part XVI-A Analysis of Income-Producing A Enter gross amounts unless otherwise indicated		siness income	Excluded by s	section 512, 513, or 514	(e) *
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a RENTAL OF FACILITY					40,910
b					
С					
d					
e					
f					·····
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					5,126
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property			+		
b Not debt-financed property					
6 Net rental income or (loss) from personal property			 		
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue a				···· 	
b ENTRY FEES & CONCESSIONS			25	66,171	
c SPECIAL EVENTS			25	9,990	
d					
е					
12 Subtotal Add columns (b), (d), and (e)			0	76,161	46,036
13 Total. Add line 12, columns (b), (d), and (e)				13	122,197
(See worksheet in line 13 instructions on page 29 to verify calcul					ē-
Part XVI-B Relationship of Activities to the					
Line No. Explain below how each activity for which inco accomplishment of the foundation's exempt puinstructions)					
N/A					
					
,					

Line No. ▼	accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions)
N/A	
-	
 -	

Pa	ırt XVII		nformation Regarization	_	ansfers To an	d Transactio	ns and Relat	ionships Wi	h Noncharitable		
1	Did the		ization directly or ind		se in any of the fol	lowing with any	other organization	n described		Yes	No
•		_	I(c) of the Code (other		•	•	-			1.03	
	organiza			i man secu	on sor(c)(s) organ	nzations) of in se	ction 527, Telatin	ig to political			
_	_			_4 4							
а			m the reporting found	ation to a no	ncharitable exem	pt organization o	T		ļ		7.5
	(1) Cas								1a(1		X
	(2) Oth	er ass	sets						1a(2		Х
b	Other tr	ansac	ctions								
	(1) Sale	es of a	assets to a noncharita	able exempt	organization				1b(1		X
	(2) Pur-	chase	s of assets from a no	ncharitable	exempt organizati	on			1b(2	ıl	X
	(3) Rer	ital of	facilities, equipment,	or other ass	sets				1b(3		X
	(4) Rei	mburs	ement arrangements	;					1b(4		X
	(5) Loa	ns or	loan guarantees						1b(5	T	X
			nce of services or me	embership oi	r fundraising solici	tations			1b(6	1	X
С			cilities, equipment, m	•	_				1c		X
	_		to any of the above is	•	•	, ,	mn (h) should alv	wavs show the fa			
_			oods, other assets, o		•	-		•			
		-	ransaction or sharing	_	-	=					
_	a) Line no	any t	(b) Amount involved		of noncharitable exer				nsactions, and sharing arrang	ements	
<u>1/</u>		-+	(b) ranodia involved	(b) Haine	or monorial habite exer	npt organization	(a) Besonp	aon or transfers, tra	nodotiono, and onlaring arrain	Jonnonto	
<u> </u>	<u> </u>	+									
		-+				· · · · · · · · · · · · · · · · · · ·					
											
		_									
				,		· · · · · · · · · · · · · · · · · · ·			•		
-											
								····			
		o									
		\rightarrow						 			
2-	1 - 4 b - 6 -			Alice of Charles				-4			
2a			tion directly or indirec	-				ations	П,	· •	١
			section 501(c) of the		than section 501(c)(3)) or in section	n 5277		∪ '	es X	NO
b	If "Yes,"		plete the following sc	nedule			r				
	- /-	(a) N	lame of organization		(b) Type of o	organization		(c) Descript	ion of relationship		
	N/A										
	Und	er pena	alties of perjury, I declare	that I have ex	camined this return, i	ncluding accompan	ying schedules and	statements, and to	the best of my knowledge ar	d	
ig	n belie	f, it is	true, correct, and comple	te Declaration	n of preparer (other t	han taxpayer or fidu ا	iciary) is based on a	1	ich preparer has any knowle	lge	
ler		/ W				\\//0	12612	TRE	USU POR		
1C1		Signat	ture of officer or trustee	-		Date	, , , , , , , , , , , , , , , , , , , 	Title			
	j,	int/Ivr	pe preparer's harrie		***	Preparer's signa	ture	11.	Date		<u> </u>
aid	"		1 // ///		_			M. /VI	4///	Check self-em	Dloved
	arer RA	NDA	LL J STOR		フ	RANDALL J	STOLL Z	UIN MI A	10/25/12		pioyeu
_		mis na		LL J.	STOLL, C	PA, P.C.	11	#/////////////////////////////////////	PTIN P0122		
·50	• ~				LNUT STR		///	- '// /- '	Firm's EIN ▶ 35 - 212		
	Fi	rm's ac	ddress ► 101 E	NGTON			/*	•	Phone no. 812-25		
			WAXH I	INCH PURIT			,		PROBLED DIZEZ	13	00/

