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• Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust OMB No 1545-0052

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<i>7</i> 000		
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	or occurrent to transfer production tract
Department of the Treasury	Treated as a Private Foundation
Internal Revenue Service	Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Ī	or ca	alendar year 2010, o	r tax year beginning			, 2010	, and end	ling			, 20
-		eck all that apply	Initial return		Initial return	of a former p	oublic cha	irity		Final re	turn
			Amended return		Addres	ss change	Γ	\ N	lame change	_	
Ī	lame	of foundation			11		· · · · · · · · · · · · · · · · · · ·		A Employer identif	ication numb	per
	JEFE	REY & DEBRA FI	EINSTEIN FOUNDA	ATION					80-	-006365	4
Ī	lumbe	er and street (or P O box	number if mail is not delivere	d to street a	ddress)		Room/s	uite	B Telephone number	r (see page 10 c	f the instructions)
	C/O	ROCKDALE CAPIT	TAL-650 LIBERTY	AVE.					(9	08) 688	-4815
ō	City or	town, state, and ZIP coo	de				·		C If exemption applic pending, check her	ation is	▶
									D 1 Foreign organiza		re ►
	UNIC	N, NJ 07083							2 Foreign organiz		
i	1 Che	eck type of organization	on X Section 501	(c)(3) exe	mpt private f	oundation			85% test, check computation		
<u></u>		Section 4947(a)(1) none			er taxable pr		tion		,		
<u> </u>		r market value of all a			ethod X C		crual		E If private foundation under section 507(~ ! !
362	of	ear (from Part II, col	1	ther (spe					F If the foundation is		
	16)				d) must be on	cash basis)			under section 507(_ [_]
		Analysis of Reven	ue and Expenses (The	(a) Da				Γ.		. , ,	oursements
₹		total of amounts in col may not necessarily e	lumns (b), (c), and (d)	(a) Re	venue and enses per	(b) Net inve		(c) Adjusted net income		haritable
₹			11 of the instructions))	t	ooks	IIICOII	10		IIICOIIIC		rposes basis only)
M ∆ Y	1	Contributions, gifts, grants, et-	c , received (attach schedule) .		198,925.						
_	2	If the for	undation is not required to ch. B.								
\supset	3		emporary cash investments		580.		580.			ATCH	I 1
	4	Dividends and interest	t from securities		1.		1.			ATCH	I 2
7 0%	5 a	Gross rents							<u>-</u> .		
=>	1		3)								
0		Net gain or (loss) from sa			18,091.						
5	b	Gross sales price for all assets on line 6a	30,845.								
Dovodino	7	·	ne (from Part IV, line 2) .		·	30	6,326.				
Ω	8	Net short-term capital	gain						RFCFN	#n	
	9										
	10 a	Gross sales less returns and allowances	•		T-1			8	- 1117 1 br we	SC	
	b	Less Cost of goods sold						面	MAY 1 7 20	-l-:: (C)	
	c		attach schedule)							<u> </u>	
	11	Other income (attach	schedule)				1		OGDEN_		
	12		ough 11		217,597.	30	6,907				
	13		, directors, trustees, etc		0.						
ď	14	Other employee saları	es and wages								
9	15		ee benefits					<u> </u>		<u> </u>	
2	16a	Legal fees (attach sche	edule)	<u> </u>	1 750		075	<u> </u>		-	075
Ţ	b	Accounting fees (attack			1,750.		875.	 	0	<u>- </u>	875.
J]]] Administrativo Evnonsos	C		es (attach schedule)	··-				 		-	
1	17									 	
į	18		see page 14 of the instructions)	-			-			 	
Ë	19	•	schedule) and depletion.					-		-	
$\equiv 3$	20			<u> </u>				-			
11.07 (21		ind meetings					 			
ڪ ڙ	22		ons ATCH A	<u> </u>	26.		-24.	 		 	50
₹ 5°€	23		h schedule) ATCH 4	 	20.		-24.	 		 	
SCANNED MAY 2 0	24		administrative expenses.		1,776.		851.		0		925.
≩કે	5	-	23	}	178,174.		001.	- -		\	178,174
	25		rants paid		179,950.	<u> </u>	851.	├	ō	<u> </u>	179,099
쌡.	26		ements Add lines 24 and 25		119,900.		031.	<u> </u>		+	119,039
É	27	Subtract line 26 from			37,647.						
Š	a	Excess of revenue over expe	- •	-	31,041.	30	06,056.	\vdash			
3	"		ne (if negative, enter -0-)								
~0		: Adjusted net income	(if negative, enter -0-)	ı		l		1		1	

