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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

	nent of the Treasury Revenue Service	Note. The foundation may be ab	ted as a Private Fo		ortina	requirements	<u> </u>
), or tax year beginning		nd ending	<u>-</u>	30/2011	
	heck all that apply	☐ Initial return ☐	Initial return of a for		itv	☐ Fina	return
		Amended return	X Address change	· —	-	nange	
Name	of foundation				A E	mployer identification	number
HELE	EN & BOB GLASSE	BERG NAT LUNG DISEASE FUN	ID TRUST 71218100			77-62	42990
Numb	per and street (or P O bo	ox number if mail is not delivered to street a	iddress)	Room/suite	ВТ	elephone number (see	page 10 of the instructions
		- 101N Independence Mall E MAC	CY1372-062			(888) 7	30-4933
City o	or town, state, and ZIP or	ode			Cife	exemption application i	s pending, check here
	delphia			19106-2112	D 1.	Foreign organizations,	check here
HC	heck type of organ	ization [.] X Section 501(c)(3) ex nonexempt charitable trust	empt private foundation	n foundation	2.	Foreign organizations	-
					EIFI	check here and attach private foundation statu	
	aır market value of f year <i>(from Part II,</i>	, <u></u> · ·		Accrual		nder section 507(b)(1)(/	
	n year (110111 Part II, ne 16) ▶ \$	col (c),	(d) must be on cash bas	is)		the foundation is in a 6 nder section 507(b)(1)(i	
Part	Analysis of R	evenue and Expenses (The total o	,			I VANA	(d) Disbursement
		is (b), (c), and (d) may not necessarily equa		(b) Net investm	ent	(c) Adjusted net	for chantable
	the amounts in col	umn (a) (see page 11 of the instructions))	books	income		income	purposes (cash basis only)
\top	1 Contributions, gifts	, grants, etc , received (attach schedule)		(,	, , f***	214 7 12 6	C. C. Sales Land
	2 Check ►X if the	foundation is not required to attach Sch. E	\$	4. 4 1 2	· · · (%)	1 J. 1881	
1		ngs and temporary cash investments	0		0	 	
		nterest from securities	74,845	74	1,84 <u>5</u>	111	YEIVEL
	5 a Gross rents		0 3 3 4 5 6 2 3	₹ ₹ ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	0	4	A 10 70 870 80 10 10 10 10 10 10 10 10 10 10 10 10 10
흵	b Net rental incom	s) from sale of assets not on line 10	51,710	200 000		AN AN	30 2012 18
Revenue		for all assets on line 6a 290,35			* ·		1921
اق	•	income (from Part IV, line 2) .			1,710	LOG	The second
	8 Net short-term of		1 / A	*,* * * ;	d.		5 L. U.
	9 Income modifica	itions	> * * * * * * * * * * * * * * * * * * *		٧,		
1	0 a Gross sales less re	eturns and allowances	0 7 2	(3 % - 1 (2 5)	13	6 30 ST SQ	
	b Less: Cost of g		0 **' (*, *)		Section,		
_ l_a		oss) (attach schedule) .	0	\$.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0		23 X X X X X X X X X X X X X X X X X X X
	 Other income (a Total. Add lines 	•		400		 	0
+;		of officers, directors, trustees, etc	126,555 31,529		3,5 <u>55</u> 3,647		7,8
ăil.		salanes and wages	31,323		<u> </u>		- ',
5 1		employee benefits .				† 	-
	6 a Legal fees (atta	ch schedule)	140		Ō		0
e E	b Accounting fees		1,010		0		0 1,0
. [≩		nal fees (attach schedule)	0		0		0
	7 Interest		4 005		400		
뛸.	'	dule) (see page 14 of the instructions)	1,925		400		0
ΞΙ,	20 Occupancy	tach schedule) and depletion	0		0	<u>'</u>	0 ' * ;
8 2		nces, and meetings					
밑 2	22 Printing and put						
E 2	23 Other expenses	(attach schedule)	469		459		0
.5 2	24 Total operating	and administrative expenses.					
Ē	Add lines 13 thr	_	35,073	2	4,506		0 9,
~~1		ifts, grants paid	109,183			, 1/4. 47. V.	109,
		nd disbursements. Add lines 24 and 25	144,256		4,506		0 118,
2				ly an market and line of history in S			
		e over expenses and disbursements	-17,701		(g) (i)	15 30 30 30 30 30 30 30 30 30 30 30 30 30	AND THE PARTY OF T
		t income (if negative, enter -0-) . Icome (if negative, enter -0-)			2,049	257	TEO ON A SECOND
<u> </u>		n Act Notice, see page 30 of the ins					0

Form 990-PF (2010) HELEN & BOB GLASSBERG NAT LUNG DISEASE FUND TRUST 71218100 77-624299							
Pai	4 II	End	of year				
		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	0	0			
	2	Savings and temporary cash investments .	20,754	12,485	12,485		
]	3	Accounts receivable 0	****	<u> </u>	**		
		Less allowance for doubtful accounts	0	0	0		
	4	Pledges receivable 0	, , , , ,	,*,	* }		
		Less allowance for doubtful accounts	0		0		
	5	Grants receivable			<u></u>		
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 15 of the	_	_			
	_	instructions)	0	O			
	7	Other notes and loans receivable (attach schedule)					
Assets		Less allowance for doubtful accounts	0				
ŠŠ	8	Inventones for sale or use	0	<u></u>			
Ä	9	Prepaid expenses and deferred charges					
		a Investments—U.S. and state government obligations (attach schedule)	0				
		b Investments—corporate stock (attach schedule)	0		 		
	١	c Investments—corporate bonds (attach schedule)		<u>(</u>			
	11	Investments—land, buildings, and equipment basis	`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4 - 1			
	ľ	Less accumulated depreciation (attach schedule)	0		0		
	12	Investments—mortgage loans .			ļ		
	13	Investments—other (attach schedule)	2,422,409	2,387,889			
	14	Land, buildings, and equipment basis		X			
		Less accumulated depreciation (attach schedule)	0				
	15	Other assets (describe)	0		0		
	16	Total assets (to be completed by all filers—see the					
		instructions. Also, see page 1, item l)	2,443,163	2,400,374	2,349,389		
	17	Accounts payable and accrued expenses	0				
Ś	18	Grants payable					
÷	19	Deferred revenue	0		2		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons .			2		
<u>. u</u>	21	Mortgages and other notes payable (attach schedule)	0	(
_	22	Other liabilities (describe)	0		2		
	23	Total liabilities (add lines 17 through 22)	0				
		Foundations that follow SFAS 117, check here ▶			Same of Marie		
nces		and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted .					
<u> </u>	25	Temporanly restricted					
ä	26	Permanently restricted					
Fund Bala	ļ	Foundations that do not follow SFAS 117, check here					
Z		and complete lines 27 through 31.					
5	27	Capital stock, trust principal, or current funds	2,443,163	2,400,37	4		
Net Assets or	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
Se	29	Retained earnings, accumulated income, endowment, or other funds		<u></u>			
As	30	Total net assets or fund balances (see page 17 of the		Į	1		
et		instructions)	2,443,163	2,400,37	4 ****		
Z	31	Total liabilities and net assets/fund balances (see page 17					
_		of the instructions)	2,443,163	2,400,37	4		
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances					
1	Total	I net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with	1			
	end-	of-year figure reported on prior year's return)		. <u> 1</u>	2,443,163		
2	Ente	r amount from Part I, line 27a		2	-17,701		
3	Othe	er increases not included in line 2 (itemize)		3	0		
4	Add	lines 1, 2, and 3	· · · · · ·	4	2,425,462		
5		eases not included in line 2 (itemize) See Attached Statement		5	25,088		
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II,	column (b), line 30	6	2,400,374		