Schedule B (Form,990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

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

2010

GLEN S GRABER FAMILY FOUNDATION INC 83-0352635 Organization type (check one) Filers of: Section: Form 990 or 990-F7 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

of 1 Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Employer identification number Name of organization 83-0352635 GLEN S GRABER FAMILY FOUNDATION INC Part I Contributors (see instructions) (d) , (a) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. $\overline{\mathbf{x}}$ 1 GLEN S GRABER Person 8243 N 1000 E Payroll 90,200 Noncash IN 47558 MONTGOMERY (Complete Part II if there is a noncash contribution) (d) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 2 $\overline{\mathbf{x}}$ GRABER POST BUILDINGS, INC. Person 7716 N 900 E Payroll 118,090 Noncash MONTGOMERY IN 47558 (Complete Part II if there is a noncash contribution) (a) (b) (c) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 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) (b) (c) (a) (d) Aggregate contributions No. Name, address, and ZIP + 4 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 Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution)

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

See Stmt 11 (Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 67

Name	(s) shown on return GI.EN S	GRABER FAM	ITLY FOUND	ATT	ON INC			Identif		umber 2635
Buein	ess or activity to which this form relates		IIII I COND					.1		
	ndirect Depreciat									
	et I Election To Expe		erty Under Sec	ction	179				_	
, ,	Note: If you have					con	nolete Pa	art I.		
1	Maximum amount (see instructio		. <u>,,</u>						1	500,000
2	Total cost of section 179 property		e instructions)						2	
3	Threshold cost of section 179 pro			nstructi	ons)				3	2,000,000
4	Reduction in limitation Subtract	•			,				4	
5	Dollar limitation for tax year Subtract I				a separately, s	ee ınstı	uctions		5	
6		on of property			(business use			lected cost		
7	Listed property Enter the amoun	nt from line 29	•			7				
8	Total elected cost of section 179		ts in column (c), line	es 6 and	d 7				8	
9	Tentative deduction Enter the sr								9	
10	Carryover of disallowed deductio	n from line 13 of your	2009 Form 4562						10	
11	Business income limitation Ente	er the smaller of busine	ess income (not less	s than z	zero) or line (5 (see	instruction	s)	11	
12	Section 179 expense deduction						,		12	
13	Carryover of disallowed deduction	n to 2011 Add lines 9	and 10, less line 13	2	•	13				
Note	: Do not use Part II or Part III belo									
Pa	rt II Special Deprecia	tion Allowance a	nd Other Depr	eciati	on (Do no	t inc	lude liste	ed prop	erty.)	(See instructions)
14	Special depreciation allowance for									
	during the tax year (see instruction	ons)							14	
15	Property subject to section 168(f	(1) election							15	
16	Other depreciation (including AC								16	
Pa	art III MACRS Deprecia	tion (Do not incl	ude listed prope	erty)	(See instr	<u>uctio</u>	<u>ns.)</u>			
			Section	on A						
17	MACRS deductions for assets pl								17	56,362
18	If you are electing to group any assets	placed in service during	the tax year into one o	r more g	eneral asset a	ccounts	, check here			
	Section B-	-Assets Placed in Se	rvice During 2010	Tax Ye	ar Using the	Gene	ral Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depred (business/investme only-see instructi	ent use	(d) Recovery period	(e) C	onvention	(f) Met	nod	(g) Depreciation deduction
<u>19a</u>	3-year property									
b	5-year property									
c	7-year property		48,	<u>, 537</u>	7.0		MQ	200	DB_	3,930
d	10-year property									
<u>e</u>	15-year property					<u> </u>				
f	20-year property			-		ļ				
9	25-year property				25 yrs	├		S/L		
h	Residential rental				27 5 yrs	<u> </u>	MM	S/L		
	property				27 5 yrs		MM	S/L		
i	Nonresidential real		<u> </u>	-	39 yrs	<u></u>	ММ	S/L		
	property	<u> </u>	<u> </u>		<u> </u>		MM	S/L		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	Assets Placed in Sen	vice During 2010 T	ax Yea	r Using the A	Altern	ative Depi			n T
20a	Class life	4		- · - · · · ·	<u> </u>	ļ		S/L		
_	12-year				12 yrs			S/L		<u> </u>
	40-year		I		40 yrs	<u> </u>	MM	S/L		<u></u>
_P	art IV Summary (See in								T 61	T
21	Listed property Enter amount fro								21	
22	Total. Add amounts from line 12						nter here			60,292
	and on the appropriate lines of y				e instruction	s	 		22	00,292
23	For assets shown above and pla		tne current year, en	iter the		22				
	portion of the basis attributable t	to section 263A costs				23	<u> </u>			<u> </u>