For Paperwork Reduction Act Notice, see page 30 of the instructions.
0E1410 1 000 2/23/2011 1:50:37 PM V 10-4

JSA

Р	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year	
_			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-beari	ng				
	2		cash investments	91,573.	219,049	219,049.	
	3	Accounts receivable ▶					
		Less allowance for doub	btful accounts ▶				
	4	Pledges receivable ▶_					
		Less allowance for dou	btful accounts ▶				
	5	Grants receivable	· · · · · · · · · · · · · · · · · · ·				
	6		officers, directors, trustees, and other				
			ich schedule) (see page 15 of the instructions)	•			
	7		eceivable (attach schedule)				
	-		btful accounts ▶				
	8						
Assets	9	Prenaid expenses and d	e				
SS	-		e government obligations (attach schedule).	<u>-</u> ,,		+	
4	iva	Investments - 0.5 and state	stock (attach schedule) ATCH 5	89,829.			
	11	Investments - land, buildings	bonds (attach schedule)s.				
		(attach schedule)					
			loans				
	13 14	Land buildings and	ach schedule)				
	• •	equipment basis	tion				
		(attach schedule)					
	15	Other assets (describe	>)				
	16		completed by all filers - see the				
_			age 1, item l)	181,402.	219,049	. 219,049.	
	17	Accounts payable and a	ccrued expenses				
	18	Grants payable					
es	19	Deferred revenue			· · · · · · · · · · · · · · · · · · ·		
Ξ	20		rs, trustees, and other disqualified persons		_		
Liabilities	21	Mortgages and other no	tes payable (attach schedule)				
7	22	Other liabilities (describe	: ▶)				
				· · · ·	·		
	23	Total liabilities (add line	s 17 through 22)		0		
		Foundations that foll	low SFAS 117, check here	-			
		and complete lines	24 through 26 and lines 20 and 24				
es	24	Unrestricted					
e e	25	Temporarily restricted					
3al	26	Permanently restricted				1	
P		Foundations that do	not follow SFAS 117, plete lines 27 through 31. Sipal, or current funds land, bldg , and equipment fund		<u>.</u>		
ä		check here and com	plete lines 27 through 31. X				
ř	27	Capital stock trust pring	cipal, or current funds				
S	28	Bold in or contal cumbic or	land, bldg , and equipment fund				
se			alated income, endowment, or other funds	181,402.	219,049	_	
As	20		fund balances (see page 17 of the		223/023	-	
ē	30		` ' '	181,402.	219,049		
-	31	Total liabilities and not	t assets/fund balances (see page 17	101/402.	217,047	<u>-</u>	
	31			181,402.	219,049		
	ort II		ungos in Not Assets or Fund B		213,043	•	
$\overline{}$			inges in Net Assets or Fund B			 	
1			alances at beginning of year - Part I d on prior year's return)		~	101 400	
_	end-	1	181,402. 37,647.				
2 Enter amount from Part I, line 27a							
3	3 Other increases not included in line 2 (itemize) ▶ 3						
					4	219,049.	
		eases not included in			5	<u> </u>	
<u>6</u>	Total	net assets or fund ba	lances at end of year (line 4 minus lii	ne 5) - Part II, column (b),	, line 30 6	219,049.	