Form 990-PF (2010) HELEN &	BOB GLASSBERG NAT LUN	<u>IG</u> DIS	EASE F	U <u>ND T</u> RUST 71:	<u>21</u> 810	0 77	-6242990	Page 3
	d Losses for Tax on Inve							
(a) List and describe the	kınd(s) of property sold (e.g., real es	tate.		(b) How acquired	(c)	Date acquired	(d) Date	sold
	se, or common stock, 200 shs MLC C			P—Purchase D—Donation	1 ''	no , day, yr)	(mo, da	
1a See Attached Statement			-	B Bonacon	1			
b								
С								
d			_					
е			-				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed			r other basis	1		n or (loss)	
	(or allowable)		plus expe	ense of sale		(e) plus (f) minus (g)	
a 0	0				+			0
b 0	0				+			<u>0</u> 0
d 0					+			0
e 0	0) —			0
	ving gain in column (h) and owne	d by the	foundation		1	(I) Gains (Co	l /h) eoin munu	
Complete only for access chest	(i) Adjusted basis	d by the	-	ss of col (I)	1		l (h) gain mınu t less than -0-)	
(i) F M V as of 12/31/69	as of 12/31/69	Ì		(i), if any		• •	rom col (h))	
a 0	0							0
b 0	0			()			0
c 0	0				0			0
d 0		ļ			0			0
e 0	<u></u>				이			<u>o</u>
2 Capital gain net income or				rt I, line 7				
• •	` (IT (IOS\$),			rt I, line 7	2			51,710
3 Net short-term capital gain								
	line 8, column (c) (see pages			he }	$\cdot \mid \ \ \mid$			_
	r -0- in Part I, line 8				3			0
Part V Qualification Und	-							
(For optional use by domestic	private foundations subject to	tne se	ction 494	tu(a) tax on net	ınvesti	ment income.)	
If section 4940(d)(2) applies, le	eave this part blank.							
Was the foundation liable for the	ne section 4942 tax on the dis	tributa	ble amoi	unt of any year ii	n the b	ase period?	☐ Yes [X No
If "Yes," the foundation does n						F		<u> </u>
	ount in each column for each	` ` 			ctions	before making	anv entrie	s
(a)	1	, 500, 6	oo pago		55.,0	<u> </u>	(d)	
Base period years	(b) Adjusted qualifying distribution	ons	Net value	(c) of nonchantable-use	assets		stribution ratio	
Calendar year (or tax year beginning 2009	in)				1,991	(col_(b)	divided by col	(c)) 0.026746
2008		2,639 2,793			9,446			0.02 <u>0740</u>
2007		4,494			38,167			0.04858 <u>6</u>
2006		2,254			34,027			0.072388
2005		2,278			3,976			0.004558
				2,00	30,0.0	T		
2 Total of line 1, column (d)			_			2		0.227664
3 Average distribution ratio f			e total or	n line 2 by 5. or l	by			
	undation has been in existen					3		0 045533
•				•				
4 Enter the net value of none	chantable-use assets for 2010	from i	Part X, lii	ne 5		4	2	2,507,538
5 Multiply line 4 by line 3						5	_	114,176
6 Enter 1% of net investmen	t income (1% of Part I, line 27	7b)				6		1,020
W A 1111 F 15						[_ [
7 Add lines 5 and 6						7		115,196
• Enter supplifying destablished	no from Dod VII. Ima. 4							446
8 Enter qualifying distribution						8	0/ 1	118,225
ii iii ie o is equal to or great	ter than line 7, check the box	ın Part	vi, iine '	ib, and complete	e tnat p	part using a 1	% tax rate.	266