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

OMB No 1545-1190

Identifying number

109

Department of the Treasury Internal Revertue Service Name(s) shown on tax return

G	SLEN S GRABER FAMILY FOUNDATION INC	83-0352635
P	Part I Information on the Like-Kind Exchange	
1	Note: If the property described on line 1 or line 2 is real or personal property located outside the United St Description of like-kind property given up Lawn Mower	ates, indicate the country
2	Description of like-kind property received LAWN MOWER	
3	Date like-kind property given up was originally acquired (month, day, year)	3 04/24/07
4	Date you actually transferred your property to other party (month, day, year)	4 06/04/10
5	Date like-kind property you received was identified by written notice to another party (month,	
	day, year) See instructions for 45-day written identification requirement	5 06/04/10
6	Date you actually received the like-kind property from other party (month, day, year) See instructions	6 06/04/10
7	Was the exchange of the property given up or received made with a related party, either directly or indirec	tly
	(such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III.	Yes X No
P	Part II Related Party Exchange Information	
8	Name of related party Relationship to you	Related party's identifying number
	Address (no , street, and apt , room, or suite no , city or town, state, and ZIP code)	<u> </u>
9	During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange or transfer property into the exchange, directly or indirectly (such as through an intermediary), that became your replacement property?	Yes No
10	During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?	Yes No
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III If both lines 9 and 10 are the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies.	
11	If one of the exceptions below applies to the disposition, check the applicable box	
а	The disposition was after the death of either of the related parties	
b	The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange	ge
С	You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax a its principal purposes. If this box is checked, attach an explanation (see instructions)	avoidance as one of

For Paperwork Reduction Act Notice, see page 4 of the instructions.

Name(s) shown on tax return. Do not enter name and social security number if shown on other side