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
	d describe the kind(s) of property sold ((b) How acquired P-Purchase	(c) Date acquired	(d) Date sold (mo , day, yr)
ODD DADE TH COLL	shs MLC Co)	D-Donation	(mo , day, yr)	(11.0 , 00), j. /	
1a SEE PART IV SCHI	FDOTE		<u> </u>	<u> </u>	_
<u>b</u>					
<u>c</u>			 -		
<u>d</u>					
е	· · · · · · · · · · · · · · · · · · ·	(a) Coat or other have	 	4.0 4.	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
<u>b</u>					
<u>C</u>				.	
d			-		
е		<u> </u>	<u> </u>		
Complete only for assets	showing gain in column (h) and owne			Gains (Col. (h) g	
(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
а					
b					
С					
d					
е					
2 Capital gain net income oi	(net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		306,326.
Net short-term capital gail	 n or (loss) as defined in sections 12		-		
	, line 8, column (c) (see pages 13				
	line 8		3		
Part V Qualification	Under Section 4940(e) for Red	duced Tax on Net Investment I	ncome		
		outable amount of any year in the b	ase perio	d? [Yes X No
	not qualify under section 4940(e)	- -	<u> </u>		_
	ount in each column for each year	, see page 18 of the instructions be	etore mak		
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	/ col (c))
2009	159,263.	184,819.			0.861724
2008	191,917.	258,279.			0.743061
2007	242,085.	418,721.			0.578153
2006	129,651.	92,733.			1.398111
2005	105,602.	183,451.			0.575641
2 Total of line 1, column (d)		2		4.156690
3 Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
number of years the foun	dation has been in existence if less	s than 5 years	3		0.831338
4 Enter the net value of no	ncharitable-use assets for 2010 fro	m Part X, line 5	4		217,206.
5 Multiply line 4 by line 3			5		180,572.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		3,061.
			7		183,633.
		in Part VI, line 1b, and complete t	8	NOIDO O 40/ Ac-	179,099.
Part VI instructions on page		ni rait vi, iine 10, and complete t	nat part	using a 170 la.	A rate See [

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check		6,1	.21.
	here and enter 1% of Part I, line 27b	_		
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		6,1	21.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)4			Ō.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		6,1	21.
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 2,441.			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d				
7	Total credits and payments Add lines 6a through 6d		2,4	41.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		3,6	80.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 0. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
_	of the instructions for definition)?	1ь		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	- 12		
	published or distributed by the foundation in connection with the activities			
_		10		Х
4	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
u	(1) On the foundation \blacktriangleright \$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е	on foundation managers \blacktriangleright \$			
,		2		х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-		
•	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			х
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	l I		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		 -
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		х	
	conflict with the state law remain in the governing instrument?	_6	_ <u>^</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > NY,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		v	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	X	<u> </u>
	-	~m 90	0-PF	(2010)

Pai	t VII-A State	ments Regarding Activities (continued)			
11	At any time duri	ng the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of sect	on 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundati	on acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008	?	12		X
13		on comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address				- -
14	The books are in	care of ► LINDA KAO C/O ROCKDALE CAP. Telephone no ► 908-68	3-48	15 	~ -
	Located at ▶6	50 LIBERTY AVE UNION, NEW JERSEY ZIP+4 07083			
15		(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · · · · · · · · · ·		▶	· []
		nount of tax-exempt interest received or accrued during the year			
16		uring calendar year 2010, did the foundation have an interest in or a signature or other authority	1	Yes	
		urities, or other financial account in a foreign country?	16		_X
		of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
Par		oreign country ► ments Regarding Activities for Which Form 4720 May Be Required	Ь		
, ai			1		
4		I if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
та		did the foundation (either directly or indirectly) e sale or exchange, or leasing of property with a disqualified person? Yes X No			
	_ -	o sale of exchange, of leasing of property with a disqualified person?			
		ey from, lend money to, or otherwise extend credit to (or accept it from) a erson?			
		Is, services, or facilities to (or accept them from) a disqualified person?			
		sation to, or pay or reimburse the expenses of, a disqualified person?			
		Income or assets to a disqualified person (or make any of either available for		ŀ	
	•	r use of a disqualified person)?			
		y money or property to a government official? (Exception. Check "No" if the			
		agreed to make a grant to or to employ the official for a period after			
		f government service, if terminating within 90 days) Yes X No			
b		"Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	į		
		d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1 b		X
	Organizations re	ying on a current notice regarding disaster assistance check here			
C	Did the foundate	ion engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not correcte	ed before the first day of the tax year beginning in 2010?	1 c		X
2	Taxes on failure	e to distribute income (section 4942) (does not apply for years the foundation was a private	1		
	operating founda	tion defined in section 4942(j)(3) or 4942(j)(5))			
а		year 2010, did the foundation have any undistributed income (lines 6d and			
		tax year(s) beginning before 2010? Yes X No			
	If "Yes," list the ye				
b		years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
		prect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	۱.,		х
_		swer "No" and attach statement - see page 22 of the instructions)	2 b		
С		of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3 2		n hold more than a 2% direct or indirect interest in any business enterprise			
Ja		g the year?			
h		have excess business holdings in 2010 as a result of (1) any purchase by the foundation or	1		
		ons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
		nder section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
		or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		cess business holdings in 2010)	3 ь		
4 a		n invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundat	on make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
		e that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4 b		X

