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Form, 990-PF

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

OMB No 1	1545-0052
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2010

D Ir	epartme iternal R	nt of the Treasury evenue Service	Note. The four	idation ma	ay be able to u	use a copy of thi	s return to satisfy	state re	portin	g requirements			
<u> </u>	or cale	endar year 2010, or	tax year beginning			, 2010	, and ending			,			
	G Che	eck all that apply.	Initial return	Initia	al Return o	of a former po	٠,	_		Į	Fın	al return	
_	Amended return					Address	hange	Nan	_	hange			
	T 1	. n m-44-11	T T					:	Α	Employer identific		nber	
		b E. Teitelb 326 Kaheiau		ouna	ation			ŀ	В	52-21393 Telephone numbe		inethictions)	
		ua Kona, HI							В	410-562-	-	mistractions)	
		·						l	С	If exemption appl		pending, chec	k here
										1 Foreign organizat		. 5,	▶
Ī	H <u>C</u> I	heck type of organi				npt private fo	oundation			2 Foreign organizat	ions mee	ing the 85% t	est, check
_) nonexempt char				private founda		Ε	here and attach c			ed
		or market value of all as from Part II, column (c), I			ounting me Other (specify		ashAcc	crual		under section 507	(b)(1)(A)	, check here	▶ ∐
	► \$						cash basıs)	+	F	If the foundation under section 507			ıatıon ► 🗍
		Analysis of F	Revenue and	(, a.r.,		enue and	•	octmor	,				urcomonto
		Expenses (T	ne total of amounts			s per books	(b) Net inv incor		"	(c) Adjusted income	ııı c ı		ursements iaritable
		columns (b), (c), sarily equal the	, and (d) may not r amounts in column	ieces- (a)									poses asis only)
_		(see the instruct	ions))	Ì		107 140	C.W.X.X.W.X.					(333, 6	asis orny)
			ts, grants, etc, received e foundn is not reg to att			L97,149.		····	~~~		~~~	 	
		3 Interest on sa	avings and tempora										***************************************
~		cash investm											
201		4 Dividends and in 5a Gross rents	iterest from securities										
<u></u>		b Net rental income or (loss)	•								W. W.		
SCANNED JUN 2	R	6a Net gain/(loss) fro	om sale of assets not on	line 10	rse:								
	V	b Gross sales price assets on line 6a					. ///// . ////////////////////////////		24				
	E N	l - · ·	ncome (from Part IV, lin ന capital gain	e 2)			8.748.77888887		***				
	Ü	9 Income mode	, •			•							
y	E	10 a Gross sales less											
3	,	allowances b Less Cost of											
J		goods sold c Gross profit/(los	(att sch)			<i>(((((((((((((((((((((((((((((((((((((</i>							
W)		, ,	e (attach schedule)		· · · · · · · · · · · · · · · · · · ·				*****				
_			nes 1 through 11 officers, directors, truste	or oto]	<u>197,149.</u> 0.			0.		<u>0.</u>		<u> </u>
		'	salaries and wages	es, etc		<u> </u>						-	
		15 Pension plan	s, employee benef	its									
	A D M	16 a Legal fees (attac		a		650							
	M	b Accounting fees		St I	<u> </u>	650.							
	Q İ	c Other prof fees (attacii scii)										-
	O I S E T R A T T	18 Taxes (attach schedul	e)(see instr)										
	R R A A T T	19 Depreciation	(attach										
	i i	sch) and det 20 Occupancy				·				···-			
	GÉ	21 Travel confe	rences, and meet	ngs		-11-11-							
	A E X D P E	22 Printing and	publications	၂ဗ္ဗ၂									
	E N	23 Outer expedi	sel (altach schedu See Stateme	10 2	1	161,460.							
	S F	24 Total operati	ng and administra	lve						_			
	š	expenses.i/	pd lines 3 through hts grante paid Stim	231	_	162,110. 36,518.			<i></i>		77,77		36,518.
			es and disbursem		1	-	<u> </u>			. 00 <u>6 12 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8</u>			
_		Add lines 24	and <u>25</u>		40040040000000000400	198,628.		*********	0.		0.	<u> </u>	36,518.
			26 from line 12: venue over expens	es									
		and disburse	ements			-1,479.							
			ncome (if negative, ente						0.				
		 C Adjusted net inc. 	ome (if negative, enter +)-)	CH	2018 BARBARA	1 - 9000 1.77777	66 <i>1188</i> 888	39197963	1	U.		99888888888888888888888888888888888888