Your social security number

G:	LEN S GRABER FAMILY FOUNDATION INC	83-0352635	
******	rt III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property R	eceived	•
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not		,
	see Reporting of multi-asset exchanges in the instructions		
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15		
12	Fair market value (FMV) of other property given up		
13	Adjusted basis of other property given up		
14	Gain or (loss) recognized on other property given up Subtract line 13 from line 12 Report the		
	gain or (loss) in the same manner as if the exchange had been a sale	14	
	Caution: If the property given up was used previously or partly as a home, see Property used as		
	home in the instructions		
15	Cash received, FMV of other property received, plus net liabilities assumed by other party,		
	reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15	
16	FMV of like-kind property you received	16	
17	Add lines 15 and 16	17	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any		0 660
	exchange expenses not used on line 15 (see instructions)	18	8,668
19	Realized gain or (loss). Subtract line 18 from line 17	19	-8,668
20	Enter the smaller of line 15 or line 19, but not less than zero	20	0 669
21	Ordinary income under recapture rules Enter here and on Form 4797, line 16 (see instructions)	21	-8,668
22	Subtract line 21 from line 20 If zero or less, enter -0- If more than zero, enter here and on		8,668
	Schedule D or Form 4797, unless the installment method applies (see instructions)	22	0,000
23	Recognized gain. Add lines 21 and 22	23	-8,668
24	Deferred gain or (loss) Subtract line 23 from line 19 If a related party exchange, see instructions	24	8,668
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 Int IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales	_25	0,000
- 173	······································	r undicated	
	Note: This part is to be used only by officers or employees of the executive branch of the Federal Government of officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as des		
	section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the c		
	interest requirements. This part can be used only if the cost of the replacement property is more than the basis of		
		or the divested	
26	property Enter the number from the upper right corner of your certificate of divestiture (Do not attach a		
20	copy of your certificate Keep the certificate with your records)		ε
27	Description of divested property ►		
21	Description of divested property P		
28	Description of replacement property ▶		
	becompation on replacement property p		
29	Date divested property was sold (month, day, year)	29	
30	Sales price of divested property (see instructions)		
		 1	
31	Basis of divested property 31		
32	Realized gain. Subtract line 31 from line 30	32	
33	Cost of replacement property purchased within 60 days after date		
	of sale 33		
34	Subtract line 33 from line 30 If zero or less, enter -0-	34	0
35	Ordinary income under recapture rules Enter here and on Form 4797, line 10 (see instructions)	35	
36	Subtract line 35 from line 34 If zero or less, enter -0- If more than zero, enter here and on		
	Schedule D or Form 4797 (see instructions)	36	0
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
38	Basis of replacement property. Subtract line 37 from line 33	38	
			_ 0004

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830352635 GLEN S GRABER FAMILY FOUNDATION INC 83-0352635

83-0352635 FYE: 12/31/2010

Form 990-PF, Part I, Line 6a - Sale of Assets

			יייייייייייייייייייייייייייייייייייייי		2000			•
Descr	Description		How Received					,
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss	SSC
Form 8824, 1231 Gain/Loss from Like-kind Exch	oss from I	Like-kind Ex	s 899'8		\$	₩		8,668
Form 8824, Ord. Gain/Loss Irom Like-Kind Exch 	oss irom l	ire-kind Ex -	-8,668 -				-8,	, 668
Total		w.	₩ 0	0	\$	\$	\$ 0	0
		Statement 1 -		Form 990-PF, Part I, Line 11 - Other Income	her Income			
Dé	Description			Revenue per Books	Net Investment Income	stment me	Adjusted Net Income	
RENTAL OF FACILITY ENTRY FEES & CONCESSIONS SPECIAL EVENTS	SN			\$ 40,910 66,171 9,990	w	ស	40,910 66,171 9,990	
Total				\$ 117,071		& 0 	117,071	1 11
	SI	tatement 2 - Fo	Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees	I, Line 16b - Acc	ounting Fees			
Description			Total	Net Investment	Adju	Adjusted Net	Charitable Purpose	
Indirect Accounting Fees Total	ល	w w	1,085	w w	w w	\$ 809	477	C C