_	n 990-PF (2010)	HELEN & BOB GLASSBERG NAT LUNG DISEASE FUND TRUST 71218100	_	77-6242			₁₀ 4
Pa	rt VI Excise	Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	ge 1	8 of the	instr	uctio	ns)
	Date of ruling Domestic foun	dations that meet the section 4940(e) requirements in Part V, check	1		<u> </u>	020	
		and enter 1% of Part I, line 27b estic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	,	, "	, . · · · · · ·	14.	٠ ,
•					<u></u>		
2	of Part I, line 1	tion 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			اه	
3	Add lines 1 an		3		1.	020	
4		ome) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				
5	•	investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1	020	
6	Credits/Payme	ents	5 d .	£ 1973	<u>.</u>	1	· 60 ° 70
i	a 2010 estimate	d tax payments and 2009 overpayment credited to 2010 . 6a 1,171		10		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, veri 2 1
١	b Exempt foreig	n organizations—tax withheld at source . 6b	**		1 1		
	c Tax paid with	application for extension of time to file (Form 8868) . 6c 0	` , \$	22	1000	~\	Ž
(•	olding erroneously withheld	£:	, , , , , , , , , , , , , , , , , , ,		_ do ac.	<u>.</u>
7		and payments. Add lines 6a through 6d	<u></u>		1	171	
8	- •	alty for underpayment of estimated tax. Check here if Form 2220 is attached	8_	 		<u> </u>	
9		e total of lines 5 and 8 is more than line 7, enter amount owed	9	 		0	
10		t. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10			151	
11		ount of line 10 to be. Credited to 2011 estimated tax	11	L		0	
Pa	In VII-A Sta	tements Regarding Activities			N 1	1	
1	-	year, did the foundation attempt to influence any national, state, or local legislation or did it			1	Yes	No
	•	intervene in any political campaign?		•	1a		X
	•	nore than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the					
	instructions fo	•			1b	2 32-1	X
		is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1	1	^.⊀, / _^% :
	•	distributed by the foundation in connection with the activities			2 3		: 🌦
		ation file Form 1120-POL for this year? bunt (if any) of tax on political expenditures (section 4955) imposed during the year			1c	27 Ta	<u>X</u>
	(1) On the f						
	• •	nbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation						
2		dation engaged in any activities that have not previously been reported to the IRS?			2	×****	Χ
		h a detailed description of the activities			* 1. W		
3	Has the found	dation made any changes, not previously reported to the IRS, in its governing instrument, articles				×2/5	1
	of incorporation	on, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		-	3		X
4		ation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	•	t filed a tax return on Form 990-T for this year?			4b	N/A	
5		iquidation, termination, dissolution, or substantial contraction during the year?			5	972m.". 3	X
_	•	th the statement required by General Instruction T					
6	•	rements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
		ge in the governing instrument, or					1
	•	egislation that effectively amends the governing instrument so that no mandatory directions			6	X	32.A
7		nth the state law remain in the governing instrument? dation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), a</i>	nd B	art VI/	7	Ŷ	├
		ies to which the foundation reports or with which it is registered (see page 19 of the	iiu r	aitAv	50000	39 53	175/27
·	instructions)	- · · · · ·					
	•	is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	-				
		esignate) of each state as required by General Instruction G? If "No," attach explanation .			8b	X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9	•	tion claiming status as a private operating foundation within the meaning of section 4942(j)(3)				2182	
		for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?		Z.Ja		
		plete Part XIV			9		X
10	Did any person	ons become substantial contributors during the tax year? If "Yes," attach a schedule listing					
_	their names a	and addresses		<u> </u>	10		X

Form:	990-PF (2010) HELEN & BOB GLASSBERG NAT LUNG DISEASE FUND TRUST 71218100 <u>//-6</u> 24	2990	Pa	ige 3
Part	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	ГТ		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11	ļ	Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
-	Website address ► N/A	<u></u>		
14	The books are in care of ► WELLS FARGO BANK N.A Telephone no ► 888-730-49	33		
	Located at ► 101N Independence Mall E MACY1372-062 Philadelphia PA ZIP+4 ► 19106-2112			
15	Section 4947(a)(1) nonexempt chantable 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	·		
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		Х
	See page 20 of the instructions for exceptions and filling requirements for Form TD F 90-22 1 If "Yes," enter	1.0		
	the name of the foreign country] .	,·	5 32
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
ı u		1 1	Van	Ni-
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	100	Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			1
		1000		A.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No	10 m	* 333% () U. S. A. K. K.	
		1000	}	35
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? YesX No	7,55	2.0	\$3× *
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No		· 公	X
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1,000		24
	for the benefit or use of a disqualified person)?	1	3,500 J	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	14, 2		
	If the foundation agreed to make a grant to or to employ the official for a period	5,25	S. J	5.6
	after termination of government service, if terminating within 90 days.)	1	19.5	1
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	- 32	; : a.	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here	1 1	1 - 22 23	. 3
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	2 . 8	10.35	,54,3%
	that were not corrected before the first day of the tax year beginning in 2010?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		17.30	3/4
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		1000	, ,
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d	1.44		, · · ·
	and 6e, Part XIII) for tax year(s) beginning before 2010?			W.C.
	if "Yes," list the years > 20 , 20 , 20 , 20 ,			F3
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	S. S.		100
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	- 2		
	to all years listed, answer "No" and attach statement—see page 22 of the instructions)	2b	N/A	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	13		
	2 0	S S		100
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	1		
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation		7.4	
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	100		*
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	. Sin	arê z	3.
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	1	44.2	
	if the foundation had excess business holdings in 2010)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	X.	1.7	7"
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	1	X
		L	<u> </u>	^