	- 	Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year	End o	
	************************	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,784.	305.	
	2	Savings and temporary cash investments			·····
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			***************************************
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch).			
S		Less allowance for doubtful accounts ▶			
Š	8	Inventories for sale or use			
A S S E T S	9	Prepaid expenses and deferred charges			
S	10 a	Investments – U.S. and state government obligations (attach schedule)			
		Investments — corporate stock (attach schedule)			
	C	: Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			***************************************
	14	Land, buildings, and equipment: basis ►			
		Less accumulated depreciation (attach schedule)			
		Other assets (describe -) Total assets (to be completed by all filers - see instructions. Also, see page 1, item I)	1,784.	305.	0.
L	17	Accounts payable and accrued expenses			
Å	18	Grants payable			
Ŗ	19	Deferred revenue			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons	,-,-		
Ī	21	Mortgages and other notes payable (attach schedule)			
i	22	Other liabilities (describe			
E	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ΝF	24	Unrestricted			
EU	25	Temporarily restricted			
D	26	Permanently restricted			
A S B S A E L		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ĔĹ	27	Capital stock, trust principal, or current funds	1,784.	305.	
TA	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds.			
RS	30	Total net assets or fund balances (see the instructions)	1,784.	305.	
	31	Total liabilities and net assets/fund balances (see the instructions)	1,784.	305.	
Par		Analysis of Changes in Net Assets or Fund Balan	ces		
1	Total end-	I net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	mn (a), line 30 (must ag	ree with	1,784.
2		r amount from Part I, line 27a		2	-1,479.
		increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	305.
		ases 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), III	ne 30 6	305.

Form 990-PF (2010)

istis.	(a) List and describe	e the kind(s) of property sold (e.g., rese; or common stock, 200 shares ML	eal estate,	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	N/A					
b						
d			· ·-			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa		(h) Gain or (e) plus (f) m	
a						
b						
c						
d						
е						
	Complete only for assets showing	ng gain in column (h) and owned by t	the foundation on 12/31/69		(1) Gains (Coli	umn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (l than -0-) or Losses (fi	k), but not less
а	<u> </u>					
b						
С						
d						
е						
2	Capital gain net income or (net	capital loss). If gain, also if (loss), ent	enter in Part I, line 7 ter -0- in Part I, line 7	2		
3	Net short-term capital gain or (lo	oss) as defined in sections 1222(5) a	nd (6).			
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see the instructions).	If (loss), enter -0-	_ 3		
		Section 4940(e) for Reduce	d Tax on Net Investm	ent Income	•	
Was	s, the foundation does not quali	ion 4942 tax on the distributable amo fy under section 4940(e) Do not com	plete this part.		Yes	☐ No
_1		each column for each year; see the		any entries	4.6	
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets (co	(d) Distributior Dlumn (b) divided	
	2009	-				
	2008					
	2007					
	2006					
	2005					
	Total of line 1, column (d)			2		
	Average distribution ratio for the	5-year base period divide the tota has been in existence if less than 5	al on line 2 by 5, or by the years	3		
Δ	·	able-use assets for 2010 from Part X		4		
5	Multiply line 4 by line 3	and the desire of Leve norm fully	.,3	5		
	, ,	(19) (19) (19)				
-	Enter 1% of net investment inco	אוופ (1% טו במת ו, ווחפ 2/0)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributions fro	m Part XII, line 4 an line 7, check the box in Part VI, li	ine 1b, and complete that no	8. ert using a 1% t	ax rate. See the	
	Part VI instructions.				For	