Pai	t VII-B Statements Regarding Activities for	r Which Form 4	720 May Be Requi	red (continued)		
5 a	During the year did the foundation pay or incur any amount	nt to				
	(1) Carry on propaganda, or otherwise attempt to influen		1 4945(e))?	Yes X N	o	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,					
	directly or indirectly, any voter registration drive?		·	Yes X N	0	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?					
	(4) Provide a grant to an organization other than a charif					[
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (Yes X N		
	(5) Provide for any purpose other than religious, charitat					
	purposes, or for the prevention of cruelty to children of	•		Yes X N		
				. — —		!
D	If any answer is "Yes" to 5a(1)-(5), did any of the transa				5b	l l x
	Regulations section 53 4945 or in a current notice regard			1.0	<u>an</u>	
	Organizations relying on a current notice regarding disast					
С	If the answer is "Yes" to question 5a(4), does the founda	•		Yes X N		
	because it maintained expenditure responsibility for the gr			Yes X N	°	
	If "Yes," attach the statement required by Regulations sect	ion 53 4945-5(d)				
6 a	Did the foundation, during the year, receive any funds, d					
	on a personal benefit contract?			. Yes X N	0	,,
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contrac	t?	6b	X
	If "Yes" to 6b, file Form 8870					
7 a	At any time during the tax year, was the foundation a par	ty to a prohibited tax	shelter transaction?	Yes X N	o	
<u>b</u>	If "Yes," did the foundation receive any proceeds or have					X
Pai	t VIII Information About Officers, Directors and Contractors	, Trustees, Foun	dation Managers,	Highly Paid Empl	oyees,	
1	List all officers, directors, trustees, foundation ma	anagers and their	compensation (see	page 22 of the insti	ructions).	
	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to	(e) Expens	se account,
	(a) (talle and addices	hours per week devoted to position	(11 not paid, enter -0-)	employee benefit plans and deferred compensation	other all	lowances
AT	TACHMENT 6		0.	0.		0
		_				
	Compensation of five highest-paid employees (ot	ner than those inc	luded on line 1 - se	e page 23 of the ins	tructions).	
	f none, enter "NONE."			(d) Contributions to		
(a	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	`employee benefit		se account,
•		devoted to position	, , , ,	plans and deferred compensation	otner all	lowances
	NONE					
	. =				<u> </u>	
					 	
Tota	I number of other employees paid over \$50,000 .			L	<u> </u>	>
	or ourse surproject para ever wee, too			<i></i>		- 1

Par	rt VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	yees,
3	Five h	ghest-paid independent contractors for professional services (see page 23 of the instructions). If no	one, enter "NONE."
		(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	1E		
	_		
Tota	1 numbe	er of others receiving over \$50,000 for professional services	NONE
			<u> </u>
Pai	rt IX-A	Summary of Direct Charitable Activities	
		dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
	NONE		<u> </u>
٦.	NONE		
-			
2 _			
-			
3 _			
-			
4 -			
-			
	4 IV D	Common of Brown Deleted Investments (1997)	<u> </u>
	t IX-B	Summary of Program-Related Investments (see page 24 of the instructions)	Amount
	NONE	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
٦.	NONE		
-			
2 _			
-			
	other pro	ram-related investments. See page 24 of the instructions	
		rain-related investments. See page 24 of the instituctions	
3 _	NONE		
-			
Tota	ıı. Add i	nes 1 through 3	

Pa	see page 24 of the instructions.)	ign foundatioi	าร,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	28,078.
b	Average of monthly cash balances	1b	192,436.
С	Average of monthly cash balances Fair market value of all other assets (see page 25 of the instructions)	1 c	0.
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	220,514.
е	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	0.
3	Culphin at line 2 force line 4 d	3	220,514.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	3,308.
5	the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	217,206.
6	Minimum investment return. Enter 5% of line 5	6	10,860.
Pa	The proof of the instructions and certain foreign organizations check here □ and do not complete this proof or the instructions and certain foreign organizations check here □ and do not complete this proof or the instructions are complete this proof or the instruction or the instruction of the instruction are complete this proof or the instruction of the instruction or the instruction of the instruction		
1	Minimum investment return from Part X, line 6	1	10,860.
2 a	Tax on investment income for 2010 from Part VI, line 5 2a 6,121.		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b	j	
		2c	6,121.
3	Distributable amount before adjustments Subtract line 2c from line 1		4,739.
4.	Recoveries of amounts treated as qualifying distributions		
5		5	4,739.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	4,739.
Pa	art 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	179,099.
b		1b	0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cook distribution took (attack the annual askedula)	25	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	179,099.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	179,099.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	<u> </u>	
	qualifies for the section 4940(e) reduction of tax in those years	iodiating writer	inci the foundation