.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-om	990-PF (2010) HELEN & BOB GLASSBERG	NAT LUNG DISEAS	SE FUND TRUST 7	1218100	77-62429	90 Page 6
(1) Carry on propaganda. or otherwise attempt to influence legislation (section 4945(a))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide a grant to an individual for travel, study, or other similar purposes? (6) Provide a grant to an organization other than religious, charitable, scendific, literary, or education 590(a)(1), (2), or (3), or section 4940(d)(2) (see page 22 of the instructions) (5) Provide for any purpose other than religious, charitable, scendific, literary, or educational purposes, or for the prevention of crusity to children or animals? (6) Provide for any purpose other than religious, charitable, scendific, literary, or educational purposes, or for the prevention of crusity to children or animals? (7) Provide for any purpose of the transaction of the unstructions of the mistructions of the suppose of the site of the s	Pai	t VII-B Statements Regarding Activities	es for Which Form	4720 May Be Re	equired (continued)		
(4) Provide a grant to an organization other than a charitable, etc. organization described in section 509(a)(1), (2), or (3), or section 494(d)(2)? (see page 22 of the instructions) (5) Provide for any purposes other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or amminist? b If any answer is "Yes" to 54(1-6), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding dissater assistance (see page 22 of the instructions)? Ciff the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it manitained expenditure responsibility for the grant? If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it manitained expenditure responsibility for the grant? N/A Yes No if the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 86, the Form #877. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Tax at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the Instructions). (a) Name and address of each employee paid more than \$50,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		During the year did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to (2) Influence the outcome of any specific public e	amount to influence legislation (selection (see section 49	section 4945(e))?	Yes		
(5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 6/1-(5), did any of the transactions fails to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding dissaler assistance (see page 22 of the instructions)? Crganizations relying on a current notice regarding dissaler assistance (see page 22 of the instructions)? Crganizations relying on a current notice regarding dissaler assistance check here c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No Yes Million No Yes No Yes Million No Yes Mil		(4) Provide a grant to an organization other than	a chantable, etc , orga	nization described			
b If any answer is "Yes" to \$4(1)—(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here I the answer is "Yes" to question \$4(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premums on a personal benefit contract? If "Yes," did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Non-Barty VIII information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Time, and average (c) Compensation (d) Combinations to and defired compensation (d) Combinations to any defired compensation of the highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (e) Name and address of each employee paid more than \$50,000 (b) Tite, and average hours per weak devoted to position (e) Compensation (e) Compensation (e) Compensation (e) Compensation (e) Compensation of the highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."		(5) Provide for any purpose other than religious,	chantable, scientific, lit	erary, or			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No N/A 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 pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No If "Yes" to 6b, file Form 8870 7a Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the Instructions). (a) Name and address (b) Title, and average (c) Compensation (see page 22 of the Instructions). (a) Name and address (b) Title, and average (c) Compensation (see page 22 of the Instructions). (b) Title, and average (c) Compensation (see page 22 of the Instructions). (a) Name and address (b) Title, and average (c) Compensation (see page 22 of the Instructions). (b) Title, and average (c) Compensation (see page 22 of the Instructions). (c) Expense account, other allowances. (d) Contributions to employee paid more than \$50,000 (c) (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances. (e) Name and address of each employee paid more than \$50,000 (c) (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances. (e) Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). (f) Contributions to employee paid more than \$50,000 (c) (c) Compensation (e) Compensation (e) Compensation (e) Compensation (e) Compe	b		•	= -			5b N/A
premums on a personal benefit contract? Yes X No 6b X If Yes 100 10	С	If the answer is "Yes" to question 5a(4), does the fortax because it maintained expenditure responsibility.	oundation claim exemp y for the grant?	tion from the . N/A	Yes	☐ No	
## "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		premiums on a personal benefit contract?	•	. , ,			6h X
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average devoted to position (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average devoted to position (c) Compensation (d) Contributions to employee and more than \$50,000 (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (d) Contributions to employee account, other allowances (e) Expense account, other allowances (f) Title, and average hours per week devoted to position (e) Expense account, other allowances (f) Compensation (g) Compensation (g) Contributions to employee paid more than \$50,000 (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Contributions to employee benefit plans and deferred compensation (g)		If "Yes" to 6b, file Form 8870	•	•			
Part VIII							7h
1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation of the allowances (d) Contributions to employee benefit plans and deferred compensation of the allowances (d) Contributions to employee benefit plans and deferred compensation of the allowances (d) Contributions to employee benefit plans and deferred compensation of the allowances (d) Contributions to employee plant more than \$50,000 (d) (d) Contributions to employee to the plant of the allowances (e) Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). (e) Compensation (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Expense						Paid Emp	·
1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average horur's per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Compensation (fif not paid, enter "0-0") (fig. 10 to paid, enter "0-0") (a) 31,529 (b) Title, and average hours per week devoted to position (e) Expense account, other allowances (e) Expense account, other allowances (e) Compensation (fig. 10 to paid, enter "0-0") (fig. 10 to paid, enter "0-0") (g) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Directors, rruste	es, Foundation	managers, mgmy	raid Lilip	noyees,
(a) Name and address (b) Title, and average hours per week devoted to position (f) not pald, enter employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (a) Name and address (b) Title, and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (f) Contributions to employee account, other allowances (e) Expense account, other allowances (f) Contributions to employee benefit plans and deferred compensation (f) Contributions to employee benefit plans and deferred compensation (f) Contributions to employee benefit plans and deferred compensation (g) Compensation (g) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation compensation compensation compensation compensation compensation compensation compens	1		ation managers and	their compensat	ion (see page 22 of t	he instruc	tions).
Wells Fargo Bank, N.A. 101N Independence Mall E MACY1372-062 Phi .00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			(b) Title, and average hours per week	(c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans	(e) E	xpense account,
101N Independence Mall E MACY1372-062 Phi .00 .00 .00 .00 .00 .00 .00 .	We	lls Fargo Bank, N.A.					
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000	101	N Independence Mall E MACY1372-062 Phi	4.00	31,529		0	
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (o) Compensation Total number of other employees paid over \$50,000			.00	0		0	<u></u>
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE NONE Total number of other employees paid over \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances			00	0		0	
If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (f) Total number of other employees paid over \$50,000	·			0		0	
(a) Name and address of each employee paid more than \$50,000 NONE (b) Itlie, and average hours per week devoted to position (c) Compensation (d) Expense account, other allowances (e) Expense account, other allowances (f) Compensation (h) Itlie, and average hours per week devoted to position (h) Itlie, and average hours per we			yees (other than the	ose included on li			ictions).
Total number of other employees paid over \$50,000	(a) Name and address of each employee paid more than \$50	,000 hours per week	(c) Compensati	on employee benefit plans and deferre	it (e) E	
	<u>NÖ</u>	NE					
						_	
	To	tal number of other employees paid over \$50,		· · · · · · · · ·	· · · · ·	P	000 BE (0-16

Form 990-PF (2010) HELEN & BOB GLASSBERG NAT LUNG DISEASE FUN		77-6242990 Page /
Part VIII Information About Officers, Directors, Trustees, Fo	oundation Managers, Highly Paid	Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see page 1)		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		•
		0
	İ	0
		
		0
		0
		0
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 chantable activities during the tax year. Include relevant state the number of organizations and other beneficiaries served, conferences convened, research papers.		Expenses
4 NONE		
I NONE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see pa		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 NONE		
2		
2		
••••••		
All other program-related investments See page 24 of the instructions		
3 NONE		
		
Total. Add lines 1 through 3	<u> </u>	

Form **990-PF** (2010)