Form	990-PF (2010) Jacob E. Teitelbaum Family Foundation 52	-213	9345		³ age 4
Patt	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – se	e the in	<u>ıstruction</u>	s)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary – see instr.)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			0.
	check here ► and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
	foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>		0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0.
6	Credits/Payments:				
а	2010 estimated tax pmts and 2009 overpayment credited to 2010 6a				
b	Exempt foreign organizations — tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d	7			0.
	Enter any penalty for underpayment of estimated tax. Check here	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9			0.
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	▶ 11	ļ <u> </u>		
Par	XII.A. Statements Regarding Activities				
1 2	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	
, 4	participate or intervene in any political campaign?		<u> </u>	1 a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1ь	X
	· ·	ubliaba	333		
	If the answer is 'Yes' to $\it 1a$ or $\it 1b$, attach a detailed description of the activities and copies of any materials poor distributed by the foundation in connection with the activities	IDIISNE	333		
c	Did the foundation file Form 1120-POL for this year?		200	1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\bigsir \\$ 0. (2) On foundation managers \$\bigsir \\$		0.		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	on			
	foundation managers ►\$ 0.		.		****
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		<u></u>	2	<u> X</u>
	If 'Yes,' attach a detailed description of the activities				
4	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	es			
•	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		<u> </u>	3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<u> </u>	4a	<u> </u>
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		L	4b N	I/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<u></u>	5	X
	If 'Yes,' attach the statement required by General Instruction T				1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1
	● By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?	conflict		6 X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		_	7	X
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions)				
	MD		_ [
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 N	I/A
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ of for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete the complete in the section of the section $4942(j)(3)$ or $4942(j)(3)$	r 4942() te Part))(5) XIV	9	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their and addresses	names	1	0 _	X
BAA			Forn	n 990-PF	(2010)

Form 990-PF (2010)

	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 instructions)			11		X
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 a	pplication	on? .	13_	Х	
1.4	Website address ► N/A The books are in care of ► Jacob E. Teitelbaum Telephone		410-56	2-7/	109	
14	The books are in care of ► <u>Jacob E. Teitelbaum</u> Telephone Located at ► 76-6326 Kaheiau Street Kailua Kona HI ZIP + 4 ►	967			<u> </u>	·
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	. 1	1	N/A		
	and enter the amount of tax-exempt interest received or accrued during the year	_	15	I	Yes	N/ <i>P</i> No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other auth bank, securities, or other financial account in a foreign country?	ority ov	er a	16	165	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the nam foreign country ►	e of the				
41	Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	a 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			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	XNo			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	XNo			
I	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions	s)?		1 b	N	/ <u>A</u>
	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 were not corrected before the first day of the tax year beginning in 2010?			1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
i	a 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?	Yes	XNo			
	If 'Yes,' list the years ► 20 , 20 , 20					
١	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(all years listed, answer 'No' and attach statement — see 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 her	e.				W
	► 20 , 20 , 20 , 20					
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
l	b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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 foundation had excess business holdings in 2010)			3b	N	/ <u>A</u>
4	a 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					
	peopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?			4b		X

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Form 990-PF (2010) Jacob E. Teitelbau				139345	Page 6
Pair VII B Statements Regarding Activiti	es for Which Forn	n 4720 May Be Rec	uired (continued	1)	
5a During the year did the foundation pay or incur	-				
(1) Carry on propaganda, or otherwise attemp			Yes _2	X No	
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registrat	tion drive?			X No	
(3) Provide a grant to an individual for travel,	•		∐ Yes [ː	X No	
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section 4	an a charitable, etc, org 1940(d)(2)? (see instruc	ganization described ctions)	Yes	X No	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	, literary, or or animals?	Yes [X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53,4945 or in (see instructions)?	ne transactions fail to qual a current notice regard	ualify under the exception ing disaster assistance	ons	5	ь N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ [
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ne foundation claim exe ibility for the grant?	emption from the	N/A Yes [No	
If 'Yes,' attach the statement required by Regu	lations section 53 4945	-5(d)			
6a Did the foundation, during the year, receive an on a personal benefit contract?			∐ Yes [X No	
b Did the foundation, during the year, pay premit	ums, directly or indirect	ly, on a personal benefi	t contract?	6	b X
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found	ation a party to a probit	hited tay shelter transac	tion? Yes	X No	
b If yes, did the foundation receive any proceeds					b
Part VIII Information About Officers, D	irectors, Trustees	, Foundation Mana	gers, Highly Pai	d Employ	ees,
and Contractors					
1 List all officers, directors, trustees, foundation					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a	nse account, allowances
Jacob E. Teitelbaum	President	0.	0.		0
76-6326 Kaheiau Street	0				
Kailua Kona, HI 96740					
	•				
				-	
2 Compensation of five highest-paid employees	other than those inclu	uded on line 1- see inst	ructions). If none, en	ter 'NONE.'	
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expe	nse account,
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred compensation		allowances
None					
					<u> </u>
		-	-		
Total number of other employees paid over \$50,000		1	<u> </u>	>	