10/25/2012 3:18 PM Adjusted Net 3-5 Income Charitable Charitable Purpose Purpose S Net Investment Income Adjusted Adjusted Set Set S Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees 286 575 1,916 167 607 27,130 Current Year Depreciation Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation Statement 4 - Form 990-PF, Part I, Line 18 - Taxes ጭ Investment 27.5 Investment 3 20 0 0 830352635 GLEN S GRABER FAMILY FOUNDATION INC Federal Statements Šet Method 1,000 1,211 1,000 1,211 Total Total s/r $_{
m S/I}$ S/Γ $^{
m S/I}$ $^{
m S/\Gamma}$ 11,582 166,172 2,164 3,714 7,893 3,739 Depreciation **Prior Year** Indirect Other Professional Fees BUILDING, FIELD LIGHTS & PARKING Description 4,000 2,331 76,677 61,153 11,505 1,085,202 8,500 HOUSE & BUILDINGS (BROWNIE) 12/31/03 \$ 76,677 LAND 2.338 ACRES (BROWNIE) Cost Basis 3 ELECTRIC SCOREBOARDS 8/25/03 11, Description Description 4/14/03 2 WATER SOFTENERS FYE: 12/31/2010 LAND 16 ACRES 12/31/03 12/31/03 11/01/03 5/23/03 KUBOTA MOWER 8/20/03 Acquired SALES TAXES Date Total Total MOWER

830352635 GLEN S GRABER FAMILY FOUNDATION INC 83-0352635

83-0352635 FYE: 12/31/2010

Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

	Adjusted Net Income	₩																							
	Net Investment Income	v,																							
	Current Year Depreciation	243	200	330	229	C C L	666'T	193	261	77	1	195	212		2,711	0	0, 102	825	965		210	284	195		935
	Life	7.	7	20	7	Ċ	U.	15	7	7		Ŋ	20		15		C · / 7	10	7		ഗ	7	7		7
	Method																								
		S/L	$^{ m S/I}$	$\rm S/\Gamma$	200DB	,	3/r	150DB	200DB	200DB		200DB	150DB		150DB	۲/ ۲	٦/ /c	S/L	S/Γ	 - 	$\mathrm{S/\Gamma}$	S/Γ	S/L		200DB
	Prior Year Depreciation	MACH 3,163	6,500	2,147	2,225	0	9,203	1,433	2,539	745	!	3,197	1,183		16,384	0	24,886	2,889	3,374		735	992	684		4,211
Description	Cost Basis	SROILER, COFFEE 3,406 \$	7,000	6,607	2,568	VEMENTS	62,372 TBALL GYM		2,931	860	,	3,392	4,005		43,494	6	000'577 bu	8,254	ent 6.749		1,050	1,985	1,368		7,483
	Date Acquired	POPCORN MACH, I	10/01/03 FOLDING CHAIRS	10/31/03	CHAIR CADDY 1/23/04	BUILDING IMPROVEMENTS	3/31/04 FLOORING-BASKETBALL	3/31/04 FOLDING TABLES	11/05/04	11/11/04	MOWER	7/20/05	8/08/05	REWIRE BALL DIAMONDS	8/25/05	House	12/23/06 Handicap Parking	8/03/06	Fitness equipment 6/19/06	Washer/Dryer	4/19/06	3/16/06	sound Board 1/16/06	Floor Scrubber	1/02/07

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Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

	Adjusted Net Income	w																										
	Net Investment Income	v. vo																										
	Current Year Depreciation	695	225	,	T 9	108	1,108	1 427	1	3,339	176	1	212		184	354		517		4/7	225		67	176	T#C	604		1,548
	Lıfe	\$ 7	7	ι	v	Ŋ	7	7	•	7	7	•	7	1	7	7		7	t	•	7		7	ľ	•	7	t	
	Method																											
	Prior Year Depreciation	7.0	1,013 200DB	C	377 200DB	665 200DB	4,992 200DB	833 200DB	1	1,947 200DB	AU000 501	1	123 200DB	,	107 200DB	200DB		200DB	4000	Z00DB	200DB		200DB	מ	20002	200DB	0000	2002
Description	Cost Basis D	11,120 \$	800		530	934	8,871	PMENT 5 828	BALL FIELD	13,632	720	0	863		750 DMFNT	3,309	(5)	4,821		A VACUUM	2,096	YGROUND	_	CASSETTE RECORDER	3,180 ER FI,OOR		(899'8
	Date Acquired	Lawn Mower 4/24/07 \$		Weed Eater	8/29/07 TV	9/15/07	security cameras 10/03/07	PLAYGROUND EQUIPMENT	TRACTOR FOR BAL	5/19/09	FOR BALL 5/26/09	VOLLEYBALL NET	1/12/09	POWER WASHER	7/30/09 DIAVEPOLITEMENT	8/15/10	VOLLEYBALL NETS	9/30/	GYM FLOOR COVERING	12/04/10 NIMAVE WIDE AREA VACUUM	8/24/10	NETTING FOR PLAYGROUND	0/25/10		8/19/10 Prayground RUBBER		LAWN MOWER	6/04/10