Form §	990-PF (2010) HELEN & BOB GLASSBERG NAT LUNG DISEASE FUND TRUST 71218100	77-6242990) Page 8
Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations,	
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		
а	Average monthly fair market value of secunties	1a	<u>2,505,126</u>
b	Average of monthly cash balances	1b	40,598
C	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,545,724
e	Reduction claimed for blockage or other factors reported on lines 1a and	Ç&Ă	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,545,724
4	Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	38,186
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,507,538
6	Minimum investment return. Enter 5% of line 5	6	125,377
Par		perating	
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	125,377
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)	1	
C	Add lines 2a and 2b	2c	1,020
3	Distributable amount before adjustments Subtract line 2c from line 1	3	124,357
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	124,357
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,		
	ine 1	7	124,357
Par	t XII Qualifying Distributions (see page 25 of the instructions)	-	
			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	118,22
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 chantable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	1387 1387	
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	118,22
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	1,02
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	117,20
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	ndation	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2010) HELEN & BOB GLASSBERG NAT LUNG DISEASE FUND TRUST 71218100 77-6242990 Part XIII Undistributed Income (see page 26 of the instructions)								
-3111	(a) (b) (c)							
1	Distributable amount for 2010 from Part XI, line 7	Corpus	Years pnor to 2009	2009	2010			
2	Undistributed income, if any, as of the end of 2010		77 × 80, 1-, 0×400	, \\	124,337			
a	Enter amount for 2009 only	1 mg 2 mg	\$ 1 W 5	52,126	· · · · · · · · · · · · · · · · · ·			
b	Total for pnor years 20, 20, 20	3,00	0	Sign from				
3	Excess distributions carryover, if any, to 2010	~ ~ ·	4 . 52 34	1				
а	From 2005 NONE							
b	From 2006 NONE							
С	From 2007 . NONE	San San San San	7 x 7 x 1 4					
d	From 2008 . NONE				S. 14 . 14 . 14 . 14 . 14 . 14 . 14 . 14			
е	From 2009 NONE	×						
f	Total of lines 3a through e .	0		The second second				
4	Qualifying distributions for 2010 from Part	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; *					
	XII, line 4:							
а	Applied to 2009, but not more than line 2a	***	<u> </u>	52,126	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b	Applied to undistributed income of prior years			2. 36 Vice				
	(Election required—see page 26 of the instructions) .	``,	0		The sale of these			
С	Treated as distributions out of corpus (Election							
	required—see page 26 of the instructions)			TANK BELLINE				
d	Applied to 2010 distributable amount	Cas Million			66,099			
е	Remaining amount distributed out of corpus .							
5	Excess distributions carryover applied to 2010 .) <u>****</u> * ** *****	1. 17.70 (a) 18.00 (a) 2.00°	0			
	(If an amount appears in column (d), the same amount must be shown in column (a))							
6	Enter the net total of each column as indicated below:							
2	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	المانية عميا علامات مانيا						
	Prior years' undistributed income Subtract		3 10 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		10 4 2 3 3 4 2 3 1			
~	line 4b from line 2b		.					
С		1 22 25 15 62			26-38-00 Throng of the			
_	income for which a notice of deficiency has							
	been issued, or on which the section 4942(a)							
	tax has been previously assessed	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# 11 J			
d	Subtract line 6c from line 6b Taxable	1.60 M 1.50 E	,					
	amount—see page 27 of the instructions	1 3 3 W						
е	Undistributed income for 2009 Subtract line							
	4a from line 2a Taxable amount—see page 27 of the			i.				
	instructions		J. T. C. S.	<u> </u>				
f	Undistributed income for 2010 Subtract	The Case			,			
	lines 4d and 5 from line 1. This amount must			A Part of the P	ĺ			
	be distributed in 2011 .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			58,258			
7	Amounts treated as distributions out of			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	corpus to satisfy requirements imposed by							
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of			Section 1	3.4			
	the instructions)							
8	Excess distributions carryover from 2005							
	not applied on line 5 or line 7 (see page 27 of the	1						
	instructions) .		0	Take of the second				
9	Excess distributions carryover to 2011.			16.34.25				
	Subtract lines 7 and 8 from line 6a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 2 4 4 4					
10	Analysis of line 9							
8								
t	Excess from 2007							
C	Excess from 2008							
C	Excess from 2009 .							
€	Excess from 2010 .	OLE W 🦓 THE 🐠	T 2367 X 1 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3855124457、86° 1767688	7 F. F. T. S. T. W. (2017)			

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	XIV Private Operating Foundations (s			nd Part VII-A, զւ	iestion 9)	N/A
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2010, enter			•		·
	Check box to indicate whether the foundation is a p	private operating foun	dation described in	n section	4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(0) 10m
	year listed	0				0
	85% of line 2a	0	0	0	0	
С	Qualifying distributions from Part XII, line 4 for each year listed					_
d	Amounts included in line 2c not used directly			 	<u> </u>	
u	for active conduct of exempt activities					C
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c	0	0	0	0	
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets				<u> </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	o				
c	"Support" alternative test—enter					
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on secunties loans (section					
	512(a)(5)), or royalties)			ļ	Ļ	(
	(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			<u> </u>	<u> </u>	!
Pa	t XV Supplementary Information (Co	-	•		,000 or more in	
_	assets at any time during the ye		of the instruc	ctions.)		
1	Information Regarding Foundation Manag)/ -f the total contr	-buttons assessed by	, the foundation	
а	List any managers of the foundation who have cor before the close of any tax year (but only if they have					
NO	, , , , ,		, , , , , , , , , , , , , , , ,	, (-,(-,,-, ,		
	List any managers of the foundation who own 10%	6 or more of the stock	of a corporation (or an equally large p	portion of the	
	ownership of a partnership or other entity) of which	h the foundation has a	a 10% or greater in	nterest.		
<u>NO</u>						
2	Information Regarding Contribution, Gran		- · · · · ·	•		
	Check here ► X if the foundation only makes					A
	unsolicited requests for funds. If the foundation manual under other conditions, complete items 2a, b, c, ai		(see page 28 of t	ne instructions) to ir	idividuals or organiza	iuons
	The name, address, and telephone number of the		ications should be	addressed		
		Errani in minim mbhi				
t	The form in which applications should be submitted	ed and information and	d materials they sh	nould include		
_	Any submission deadlines					
•	•					
C	Any restrictions or limitations on awards, such as factors	by geographical areas	s, chantable fields,	, kinds of institutions	, or other	