Pa	art XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
-					4,739.
•	line 7 Undistributed income, if any, as of the end of 2010				
2	• •				
a				<u> </u>	
	Total for pnor years 20_08_,20_07_,20_06_				
3	Excess distributions carryover, if any, to 2010				
	From 2005				
	From 2006 128,582.				
С	From 2007 225, 295.				
d	From 2008 179,003.				
	From 2009				
	Total of lines 3a through e	784,253.			
4	Qualifying distributions for 2010 from Part XII,			-	
	line 4 ▶ \$ 179,099.				
а	Applied to 2009, but not more than line 2a				
D	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
					-
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
	-				4,739.
	Applied to 2010 distributable amount	174,360.			4,739.
_ e	Remaining amount distributed out of corpus	174,300.			
5	Excess distributions carryover applied to 2010 (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:	050 612			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	958,613.			<u> </u>
b	Prior years' undistributed income Subtract				
	line 4b from line 2b			_	
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
Ť	Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2011.				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
	applied on line 5 or line 7 (see page 27 of the	97,829.			
•	instructions)				
9	Excess distributions carryover to 2011.	860,784.			
4.0	Subtract lines 7 and 8 from line 6a	000,704.			
	Analysis of line 9 Excess from 2006 128, 582.				
e	Excess from 2010 174, 360.				

	et VIV Brivata Oper	estina Foundations	(222 222 27 of the	notructions and Do	d VIII A guartia	on 9) NOT APPLICABL
	art XIV Private Oper					on 9) NOT APPLICABL
1 а	If the foundation has i					
	foundation, and the ruling					
Ь	Check box to indicate wh		private operating foun			4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(1)
	I or the minimum investment return from Part X for each year listed					
b	85% of line 2a					
			-			
C	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not			-	 -	
	used directly for active conduct of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					-
	enter 2/3 of minimum invest-					1
	ment return shown in Part X, line 6 for each year listed			İ		ŀ
С	"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)	· · · · · · · · · · · · · · · · · · ·				
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(w)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income	1 (2				
Pá		ary Information (C during the year - se			ation had \$5,	000 or more in assets
1	Information Regarding					
' a				e than 2% of the tota	L contributions r	eceived by the foundation
a	before the close of any	tax year (but only if the	ney have contributed	more than \$5,000) (Se	e section 507(d)(2))
	ATTACHME					
b						qually large portion of the
	ownership of a partner	amp or other entity) of	which the foundatio	ii nas a 10% or greater	merest	
	N/A					
2	Information Regarding	Contribution Grant	Gift Loan Scholars	hin etc Programs:		
_	<u> </u>	•		• •		
	unsolicited requests for	ne toundation only i	nakes contributions	to preselected charit	able organization	ons and does not accept ructions) to individuals or
	organizations under oth				20 of the mst	ructions) to individuals of
		<u>_</u>				
а	The name, address, ar	nd telephone number	of the person to who	m applications should be	e addressed	
b	The form in which appl	lications should be sul	bmitted and informat	on and materials they	should include	
	N/A					
С	Any submission deadling	nes				
	N/A					
d	Any restrictions or lir factors	mitations on awards,	such as by geogr	aphical areas, charita	ble fields, kinds	of institutions, or other
	N / D					

Form 990-PF (2010)	80-0063654	Page 11		
Part XV Supplementary Information (d	continued)			
3 Grants and Contributions Paid Durin	ng the Year or Appi		uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	contribution	7 till Cult
a Paid dunng the year SEE STATEMENT ATTACHED				178,174.
Total		L	<u> </u> ▶ 3a	178,174.
b Approved for future payment				
			,	
Total			N 21	

nter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a					
b					
c					
d			_		
e			1		
f			-		
g Fees and contracts from government agencies					
Membership dues and assessments			14	580.	
Interest on savings and temporary cash investments			14	1.	-
Dividends and interest from securities			17	1.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income	l .		18	18,091.	**-
Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events				20,001.	
Gross profit or (loss) from sales of inventory Other revenue a			-		
					
c					
d					
de				18,672.	
e			•		
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities	to verify calci	ulations) complishment of Ex	cempt Purp		18,672
d e 2 Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,672
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities Line No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18, 67
e Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18, 67
e Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
e Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
e Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities Line No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities ine No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities ine No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities Line No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities ine No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities ine No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities ine No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities ine No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities ine No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
e Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities Line No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 29 art XVI-B Relationship of Activities Line No. Explain below how each activit accomplishment of the foundation	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
e Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18,67
e Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18, 67
e 2 Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18, 67
e 2 Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18, 672
e 2 Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	18, 672