830352635 GLEN S GRABER FAMILY FOUNDATION INC 83-0352635

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Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

		S 0		Charitable Purpose		108	, 20	7,557	118	674	84,205	159	135	4,044	1,053	524	18,413	116,998
1	Net Investmen Income	60,292 \$ (0	ses	Adjusted Net	₩.	142	o	10,018	157	893	111,621	210	312		1,349	694	24,409	\$ 149,814 \$
	Currer	w	Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	₩.													0
	tion Method	298,231	- 1	Total	₩.	250	16	17,575	275	1,567	195,826	369	547	4,044	2,402	1,218	42,822	\$ 266,911
Description	Pric	1,741,091 \$ 298	Statement 6	Description			CHARGES	UPPLIES		NTAL			OPYING					
	اي	Total \$		Desc		Expenses	BANK SERVICE CHARGES	CONCESSION SUPPLIES	DUES	EQUIPMENT RENTAL	INSURANCE	POSTAGE	PRINTING & COPYING	PRIZES	SUPPLIES	TELEPHONE	UMPIRE FEES	Total

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830352635 GLEN S GRABER FAMILY FOUNDATION INC 83-0352635

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and Equipment
Building.
14 - Land.
t II. Line
1 990-PF. Part
Form 990
ement 7 -
State

Description	Beginning Net Book	End Cost / Basis		End Accumulated Depreciation		Net FMV
	\$ 1,326,820 67,503	\$ 1,662,466 67,503		351,569	<u>က</u>	5 1,310,897
Total	\$ 1,394,323	\$ 1,729,969	ഹ	351,569	က္	1,378,400

830352635 GLEN S GRABER FAMILY FOUNDATION INC 83-0352635 Federal Statements

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Statement 8 - Form 990-PF, Part II, Line 19 - Deferred Revenue

Description	Beginning of Year	 End of Year
UNREALIZED GAIN ON SECURITIES	\$	\$ 2,953
Total	\$ 0	\$ 2,953

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Statement 9 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address JONATHAN GRABER 10140 N 700 E ODON IN 47562	Title	Average Hours 2.00	Compensation	Benefits 0	Expenses 0
REUBEN P MILLER 6773 N 900 E MONTGOMERY IN 47558	SECRETARY	2.00	0	0	0
	TREASURER	2.00	0	0	0
47558	DIRECTOR	2.00	0	0	0
GLEN S GRABER 8243 N 1000 E MONTGOMERY IN 47558	DIRECTOR	2.00	0	0	0
MARY JANE GRABER 8243 N 1000 E MONTGOMERY IN 47558	DIRECTOR	2.00	0	0	0
DENISE GRABER 8243 N 1000 E MONTGOMERY IN 47558	DIRECTOR	2.00	0	0	0