Page 11 Form 990-PF (2010) HELEN & BOB GLASSBERG NAT LUNG DISEASE FUND TRUST 71218100 77-6242990 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of recipient **Amount** contribution any foundation manager Name and address (home or business) or substantial contributor Paid during the year See Attached Statement 109,183 **▶** 3a Approved for future payment NONE Total **▶** 3b 0

Form 990-PF (2010) HELEN & BOB GLASSBERG NAT L	UNG DISEASE	FUND TRUST 7	71218100	77-624	2990 Page 12
Part XVI-A Analysis of Income-Producing Activ					
Enter gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	(e)	
					Related or exempt
	(a)	(b)	_ (c)	(d)	function income
4.5	Business code	Amount	Exclusion code	Amount	(See page 28 of
1 Program service revenue					the instructions)
a		0		0	0
b		0		0	0
C		0		0	0
d		0		0	0
e		0		0	0
f		0		0	0
g Fees and contracts from government agencies		<u>_</u>		<u>=</u>	
2 Membership dues and assessments		-			
					· · ·
3 Interest on savings and temporary cash investments .		ļ		74.045	
4 Dividends and interest from securities			14	74,845	
5 Net rental income or (loss) from real estate	ì ù	SEL MARKE			
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 inventory			18	51,710	
O 64-64 man			 	01,110	
			 		
10 Gross profit or (loss) from sales of inventory		<u> </u>	ļ		<u> </u>
11 Other revenue a		<u>C</u>	 	0	
b	·	c		0	
c		c	¥	0	
d		<u></u>	<u> </u>	0	0
e		<u> </u>	<u> </u>	0	0
12 Subtotal. Add columns (b), (d), and (e)			*	126,555	. 0
13 Total. Add line 12, columns (b), (d), and (e)		,		13	126,555
(See worksheet in line 13 instructions on page 29 to verify calc	ulations)				
Part XVI-B Relationship of Activities to the Ac	complishmen	t of Exempt P	urposes		
Line No. Explain below how each activity for which incom				mportantly to	
▼ the accomplishment of the foundation's exempt					
page 29 of the instructions.)					
Not Applicable					
					
		·			
					
					
					
					
				 	
			 .		

Form 990-	PF (2010	D) HELEN & BO	OB GLASSBE	RG NAT LUNG DISEASE F	JND TRUST	71218100	77-62429	90	Page 13
Part X	VII Ir	nformation Rega	arding Trans	fers To and Transaction	s and Rela	ationships Wit	h Noncharita	ıble	
_		xempt Organiza	_			•			
1 Did				ngage in any of the following	with any oth	or organization o	lescaped		Yes No
				ection 501(c)(3) organization					163 110
			(ouler man se	scilon 50 f(c)(5) organization	s) or in secu	on 527, relating	to political	100	
orga	anizatı	ons?							
a Tra	nsfers	from the reporting t	foundation to a	a nonchaпtable exempt orga	nization of			ું છે	
								1a(1)	X
					·			1a(2)	X
		sactions			•	• •	• •	10(2)	
			sharitable ever	mpt organization				1b(1)	X
						• •			
				ble exempt organization .				1b(2)	X
				assets				1b(3)	X
		oursement arrangei						1b(4)	X
		or loan guarantee						1b(5)	X_
				ip or fundraising solicitations				1b(6)	X
c Sha	aring of	facilities, equipme	ent, mailing list	ts, other assets, or paid emp	oyees			1c	X
d If th	ne ansv	ver to any of the ab	ove is "Yes."	complete the following sche-	dule. Columi	(b) should alwa	avs show the fa	ıır mark	cet
valu	ue of th	e goods, other ass	sets, or service	es given by the reporting fou ement, show in column (d) the	ndation If th	e foundation rec	eived less than	fair ma	arket
									
(a) Line	no	(b) Amount involved		of nonchantable exempt organization	(d) Des	cription of transfers, t	transactions, and sh	anng an	angements
_		0	Not Applicabl	<u> </u>					
_		0		 -					
		0							
		0							
		0							
		0			-	-			
_		0							
		0	 						
	_	0							
									
	-+	0							
	+		-						
		0							
		0							
		0							
		0							
		0	1						
				ated with, or related to, one o				_	•
		• ,	•	ther than section 501(c)(3))	or in section	527?	📙 ነ	res 🛚 🗶	No
_b f "	Yes," c	omplete the follow	ing schedule.						
	(a) Name of organization	l	(b) Type of organizati	อก	(c) [Description of relation	nship	
_									
_					_				
	•		.						
				<u> </u>		L			
				xamined this return, including accom					
Sign	belief, i	t is true, correct, and cor	mpiete Declaratio	n of preparer (other than taxpayer or	fiduciary) is bas	sed on all information	of which preparer h	as any k	nowledge
_	$\perp \alpha$	D-150 +							
Here					12/8/		2 & TRUST OF	FICER	
	▼ Sigi	nature of officer or truste		·	Date	Tit	le		
		Print/Type preparer's n	ame	Preparer's signature		Date	-	PTIN	
Paid				000XG			Check X if		
Prepa	arer	Donald J Roman				12/8/2011	self-employed	P003	54310
Use (eCoopers, LLP			Firm's EIN ► 1	3-4008	3324
		Firm's address ► 60	0 GRANT ST	REET, PITTSBURGH, PA 1	5219-2777		Phone no 412	-355-6	000