Part XVII

		Exempt Orga	nizations								
41	n sect	e organization directly tion 501(c) of the C ations?			-	-		-) -	Yes	No
	•	ers from the reporting f	oundation to a no	ncharitable eve	amnt organiza	tion of					
									12/4		x
		sh									X
		er assets							. 1a(2)		
			aritable evenut e	rannization					45/41		x
		es of assets to a nonch chases of assets from									X
											X
		ntal of facilities, equipm mbursement arrangeme									X
		ins or loan guarantees									Х
		formance of services of									X
		of facilities, equipmen									X
		answer to any of t								faır r	market
		of the goods, other						·			
		n any transaction or									
(a) Line		(b) Amount involved		oncharitable exe				nsfers, transactions, and sl			
		N/A				N/Z	A				
											
	— -										
											
					_						
								· · · · · ·			
											
	415-4	formed above advantable				,					
d		foundation directly ed in section 501(c) of t " complete the following	the Code (other th						Yes	s 🔼	No
		(a) Name of organization		(b) T	ype of organiza	ation	1	(c) Description of relation	onship		
				_		_			<u></u> -		
					-						
Sign	Unde	r penalties of perjury, I de f, it is true, correct and con	eclare that I have e	xamined this reti of preparer (other	um, including than taxpayer	accompanying : or fiduciary) is b	ased on all inform	nation of which preparer h	t of my kn as any kno	owled wledge	ge and e
Here		PITT	PPP			1 5/9/1	11	Pre S Title			
	S	ignature, of dfficer or ruste	eV / /			Date/	<u> </u>	Title			
		Print/Type preparer's	name	Preparer's	signature	0	Date		PTIN		
Paid		1 .		1	(Y)		1) Check If			
		David Eisir	, CPA	\perp	A	5	4/2	1	1		18
Prepa			VID EISIG,					Firm's EIN ▶ 20-	23757	11	
Use (Unly	Firm's address ▶ 99			E., SUIT	E 400					
			VALLEY	STREAM,	NY	1	11580	Phone no 516-	593-77	700	
									Form 990)-PF	(2010)

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

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 JEFFREY & DEBRA FEINSTEIN FOUNDATION 80-0063654 Organization type (check one) Filers of: Section: X _{501(c)(}3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ______ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization JEFFREY & DEBRA FEINSTEIN FOUNDATION

Employer identification number

		80-0063654
Part I	Contributors (see instructions)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	JEFFREY FEINSTEIN 11 GRACE LANE OYSTER BAY COVE, NY 11771	\$198,925.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

of Part II

Name of organization JEFFREY & DEBRA FEINSTEIN FOUNDATION

Employer identification number

of

			80-0063654
Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	4,350 SHS BED BATH & BEYOND	_	
		\$\$	04/09/2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - -	

JEFFREY & DEBRA FEINSTEIN FOUNDATION 80-006
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<i>C/</i>	APITAL GAI	NS AND LO	SSES FOR	R IAX ON	<u>INVEST</u>	ЙF	ENT INCOM	
Kınd of F	Property		Descr	iption		or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
306,845.		6,700 SHS B 519.					12/22/2006 306,326.	04/09/2010
TOTAL GAIN(L	oss)			•••••			306,326.	
							:	

JEFFREY & DEBRA FEINSTEIN FOUNDATION

INVESTMENTS
CASH
TEMPORARY
O
INTEREST
1
PART I
990PF,
FORM

NET INVESTMENT INCOME	580.	580.
REVENUE AND EXPENSES PER BOOKS	580.	580.
		TOTAL
DESCRIPTION	BANK OF AMERICA CHECKING	

2/23/2011

PAGE 20

ATTACHMENT 2	

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199	
FORM	

REVENUE	I	PER BOOKS INCOME	1. 1.	1.
				TOTAL
		DESCRIPTION	US TRUST	

2/23/2011

FEES	
ACCOUNTING	
1	
н	
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	875.	875.
ADJUSTED NET INCOME		•0
NET INVESTMENT INCOME	875.	875.
REVENUE AND EXPENSES PER BOOKS	1,750.	1,750.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

PAGE 22

ATTACHMENT

- OTHER EXPENSES PART I FORM 990PF,

JEFFREY & DEBRA FEINSTEIN FOUNDATION

NYS DEPT OF LAW INVESTMENT FEES DESCRIPTION

-24. EXPENSES PER BOOKS AND

REVENUE

-24. INVESTMENT

CHARITABLE PURPOSES 50.