830352635 GLEN S GRABER FAMILY FOUNDATION INC 83-0352635

FYE: 12/31/2010 83-0352635

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

•	Amount	20	350	2,900	20,000	100	2,350	200	100	200	325	200	200	1,000	200	2,000	50	3,000	1,250
	9	NOI	ION	NOI	ION	ION	ION	ION	ION	NOI	ION	NOI	ION	ION	ION	ION	ION	ION	ION
	Purpose	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITALBE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITALBE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION
	Status																		
Address	Relationship	вох	76 X	e i	609 36TH ST	39407 MUKKLETA	FO BOA 250971	→	SOU	30X 217	570 S 700 E	O TUGEND F		RR 1	104 N MEKIDIAN	COUNSE	601 E RACE ST	, L	STATE KOAD 54 E
Name	Address	SM ADVOCATES FISHERS IN	BARR REEVE HIGH SCHOOL MONTGOMERY IN 47558	BETHEL MENNONITE CHURCH ODON IN 47562	BIBLES FOR VENEZUELA GRAND RAPIDS MI 49548	CALVARY CHAPEL SCHOOL MURRIETA CA 92563		COPS AND KIDS WASHINGTON IN 47501	FRIENDS FOR KIDS WASHINGTON IN 47501	GOSPEL EXPRESS MINISTRIES LYNN NC 28750	HAITI SALE MONTGOMERY IN 47558	HEARTS ALIVE BUTLER IN 44822	HILLSDALE COLLEGE HILLSDALE MI 49242	HINDOSTAN METHODIST CHURC LOOGOOTEE IN 47553	ILULA ORPHAN PROGRAM WASHINGTON IN 47501	INDIANA RIGHT TO LIFE INDIANAPOLIS IN 46240	KETCHUM MEMORIAL CENTER ODON IN 47562	LEORA KILMER FUND WITHEE WI 54498	LINTON FIRST CHRISTIAN LINTON IN 47441

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830352635 GLEN S GRABER FAMILY FOUNDATION INC 83-0352635

FYE: 12/31/2010 83-0352635

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

•	Amount	100	2,000	100	400	1,000	1,652	17,500	2,292	200	5,000	2,736	200	100	50	3,100	100	375	100
	Purpose	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTIONS	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTIONS	CHARITABLE CONTRIBUTION
	Status																		
Address	Relationship	210 E 3RD ST	INGTON	US HWY 50	3300 E SUNRISE DRIVE	101 E WALNUT ST		JA 341		PO BOX 171 MN 56	PO BOX 429	14897 N HWY 66	800 S WEST STREET	709 E MAIN ST	HWY 50		LIMESTO	E MAIN ST	755 W CARMEL DR #201
Name	Address	_	~ ~	MARTIN COUNTY 4H LOOGOOTEE IN 47553	MDA TUSCON AZ 85718	NELSON KIRCHOFF FAMILY WASHINGTON IN 47501	NORMAN SCHLABACH FUND WASHINGTON IN 47501		NORTH DAVIESS HIGH SCHOOL ELNORA IN 47529		PAN AMERICA MISSION INC NEWBERG OR 97132	PANCO COMMUNITY CHURCH ONEIDA KY 40972	PARKVIEW VILLAGE ODON IN 47562	POWER HOUSE WASHINGTON IN 47501	PUTTERS BAY WASHINGTON IN 47501	RAMS FOOTBALL CLUB WASHINGTON IN 47501	RONALD MCDONALD HOUSE INDIANAPOLIS IN 46202	7.	ST JUDE CARMEL IN 46032

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830352635 GLEN S GRABER FAMILY FOUNDATION INC 83-0352635 GLEN S GRABER FAMILY FOUNDATION INC

FYE: 12/31/2010 83-0352635

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

				_					_			-		
•	Amount		2,000		25		150		200		2,500		1,500	85,655
	Purpose		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION	
	Status													
Address	Relationship	420 E ILLINOIS ST		1604 STATE ST		212 E ELNORA ST		PO BOX 1032		PO BOX 620143		321 N MALL DR		
Name	Address	THE GOSPEL CENTER	PETERSBURG IN 47567	TRINITY HOLINESS ACADEMY	WASHINGTON IN 47501	VETERENS OF FOREIGN WARS	ODON IN 47562	WARREN WHITE BENEFIT	WASHINGTON IN 47501	WYCLIFF ASSOCIATES	ORLANDO FL 32862	YOUTH SERVICES ALLIANCE	ST. GEORGE UT 84790	Total

830352635 GLEN S GRABER FAMILY FOUNDATION INC 83-0352635 GLEN S GRABER FAMILY FOUNDATION INC

FYE: 12/31/2010

Indirect Depreciation

Statement 11 - Form 4562 - Election Made Under Section 1.168(i)-6(i)