HELEN & BOB GLASSBERG NAT LUNG DISEASE FUND TRUST 71218100 EIN: 77-6242990

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FYE SEPTEMBER 30,	0, 2011			FMV	FED COST
Invest - Other 71218100	8100	991283912	TAXABLE TOTAL RETURN BOND FUND	465,529	412,381
Invest - Corp Bor 71218100	8100	90333WAB4	US BANK NA 6.300% 2/04/14	38,436	36,632
Invest - Corp Bor 71218100	8100	87612EAH9	TARGET CORP 5.875% 3/01/12	204,376	205,470
Invest - Corp Bor 71218	8100	02687QBE7	AMERICAN INTL GROUP 5.375% 10/18/11	99,875	100,355
Savings & Temp 71218	18100	YY1001204	BLACKROCK INSTL FUNDS T-FUND #60	10,451	10,451
Savings & Temp 71218	18100	YY1001204	BLACKROCK INSTL FUNDS T-FUND #60	1,108	1,108
Invest - Other 71218100	8100	04314H204	ARTISAN INTERNATIONAL FUND #661	68,579	75,000
Invest - Other 71218	8100	411511504	HARBOR CAPITAL APRCTION-INST #2012	208,771	205,866
Invest - Other 71218100	8100	464287655	ISHARES RUSSELL 2000	36,973	39,307
Invest - Other 71218	8100	464287705	ISHARES S&P MIDCAP 400 VALUE	24,490	22,205
Other	8100	464287200	ISHARES S & P 500 INDEX FUND	133,586	138,497
_	8100	256206103	DODGE & COX INT'L STOCK FD #1048	109,834	109,071
Invest - Other 71218	18100	464287606	ISHARES S&P MIDCAP 400 GROWTH	31,893	22,493
712	18100	448108100	HUSSMAN STRATEGIC GROWTH FUND #601	187,435	224,751
Invest - Other 71218	18100	880208400	TEMPLETON GLOBAL BOND FD-ADV #616	93,459	000'06
Invest - Other 71218	18100	94985D418	WELLS FARGO ADV AST ALL FD-ADM #4706	145,497	171,928
Invest - Other 71218	18100	722005667	PIMCO COMMODITY REAL RET STRAT-1#45	24,811	51,305
Invest - Other 71218	18100	922908553	VANGUARD REIT VIPER	29,250	33,810
Invest - Other 71218	18100	922042858	VANGUARD MSCI EMERGING MARKETS ETF	60,911	73,502
Invest - Other 71218	18100	74253Q416	PRINCIPAL PREFERRED SEC-INS #4929	23,241	25,000
Invest - Other 71218	18100	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	13,621	16,771
Invest - Other 71218	18100	314172560	FEDERATED STRAT VAL DIV FD IS #662	215,865	200,000
Invest - Other 71218	18100	76628T645	RIDGEWORTH SEIX HY BD-I #5855	24,128	25,000
Invest - Other 71218	18100	367829884	GATEWAY FUND - Y #1986	38,577	38,547
Invest - Other 71218	18100	22544R305	CREDIT SUISSE COMM RT ST-CO #2156	22,768	70,000
- ·	18100			926	926
		TOTAL CASH	TOTAL CASH, SAVINGS, & OTHER INVESTMENTS TOTAL CASH & SAVINGS	2,349,389 12,485	2,400,374 12,485
		TOTAL OTHE	TOTAL OTHER INVESTMENTS	2,336,904	2,387,889

HELEN & BOB GLASSBERG				77-624		1 of 1
Continuation of Part XV,		Grant	s and Cont	tributions Paid	d During th	<u>e Year</u>
Recipient(s) paid during the year	•					
Name AMERICAN HEART ASSOCIATION	NI .					
Street						
1710 GILBRETH ROAD						
City			Zıp Code	Foreign Coun	try	
BURLINGAME Relationship	Foundation Status	CA	94010	l		
NONE	501(C)(3) PUBLIC	CHARIT	<i>(</i>			
Purpose of grant/contribution					Amount	
GENERAL SUPPORT GRANT						27,295
Name						
AMERICAN CANCER SOCIETY		.		.		
Street PO BOX 720366						
City		State	Zıp Code	Foreign Coun	try	
OKLAHOMA CITY			73162		<u> </u>	
Relationship	Foundation Status	OLIADIT	.,			
NONE Purpose of grant/contribution	501(C)(3) PUBLIC	CHARIT	<u>Y</u>		Amount	
GENERAL SUPPORT GRANT					Amount	27,296
Name	<u></u>					
CITY OF HOPE						
Street						
1500 E DUARTE RD		Ctata	17. O. d.	In a comme		
City DUARTE			Zıp Code 91010	Foreign Coun	itry	
Relationship	Foundation Status	1 0/	191010		 -	
NONE	501(C)(3) PUBLIC	CHARIT	Υ			
Purpose of grant/contribution					Amount	07.000
GENERAL SUPPORT GRANT				·		27,296
Name	1 OF OAL (FORM)					
AMERICAN LUNG ASSOCIATION Street	OF CALIFORNIA					_
424 PENDLETON WAY						
City	· · · · · · · · · · · · · · · · · · ·		Zıp Code	Foreign Cour	ntry	
OAKLAND	Faundation Status	CA	94621			,
Relationship NONE	Foundation Status 501(C)(3) PUBLIC	CHARIT	Y			
Purpose of grant/contribution	TOO I (O)(O) I OBEIO	011711111			Amount	
GENERAL SUPPORT GRANT						27,296
Name						
Street						
City		State	Zip Code	Foreign Cour	ntrv	
		J.a.o	Lip oodo	T Groight Godin		
Relationship	Foundation Status					
Disease of exactle stable to					[A	
Purpose of grant/contribution					Amount	c
News				-		
Name						-
Name Street						
Street						
		State	Zıp Code	Foreign Cour	ntry	
Street	Foundation Status	State	Zıp Code	Foreign Cour	ntry	
Street	Foundation Status	State	Zıp Code	Foreign Cour	ntry	
Street	Foundation Status	State	Zıp Code	Foreign Cour	ntry Amount	

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Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory
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								Totals	Gross	SS	Cost, Other	Other	Net Gain	ain
			Amount						Sales	se	Basis and Expenses	Expenses	or Loss	SSC
		Long Term CG Distributions						Securities		290,351		238,641		51,710
		Short Term CG Distributions						Other sales		0		0		0
												Expense		
					Check "X" If			_				of Sale and		_
	Check "X"	=			Purchaser							Cost of		-
	if Sale of				88	Date	Acquisition	Date	Gross Sales	Cost or	Valuation	Improve-		Net Gain
Index	Security	Description	CUSIP#	Purchaser	Business	Acquired	Method	Sold	Price	Other Basis	Method	ments	Depreciation	or Loss
-	×	HARBOR	411511504			3/30/2010		4/4/2011	20,000	44,134				5,866
7	×	HUSSMAN STRATEGIC GROW	448108100			5/23/2006		10/7/2010	20,000	61,436				-11,436
ဗ	×	LAUDUS MONDRIAN INTL FI-II	518550655			10/7/2010		9/29/2011	25,308	25,000				308
4	×	POWERSHARES DB COMMOD	73935S105			3/30/2010		4/4/2011	80,208	61,215				18,993
9	×	TAXABLE TOTAL RETURN BO	991283912			4/7/2010		10/15/2010	15,766	15,347				419
g	×	TAXABLE TOTAL RETURN BO	991283912			1/31/2008		10/15/2010	34,234	31,509				2,725
7	×	POWERSHARES SECTION 12							9,881					9,881
8	×	POWERSHARES ST CTF GAIN							11,285					11,285
6	×	POWERSHARES LT CTF GAIN							3,420					3,420
10	×	FINAL YEAR K-1 ADJUSTMEN							10,153					10,153
11	×	LT CAP GAIN DIVIDENDS							96					98
12	×													0
13	×													0
14	×													5