Page 6

Part VIII Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)							
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'							
		(c) Compensation					
None							
Total number of others receiving over \$50,000 for professional services	•	(
Part X.A. Summary of Direct Charitable Activities							
-	h as the number of						
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information suc organizations and other beneficiaries served, conferences convened, research papers produced, etc	in as the number of	Expenses					
1 <u>N/A</u>							
2							
3							
<u> </u>							
4							
Part X-B Summary of Program-Related Investments (see instructions)							
Describe the two largest program-related investments made by the foundation during the tax ye	ar on lines 1 and 2	Amount					
1 <u>N/A</u>							
2		<u>-</u>					
4							
All II							
All other program-related investments. See instructions. 3							
3							
Total. Add lines 1 through 3 BAA	>	0 Form 990-PF (2010					
ynn							

52-2139345

Page 7

Form 990-PF (2010) Jacob E. Teitelbaum Family Foundation

Form 990-PF (2010) Jacob E. Teitelbaum Family Foundation	52-2139345	Page 8
Minimum Investment Return (All domestic foundations must complete this part see instructions.)	:. Foreign founda	itions,
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	1a	
b Average of monthly cash balances	1b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of and certain foreign organizations check here ☐ and do not complete this		ions
1 Minimum investment return from Part X, line 6	1	
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.)		
c Add lines 2a and 2b	2c	<u> </u>
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Part XII. Qualifying Distributions (see 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	36,518.
b Program-related investments – total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
 3 Amounts set aside for specific charitable projects that satisfy the. a Suitability test (prior IRS approval required) 	3a	

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)

Form 990-PF (2010)

36,518.

36,518.

За 3b

4

5

6

b Cash distribution test (attach the required schedule)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				0.
line 7 2 Undistributed income, if any, as of the end of 2010:			<i></i>	0.
a Enter amount for 2009 only			0.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005 128, 285.				
b From 2006 187, 760.				
c From 2007 106, 334.				
d From 2008 121, 920.				
e From 2009 41,203.	585,502.			
f Total of lines 3a through e4 Qualifying distributions for 2010 from Part	365,302.			
XII, line 4 ► \$ 36,518.				
a Applied to 2009, but not more than line 2a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
• •				
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2010 distributable amount	-			0.
e Remaining amount distributed out of corpus	36,518.			71. 77.00.00
5 Excess distributions carryover applied to 2010	0.			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	7.000.007.007.0000			
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	622,020.		2 / / / / / / / / / / / / / / / / / / /	
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				7.5
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010. Subtract lines				
4d and 5 from line 1. This amount must be				0.
distributed in 2011 7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2005 not				
applied on line 5 or line 7 (see instructions)	128,285.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	493,735.			
10 Analysis of line 9.	493, 133.			
a Excess from 2006 187, 760.				
b Excess from 2007 106, 334.	1			
c Excess from 2008 121, 920.				
d Excess from 2009 41, 203.				
e Excess from 2010 36, 518.				

BAA

Form **990-PF** (2010)