LAWN MOWER

Property Given Up

Property Received

Lawn Mower

Ξ

Year Ended: December 31, 2010 83-0352635

GLEN S GRABER FAMILY FOUNDATION INC 9164 E 875 N ODON, IN 47562

Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service after December 31, 2007.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenu		► File a	a separate a					
		tomatic 3-Month Extension, complet	e only Part	I and check this box				▶ X
-				mplete only Part II (on page 2 of this fo	rm)			_
•	-			3-month extension on a previously filed		8		
•		,						
Electronic fili	ing (e-file). Yo	a can electronically file Form 8868 if yo	ou need a 3-	month automatic extension of time to fi	le (6 mont	hs for		
				onth extension of time You can electro				
8868 to reque	st an extension	n of time to file any of the forms listed i	n Part I or F	Part II with the exception of Form 8870,	Informatio	n		
Return for Tra	insfers Associa	ited With Certain Personal Benefit Cor	ntracts, whic	h must be sent to the IRS in paper form	nat (see			
instructions)	For more detai	ls on the electronic filing of this form, v	ısıt www ırs	gov/efile and click on e-file for Charities	& Nonpre	ofits		
Part I	Automati	c 3-Month Extension of Time	. Only sul	<u>bmit original (no copies neede</u>	<u>(t</u>			
A corporation	required to file	Form 990-T and requesting an autom	atic 6-month	n extension-check this box and complete	е			
Part I only								▶ 📙
All other corpo	orations (includ	ing 1120-C filers), partnerships, REMI	Cs, and trus	its must use Form 7004 to request an e	xtension o	of time		
to file income	tax returns							
Туре ог	Name of exe	empt organization			Employ	er ident	tification num	ıber
print								
File by the	GLEN S	GRABER FAMILY FOUR	OITADV	N INC	83-0	<u>3526</u>	35	
due date for	Number, str	eet, and room or suite no. If a P.O. box	c, see instru	ctions				
filing your return See	9164 E	875 N						
instructions		post office, state, and ZIP code For a						
	ODON	IN	47562	2				
Enter the Reti	urn code for the	e return that this application is for (file a	a senarate a	application for each return)				04
		retarn that this approaches to ter time to	ı ocparato c	**************************************				
Application	1		Return	Application				Return
Is For				Is For			 _	Code
Form 990			01	Form 990-T (corporation)				07
Form 990-B			02	Form 1041-A				08
Form 990-E	<u> </u>		03	Form 4720		09		
Form 990-P			04	Form 5227		10		
	(sec 401(a) o		05	Form 6069		11		
Form 990-T	(trust other the		06	Form 8870				12
		CATHERINE WAGLER						
		7351 E 1150 N				-	N 47560	
	are in the care of			_		1	N 47562	
-		2-636-8231	FAX No					\blacksquare
-		not have an office or place of business						
	•	urn, enter the organization's four digit (this is			
	group, check ti	_	tne group,	check this box	cn			
		Ns of all members the extension is for		#= F 000 T) automora of time				
		3-month (6 months for a corporation r						
		· · · · · · · · · · · · · · · · · · ·	rn for the or	ganization named above. The extension	1 IS			
	organization's r							
	calendar year							
▶ 📋	tax year begin	ning , and ending						
2 If this ta	ax year entered	in line 1 is for less than 12 months, ch	neck reason	Initial return Final return				
	hange in acco							
			0000	All a As	- 1	Ι		
		Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, ente	er the tentative tax, less any				0
		See instructions		C. Delta condita and	3a	\$		
	• •	Form 990-PF, 990-T, 4720, or 6069, or			۱	•		0
		ts made Include any prior year overpa			3b	\$		
		t line 3b from line 3a Include your pay x Payment System). See instructions	ment with th	nis form, it required, by using EFTPS	3c			0
	mic recerai la	a Favirielli avsiemi, aee instructions			1 30			J

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for