Line 16a (990-PF) - Legal Fees

		140	0	0	140
					Disbursements
		Revenue and			for Charitable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
	Person Providing Service	Books	Income	Income	(Cash Basis Only)
1	HOFFMAN, SABBAN & WATENMAKER	140			140
2					
3					
4					
9					
9					i
7					
80					
6					
10					

Line 16b (990-PF) - Accounting Fees

		1,010	0	0	1,010
		Revenue and			Disbursements for Chantable
	Name of Organization or Person Providing Service	Expenses per Books	Net Investment Income	Adjusted Net Income	Purposes (Cash Basis Only)
-	TAX PREP FEES	1,010			1,010
7					
က					
4					
2					
g					
7					
8					
6					
10			:		

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Line 18 (990-PF) - Taxes

		1,925	400	0	0	
		Revenue			Disbursements	
	,	and Expenses	Net Investment	Adjusted	for Charitable	
	Description	per Books	lucome	Net Income	Purposes	
-	PY FED EXCISE TAX	354				
2	ESTIMATED EXCISE TAX PAID	1,171				
3	FOREIGN TAX WITHHELD	400	400			
4						
2						
9						
7						
8						
6						
10						

Line 23 (990-PF) - Other Expenses

		469	459	0	10
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
_	Amortization See attached statement	0	0	0	0
7	TRUSTEE FEES				
3	Partnership Expenses	459	459		
4	STATE AG FEES	10			10
2					
9					
_					
8					
6					
9					

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Part II, Line 13 (990-PF) - Investments - Other

i			2,422,409	2,387,889	
		Basis of	Book Value	Book Value Book Value	FMV
	Item or Category	Valuation	Beg. of Year	End of Year	End of Year
-	1 PRIOR YEAR		2,422,409		
7	CURRENT YEAR			2,387,889	2,336,904
က					
4					
2					
9					
7					
8					
6					
10					

Part III (990-PF) - Changes in Net Assets or Fund Balances

Line 5 - Decreases not included in Part III, Line 2

1 Cost Basis Adjustment	1	305
2 CTF Book to Tax Difference	2	1,045
3 Undistributed CTF Capital Loss	<u></u> 3	4,096
4 Partnership Income Adjustment	4	19,642
5 Total	5	25,088

Income	
stment	
c on Inve	
for Tax	
Losses	
ains and	
Sapital G	
90-PF) - (
Part IV (9	

		51,710	s Excess	Adjusted	osses	5,866	-11,436	308	18,993	419	2,725	9,881	11,285	3.420	10.153	96	0	0	0
			Gains Minus Excess	of FMV Over	Basis or Losses														
		0		Excess of FMV of FMV Over Adjusted	Over Adj Basis	O	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	Adjusted Basis	as of	12/31/69														
		0	FMV	as of	12/31/69														
		51,710		Gain or		ŀ	-11,436	308	18,993	419	2,725	9,881	11,285	3,420	10,153	96	0	0	0
		238,641	Cost or Other	Basis Plus	Expense of Sale	44,134	61,436	25,000	61,215	15,347	31,509	0	0	0	0	0	0	0	0
		0		Depreciation	Allowed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		290,351	Gross	Sales	Price	20,000	20,000	25,308	80,208	15,766	34,234	9,881	11,285	3,420	10,153	96	0	0	0
		Totals		Date	Sold	4/4/2011	10/7/2010	10/7/2010 9/29/2011	3/30/2010 4/4/2011	4/7/2010 10/15/2010	1/31/2008 10/15/2010					:			
				Date	Acquired	3/30/2010	5/23/2006	10/7/2010	3/30/2010	4/7/2010	1/31/2008								
				How	Acquired														
AMOUNT		0			CUSIP#	411511504	448108100	51855Q655	739355105	991283912	991283912								
	Long Term CG Distributions	Short Term CG Distributions			Kind(s) of Property Sold	1 HARBOR CAPITAL APRCTION-INST #20	2 HUSSMAN STRATEGIC GROWTH FUND	3 LAUDUS MONDRIAN INTL FI-INST #294051855Q655	4 POWERSHARES DB COMMODITY INDE/73935S105	6 TAXABLE TOTAL RETURN BOND FUND	6 TAXABLE TOTAL RETURN BOND FUND	7 POWERSHARES SECTION 1256 GAIN	8 POWERSHARES ST CTF GAIN	9 POWERSHARES LT CTF GAIN	10 FINAL YEAR K-1 ADJUSTMENT	11 LT CAP GAIN DIVIDENDS	12	13	14
				_											•	_	_	_	_

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Part VI, Line 6a (990-PF) - Estimated Tax Payments

												Date			Amount
1	Credit from prior year return												1		
2	First quarter estimated tax payment									_			_ 2	? _	1,171
3	Second quarter estimated tax payment.									_			⁻ 3	; -	
4	Third quarter estimated tax payment									_	-		 ⁻ 4	, –	
	Fourth quarter estimated tax payment									_			- 5	; –	
	Other payments					_	 			_		-	- 6	. –	
_7	Total		 		•	·		 <u>.</u>	· .				7	, –	1,171

art XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income	 	
Distributable amounts for 2009 that remained undistributed at the beginning of the 2010 tax year	. 1	52,126
!	2	
	3	
	4	
	5	
	6	
	7	
0 Total	. 10	52,126