Form 990-PF (2010) Jacob E. Teitelb			\/II	52-2139345	
Part XIX Private Operating Foundation 1a If the foundation has received a ruling or d					N/A
is effective for 2010, enter the date of the r	uling .			^	4942(j)(5)
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or					
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2000	Prior 3 years	(d) 2007	(e) Total
investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(a) 2007_	(e) Total
b 85% of line 2a					
 c Qualifying distributions from Part XII, line 4 for each year listed 					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon:				!	
a 'Assets' alternative test — enter.					
(1) Value of all assets.			1		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		-			
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(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					
(4) Gross investment income				1	
Supplementary Information assets at any time during the	(Complete this ne year — see in	s part only if the nstructions.)	e organization f	nad \$5,000 or mo	ore in N/A
Information Regarding Foundation Manag List any managers of the foundation who holds close of any tax year (but only if they have	ave contributed mo contributed more	than \$5,000). (See s	section 50/(d)(2).)		
b List any managers of the foundation who ca partnership or other entity) of which the	wn 10% or more o foundation has a 10	f the stock of a corp)% or greater intere	oration (or an equa st	lly large portion of the	e ownership of
2 Information Regarding Contribution, Gran	t, Gift, Loan, Schol	arship, etc, Progran	ns:		•
Check here	nakes contributions	to preselected char	ritable organizations		
a The name, address, and telephone number	r of the person to	whom applications s	should be addressed	·	
b The form in which applications should be s	submitted and infor	mation and material	s they should includ	le:	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geograp	hical areas, charital	ole fields, kinds of in	nstitutions, or other fa	actors:

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	substantial contributor	recipient						
a Paid during the year	Substantial contributor							
Total	T	<u> </u>	<u>▶ 3a</u>	<u> </u>				
b Approved for future payment								
Total			<u> </u>					

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
1. Constant control to the control of	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions
1 Program service revenue:			code	 _	
a					
b					
c		· · · · · · · · · · · · · · · · · · ·	 		
de					
ef	-			 -	
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
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 inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e			************		
12 Subtotal. Add columns (b), (d), and (e)			77.7		
13 Total. Add line 12, columns (b), (d), and (e).				13	0
(See worksheet in line 13 instructions to verify calculat	ions.)				
Part XVI B Relationship of Activities to t	he Accomplisi	ment of Exemp	t Purpose	es.	
Telegraphic Control of the Control o		ee.			

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions.)
N/A	
	<u> </u>
-	
	

Form 990-PF (2010) Jacob E. Teitelbaum Family Foundation 52-2139345 Part XVI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

									Yes No
1 Did the describe	organization direct ed in section 501(c)	ly or indirectly en) of the Code (oth	igage in any of the fo ner than section 501(ollowing with (c)(3) organiz	any other organ ations) or in sec	ization :tion 527.			
relating	to political organiz	ations?		/(-/ -: 5	,	,			
a Transfe	rs from the reportir	ng foundation to a	a noncharitable exem	npt organizati	on of				
(1) Cas	sh							1 a (1)	<u> X</u>
(2) Oth	ier assets							1 a (2)	X
b Other tr	ransactions:								
(1) Sal	es of assets to a no	oncharitable exer	npt organization					1 b (1)	X
(2) Pur	chases of assets fr	om a noncharital	ole exempt organizat	tion				1 b (2)	X
(3) Rer	ntal of facilities, equ	upment, or other	assets.				•	1b (3)	X
(4) Rei	mbursement arranç	gements						1b (4)	X
(5) Loa	ans or Ioan guarant	ees						1b (5)	X
(6) Per	rformance of service	es or membershı	p or fundraising solid	citations				1b (6)	X
c Sharing	g of facilities, equipi	ment, mailing list	s, other assets, or p	aid employee	s.			1c	X
• • • • • • • • • • • • • • • • • • • •		. 157 1			Salvana (la) ala av	مريدينام امار	al tha a . & a	مدياهن الممياس	
the goo	ods, other assets, o	r services aiven l	complete the following the reporting foun	idation. If the	foundation rece	eived less t	than fair market i	value ın	; 01
any trai	nsaction or sharing	arrangement, sh	ow in column (d) the	value of the	goods, other as	ssets, or se	ervices received.		
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable exempt or	ganızatıon	(d) Description	on of transfer	s, transactions, and s	haring arran	gements
N/A									
			<u>.</u>	-					
					· · · · · · · · · · · · · · · · · · ·				
		_							
	<u></u>								
					-				
2a Is the f	oundation directly o	or indirectly affilia	ted with, or related t	o, one or mo	re tax-exempt o	rganızatıor	ns	П.,	
			ner than section 501	(c)(3)) or in s	ection 527?			Yes	s X No
	' complete the follo								
	a) Name of organiz	ation	(b) Type of	organization		(c) D	escription of rela	itionship	
N/A									
		_ -							
		<u>-</u>						 -	
	<u> </u>						• • •		 -
									