50.

TOTALS

26.

-24.

PART II - CORPORATE STOCK FORM 990PF, DESCRIPTION

BED BATH & BEYOND

TOTALS

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ATTACHMENT 6	EXPENSE ACCT AND OTHER ALLOWANCES	.0	0	0	0
ATTACH	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	·	0	0
	COMPENSATION	.0	.0	0	0
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR	PRESIDENT & TREAS.	SECRETARY	GRAND TOTALS
FORM 990PF, PART VIII - LIST C	NAME AND ADDRESS	RICHARD FEINSTEIN 15 POUND HOLLOW ROAD OLD BROOKVILLE, NY 11545	JEFFREY FEINSTEIN 11 GRACE LANE OYSTER BAY COVE, NY 11771	DEBRA FEINSTEIN 11 GRACE LANE OYSTER BAY COVE, NY 11771	

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

JEFFREY FEINSTEIN LEONARD FEINSTEIN

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). Employer identification number

·	JEFFREY & DEBRA FEINSTEIN FOUI	NDATION			80-006365	54	
	e: Form 5227 filers need to complete only Par						
Pai	Short-Term Capital Gains and Los	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other ba (see page 4 of th instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a	_						
_							
b	Enter the short-term gain or (loss), if any, fr	om Schedule D	-1. line 1b			1b	
2	Short-term capital gain or (loss) from Form					2	
3						3	
4	Net short-term gain or (loss) from partners! Short-term capital loss carryover Enter the	amount, if any	, from line 9 of	the 2009 Capital Loss	3		,
5	Carryover Worksheet	s 1a through 4	ın column (f)	Enter here and on line	e 13,	4	(
Pa	column (3) on the back				<u></u> ▶	5	
T at	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)		(d) Sales price	(e) Cost or other ba (see page 4 of th instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					,		
	Enter the long-term gain or (loss), if any, fro	om Schedule D-	1 line 6h		1	6b	306,326.
7	Long-term capital gain or (loss) from Form					7	
8	Net long-term gain or (loss) from partnersh					8	
9	Capital gain distributions					9	
10 11	Gain from Form 4797, Part I Long-term capital loss carryover Enter the	amount, if any				10	
12	Carryover Worksheet			Enter here and on lin		11	(
	column (3) on the back	tions for Form 4				12	306, 326.

	t III Summary of Parts I and II		(4) Donof	olorios!	(2) E-4	tatala	Page 2
Par	till Summary of Parts I and II Caution: Read the instructions before completing this p	nart	(1) Benefi (see pag		(2) Est or tru		(3) Total
13	Net short-term gain or (loss)	13	(SCC Pag	(100)		-	
14	Net long-term gain or (loss):	13					
	Total for year	14a					306,326.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		-			
	28% rate gain						
15	Total net gain or (loss). Combine lines 13 and 14a	15					306,326.
Note	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For	m 990					
_	t IV Capital Loss Limitation	art IV a	and the Capital	Loss Can	ryover Work	sneet,	as necessary
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I li	ne 4c if a trus	t) the sn	naller of		
						16	1
Note	The loss on line 15, column (3) or b \$3,000 :: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	e 1, im	e 22 (or Form	990-T, III	ne 34), is a	loss, c	complete the Capital Loss
	over Worksheet on page 7 of the instructions to figure your capital loss carryover Tax Computation Using Maximum Capital Gains Rate				-		
Par	1041 filers. Complete this part only if both lines 14a and 15 in colu) are gains	or on om	ount is on	torod	in Part Lor Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor			or arrair	iouiit is en	iterea	III Fait I OI Fait II and
	ion: Skip this part and complete the worksheet on page 8 of the instruc						
E	ther line 14b, col (2) or line 14c, col (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero						
	990-T trusts. Complete this part only if both lines 14a and 15 are						
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this paid in 14b, col. (2) or line 14c, col. (2) is more than zero.	rt and	complete ti	ne works	sheet on p	age 8	3 of the instructions if
							Γ
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4) .	17				
18	Enter the smaller of line 14a or 15 in column (2)						
	but not less than zero 18						
19	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2) (or enter the qualified						
20	dividends included in income in Part I of Form 990-T)						
20 21	Add lines 18 and 19					i i	
٤ ١	amount from line 4g, otherwise, enter -0-						
22	Subtract line 21 from line 20. If zero or less, enter -0-		22				
23	Subtract line 22 from line 17 If zero or less, enter -0-		23				
	Subtract line 22 from line 17 fr 2ero of less, effect -0-		23		-	i l	
24	Enter the smaller of the amount on line 17 or \$2,300		24				
25	Is the amount on line 23 equal to or more than the amount on line 24		• • • • • • • • • • • • • • • • • • • •				
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box						
	No. Enter the amount from line 23		25				
26	Subtract line 25 from line 24					ĺ	
27	Are the amounts on lines 22 and 26 the same?					İ	
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27				
							