correc	penalues of perjury, I de it, and complete Declarat	tion of preparer (other	ined this return, including a than taxpayer or fiduciary)	accompanying so is based on all ii	nedules and stateme nformation of which p	nts, and to the preparer has a	e best of my knowled iny knowledge	je and bellet	, it is true,
Sign	22			-					
Here 🕨		/			6.3.0		The , Ker		
	ignature of officer of trus	tee	_		Date		Title		
	Print/Type preparer's	partie	Proparer's signa	ture //	Date		Check if If	PTIN	
Paid	Charles H.	Kupstas	(Kall	NK M	1 5/2	4/11	self-employed	P01311	1443
Preparer	Firm's name	Kupstas &	Kupstas, LLC	115			m's EIN ► 52-22		
Use Only		1833-F For		V#					
USE OILLY	Firm's address	Annapolis,				Ph	one no (410)	268-	5808
BAA	<u> </u>			** .			······································		90-PF (2010)
								• •	()

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization		Employer identification number
Jacob E. Teitelbaum Famil	ly Foundation	52-2139345
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not to 527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treate 501(c)(3) taxable private foundation	ed as a private foundation
Check if your organization is covered by Note. Only a section 501(c)(7), (8), or (1	the General Rule or a Special Rule . 0) organization can check boxes for both the General R	rule and a Special Rule. See instructions
General Rule		
X For an organization filing Form 990, contributor. (Complete Parts I and II	990-EZ, or 990-PF that received, during the year, \$5,00)	0 or more (in money or property) from any one
Special Rules		
509(a)(1) and $170(b)(1)(A)(vi)$, and re	filing Form 990 or 990-EZ, that met the 33-1/3% suppor- eceived from any one contributor, during the year, a cor 0, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete	ntribution of the greater of (1) \$5,000 or
aggregate contributions of more than	organization filing Form 990 or 990-EZ, that received froin \$1,000 for use <i>exclusively</i> for religious, charitable, sciror animals. Complete Parts I, II, and III	m any one contributor, during the year, entific, literary, or educational purposes, or
If this box is checked, enter here the purpose. Do not complete any of the	organization filing Form 990 or 990-EZ, that received froing religious, charitable, etc., purposes, but these contributions total contributions that were received during the year for parts unless the General Rule applies to this organizates.	or an <i>exclusively</i> religious, charitable, etc, tion because it received nonexclusively
religious, charitable, etc, contribution	ns of \$5,000 or more during the year	▶ \$
990-PF) but it must answer 'No' on Part	ered by the General Rule and/or the Special Rules does IV, line 2 of their Form 990, or check the box on line Hithe filing requirements of Schedule B (Form 990, 990-EZ	of its Form 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act No 990EZ, or 990-PF.	tice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010

	B '(Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org		' '	identification number
	E. Teitelbaum Family Foundation	[52-21	39345
Part	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Enzymatic Therapy		Person X Payroll
		\$175,911.	Noncash (Complete Part II if there
	Green Bay, WI 54311		is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Europharma		Person X
		10.010	Payroll
	<u></u>	\$18,219.	Noncash
	 		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroli
		\$	Noncash
			(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
BAA	TEFA07021 10/25/10	Schodula B (Form 00)) 990-F7 or 990-PF) (2010)

Name-of organization

Jacob E. Teitelbaum Family Foundation

Employer identification number 52-2139345

of 1

Part I Noncash Property (see instructions.) (d) Date received (c) FMV (or estimate) (see instructions) (b)
Description of noncash property given (a) No. from Part I N/A (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received (b) Description of noncash property given (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (c) FMV (or estimate) (see instructions) (a) (b) No. from Description of noncash property given Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I

Employer Identification number

Jacob E. Teitelbaum Family Foundation 52-2139345

Exclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8), or (10)

r as v	g <i>Exclusively</i> religious, charitable, e organizations aggregating more th	nan \$1,000 for the year.co	omplete cols ((a) through (e) and the following	line entry.
	For organizations completing Part III, enter t contributions of \$1,000 or less for the year. (otal of <i>exclusively</i> religious, cha Enter this information once. Se	arıtable, etc, e instructions	.) ► \$	N/A
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift i	s held
Part I	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transfe	eree
(a) No. from	(b) Purpose of gift	(c) Use of gift	-	(d) Description of how gift i	s held
Part I					
		(e)			
	Transferee's name, addres	Transfer of gift	Rela	ationship of transferor to transf	eree
(a)	(b)	(c)		(d)	
No. from Part I		Use of gift		Description of how gift i	s held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transf	eree
					-
					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	s held
		(0)			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ationship of transferor to transf	eree
				•	