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28				
29	Subtract line 28 from line 27					ļ	
30	Multiply line 29 by 15% (15)					30	
31	Figure the tax on the amount on line 23 Use the 2010 Tax Rate						
	(see the Schedule Ginstructions in the instructions for Form 1041).					31	
2 2	Add lines 30 and 31					,	
32 33	Add lines 30 and 31					32	
33	(see the Schedule Ginstructions in the instructions for Form 1041).					33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h					33	
•	G, line 1a (or Form 990-T, line 36)					34	

Schedule D (Form 1041) 2010

Employer identification number Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side 80-0063654 JEFFREY & DEBRA FEINSTEIN FOUNDATION Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the instructions) (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) Subtract (e) from (d) acquired (mo, day, yr) (mo , day, yr) 6a 6,700 SHS BED BATH & 519. BEYOND 12/22/2006 04/09/2010 306,845. 306,326. 306,326.

Jeffrey and Debra Feinstein Foundation Charitable Contributions

EIN # 80-0063654 2010

Organization	<u>Amount</u>	<u>Purpose</u>
Children's Hospital Foundation 19 Bradhurst Avenue Suite 3060 North Hawthorne, NY 10532-	\$1,000	General
My Sisters' Place One Water Street White Plains, NY 10601-	\$1,500	General
UJA Federation of New York 130 E 59th St New York, NY 10022-	\$500	General
Project Renewal 200 Varick St, 9th FI New York, NY 10014	\$2,500	General
Crohn's and Colitis Foundation 386 Park Ave, 17th Fl New York, NY 10016-8804	\$1,000	General
Friends Academy 270 Duck Pond Rd Locust Valley, NY 11560	\$25,000	General
Long Island Head Injury 65 Austin Blvd Commack, NY 11725	\$35,000	General
Sunrise Day Camp 15 Neil Court Oceanside, NY 11572	\$21,674	General
UJA Federation of New York 130 E 59th St New York, NY 10022	\$30,000	General
Friedberg JCC 15 Neil Court Oceanside, NY 11572	\$1,000	General

Jeffrey and Debra Feinstein Foundation Charitable Contributions

EIN # 80-0063654 2010

Organization Long Island Children's Museum 11 Davis Ave Garden City, NY 11530	<u>Amount</u> \$10,000	<u>Purpose</u> General
Feinstein Institute for Medical Research 125 Community Drive Great Neck, NY 11021	\$25,000	General
Henry Kaufmann Campgrounds 667 Blauvelt Rd Pear River, NY 10965	\$5,000	General
Israel Children's Centers 3275 West Hillsboro Blvd, Suite 102 Deerfield Beach, FL 33442	\$1,000	General
Berkshire Hills Emanuel Camps 547 Saw Mill River Rd., #3D Ardsley, NY 10502	\$10,000	General
National Tay-Sachs 2001 Beacon Street Suite 204 Boston, MA 02135	\$1,000	General
New Museum of Contemporary Art 235 Bowery New York, NY 10002	\$5,000	General
Juvenile Diabetes Research Foundation 532 Broadhollow Road Suite 118 Melville, NY 11747	\$1,000	General
Temple Sinai of Roslyn 425 Roslyn Rd Roslyn Heights, NY 11577	\$1,000	General
TOTAL	\$178,174	_