2010	Fed	leral Stater	nents		Page 1
Client 2	Jacob E. Te	eitelbaum Fami	ly Foundation		52-2139345
5/24/11					09:40AM
Statement 1 Form 990-PF, Part I, Line Accounting Fees	16b				
Tax Return Preparati	on Total	(a) Expenses per Books \$ 650. \$ 650.	(b) Net Investment Income \$ 0.	(c) Adjusted Net Income	(d) Charitable Purposes \$ 0.
Statement 2 Form 990-PF, Part I, Line Other Expenses	23	·			
		(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted <u>Net Income</u>	(d) Charitable <u>Purposes</u>
Access to care progr Autism Study Bank Fee Conference/Research		\$ 2,503. 4,900. 22.			
	center Developm	59,692.			
Contract Labor Families in Need Pro Fibromyalgia/CFS Edu	ogram ucation Total	26,395. 2,910. 65,038. \$ 161,460.	<u>\$ 0.</u>	<u>\$</u> 0.	\$ 0.
Statement 3 Form 990-PF, Part I, Line Contributions, Gifts, and	25 Grants				
Cash Grants and Allo	cations	-			
Class of Activity: Donee's Name: Donee's Address: Relationship of Done	ee:	American Bo P.O. Box 14 Austin, TX None	otanical Coun 14345 78714	cil	
Organizational Statu Amount Given:	s of Donee:	501(c)(3)			\$ 2,640.
Class of Activity: Donee's Name: Donee's Address:		Cousteau So 710 Settler Hampton, VA	s Landing Rd		
Relationship of Done Organizational Statu Amount Given:	ee: is of Donee:	None 501(c)(3)			1,230.
Class of Activity: Donee's Name: Donee's Address:		SEVA Founda 1786 5th St Berkley, CA	reet		
Relationship of Done Organizational Statu	ee: us of Donee:	None 501(c)(3)			

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2010	Federal Statements	Page 2
Client 2	Jacob E. Teitelbaum Family Foundation	52-2139345
5/24/11		09:40AM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Gra	ants	
Amount Given:		\$ 1,530.
Class of Activity: Donee's Name: Donee's Address:	International Myopain Society P.O. Box 690402 San Antonio, TX 78201	
Relationship of Donee: Organizational Status o Amount Given:	None	300.
Class of Activity: Donee's Name: Donee's Address:	Friends of Esalen Highway 1 55000 Big Sur, CA 93290	
Relationship of Donee: Organizational Status o Amount Given:	None of Donee: 501(c)(3)	180.
Class of Activity: Donee's Name: Donee's Address:	Native American Toy Fund 9 Durrell Mountain Road Belmont, NH 63220	
Relationship of Donee: Organizational Status o Amount Given:	None	750.
Class of Activity: Donee's Name: Donee's Address:	ABJDS 1125 Spa Road Annapolis, MD 21403	
Relationship of Donee: Organizational Status o Amount Given:	None ⁻	1,000.
Class of Activity: Donee's Name: Donee's Address:	International Rescue Committee P.O. Box 5058 Hagerstown, MD 21741	
Relationship of Donee: Organizational Status o Amount Given:	None	9,340.
Class of Activity: Donee's Name: Donee's Address:	Yeshiva Farm Settlement Pines Bridge Rd RR4 Mt Kisco, NY 10549	:
Relationship of Donee: Organizational Status o Amount Given:	None	860.
Class of Activity: Donee's Name: Donee's Address:	Intl Campaign For Tibet 1825 Jefferson Pl Washington, DC 20036	
Relationship of Donee: Organizational Status o	None	

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2010	Fe	ederal Statements	Page 3
Client 2	Jacob E.	Teitelbaum Family Foundation	52-2139345
5/24/11			 09:40AM
Statement 3 (continued) Form 990-PF, Part I, Lin Contributions, Gifts, an	e 25		
Amount Given:			\$ 1,860.
Class of Activity: Donee's Name: Donee's Address:		American Cancer Society 1011 MD Rt 3 N Gambrills, MD 21054 None	
Relationship of Don Organizational Stat Amount Given:	us of Donee:	501 (c) (3)	25.
Class of Activity: Donee's Name: Donee's Address:		Institute for Natural Healing	
Relationship of Don Organizational Stat Amount Given:	ee: cus of Donee:	None 501(c)(3)	5,600.
Class of Activity: Donee's Name: Donee's Address:		Hawaii Botanical Garden PO Box 80 Papckou, HI 96741	
Relationship of Don Organizational Stat Amount Given:	ee: us of Donee:	None 501(c)(3)	680.
Class of Activity: Donee's Name: Donee's Address:		AHMA 12101 Menaul Blvd NE Albuquerque, NM	
Relationship of Don Organizational Stat Amount Given:	nee: cus of Donee:	None	335.
Class of Activity: Donee's Name: Donee's Address:		Conservation Council of Hawaii PO Box 2923 Honolulu, HI 96802	
Relationship of Don Organizational Stat Amount Given:	nee: cus of Donee:	None	180.
Class of Activity: Donee's Name: Donee's Address:		Vitamin Angels PO Box 42029 Santa Barbara, CA 93140	
Relationship of Don Organizational Stat Amount Given:	nee: cus of Donee:	None	2,650.
Class of Activity: Donee's Name: Donee's Address: Relationship of Dor Organizational Stat	nee: cus of Donee:	Hawaiian Island Pride P.O. Box 2778 Kailua Kona, HI 96745 None 501(c)(3)	

2010	Federal Statements	Page 4
Client 2	Jacob E. Teitelbaum Family Foundation	52-2139345
5/24/11		 09:40AM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Gr	5 rants	
Amount Given:		\$ 100.
Class of Activity: Donee's Name: Donee's Address:	Leukemia & Lymphoma Assn PO Box 9026 Pittsfield, MA 20750	
Relationship of Donee: Organizational Status Amount Given:		100.
Class of Activity: Donee's Name: Donee's Address:	KONA MEALS FOR THE HOMELESS	
Relationship of Donee: Organizational Status Amount Given:	:	826.
Class of Activity: Donee's Name: Donee's Address:	US CAMPAIGN FOR BURMA 1444 NW ST NW WASHINGTON, DC 20005	
Relationship of Donee: Organizational Status Amount Given:	:	1,980.
Class of Activity: Donee's Name: Donee's Address:	METRO COLLEGE ART FUND PO BOX 173362 DENVER, CO 80257	
Relationship of Donee: Organizational Status Amount Given:	:	250.
Class of Activity: Donee's Name: Donee's Address:	HAWAII SPECIAL OLYMPICS PO Box 3295 HONOLULU, HI 96801	
Relationship of Donee: Organizational Status Amount Given:	:	20.
Class of Activity: Donee's Name: Donee's Address:	HOSPICE OF THE CHESAPEAKE 445 Defense Highway ANNAPOLIS , MD 21401	
Relationship of Donee: Organizational Status Amount Given:	:	750.
Class of Activity: Donee's Name: Donee's Address:	THIRST AID 2855 CALKINS PLACE BROOMFIELD, CO 80026	
Relationship of Donee: Organizational Status	:	

2010	Federal Statements		Page 5
Client 2 Jacol	b E. Teitelbaum Family Foundation		52-2139345
5/24/11			09·40AM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants			
Amount Given:		\$	360.
Class of Activity: Donee's Name: Donee's Address:	KAANALIKE 734344 PALUPALUI KONA , HI 96740		
Relationship of Donee: Organizational Status of Donee Amount Given:			1,800.
Class of Activity: Donee's Name: Donee's Address:	ADVOCATS ANIMAL RESCUE GROUP P.O.Box 4415 KONA, HI 96745		
Relationship of Donee: Organizational Status of Donee Amount Given:	·		1,072.
Class of Activity: Donee's Name: Donee's Address:	BRUGH JOY EDUCATIONAL GROUP		
Relationship of Donee: Organizational Status of Donee Amount Given:	:		100.
		Total 🖺	36,518.