

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0052

2012

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

FOL	alen	uar year 201	z, or tax year beginn	<u>liliy</u>	, 2012	, and ending		<u> </u>	
Tac	oh	E Teite	elbaum Family	Found	lation		Α	Employer identification nul 52-2139345	nber
76-	632	6 Kaheia Kona, F	au St	Tounc	44011		В	Telephone number (see the 410-562-7409	instructions)
1(0.1		. Rona, i	11 30710				c	If exemption application is	pending check here
	hook	all that ann	ly Dinitial return		Initial roturn of a form	nor public charity	1		. ,
G	G Check all that apply Initial return Initial return of a former public charity  Final return Amended return			D	1 Foreign organizations, che	ck here			
			Address cha	nge	Name change			2 Foreign organizations mee	
H		ck type of or			(c)(3) exempt private f			here and attach computation	on —
			(a)(1) nonexempt ch			private foundation	E	If private foundation status under section 507(b)(1)(A)	
ı		narket value of a Part II, column	all assets at end of year	J Acc	counting method. X C	ash Accrual	_		·
<b>•</b>	\$		(0),	(Part T	Other (specify) , column (d) must be or	n cash basis.) — — —	F	If the foundation is in a 60 under section 507(b)(1)(B)	
Par	ti		of Revenue and	1	(a) Revenue and	(b) Net investmen	<u></u>	(c) Adjusted net	(d) Disbursements
		columns (b)	i (The total of amour , (c), and (d) may no the amounts in colur tions).)	t neces-	expenses per books	income	ιι	income	for charitable purposes (cash basis only)
			s, gifts, grants, etc, received	i (att sch)	261,262.	-			
			if the foundn is <b>not</b> req to a				•		
		cash inve 4 Dividends a	estments and interest from securities					-	
	- 1	<b>5 a</b> Gross re	•			<del></del>		<del> </del>	
		b Net rental in or (loss)	ncome						
Ŗ	l	6 a Net gain/(lo b Gross sales	ss) from sale of assets not o	in line 10					
Ž		_ assets on li	ne 6a ————					-	
E N	- 1	Cupitor gain	net income (from Part IV, I t-term capital gain	ine 2).	WED				
**********			nodifications	EUE	14				
-	1	O a Gross sales returns and allowances.	less	***************************************	1 2013 6				
		b Less Cost of	of lol	JUN	1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·			
			t/(loss) (att sch)		117	1		<u> </u>	
	1	1 Other inc	ome (attach schedul	e)	JEN, U				
	1	2 Total. Ad	d lines 1 through 11,	00	261,262.		0.	0.	
			on of officers, directors, trus	tees, etc	201,202.		<u>U.</u>	<u> </u>	<u> </u>
	1 '	•	oyee salaries and wages						
	- 1 -		plans, employee ben	efits					
	D	_	(attach schedule) fees (attach sch) See	St 1	695.	<del></del>			
	M	_	fees (attach sch)	- I	093.			<del> </del>	<del></del>
O P	1	7 Interest	•						
O P E R A T	6 I		chedule((see instrs) tion (attach						
Ą	A   '	9 Deprecial sch) and	depletion						
	<u>.</u>	0 Occupan							
	-		onferences, and mee and publications .	tings .					
A N D	2		penses (attach sched	ule)		<del></del>			<u> </u>
	N		See_Statem		204,912.				
	2	expenses	erating and administ s. Add lines 13 throug	jh 23.	205,607.				
	2	5 Contribution	ns, gifts, grants paid Stд	it 3	59,520.				59,520.
	2	6 Total exp	enses and disburse 24 and 25	ments.	265,127.	·	0.	0.	
	2		line 26 from line 12:		203,121.	<del></del>	υ.	<u> </u>	59,520.
		a Excess of	f revenue over expe	nses	3 005				
			ursements . ent income (if negative, ent	ar .0.\	-3,865.		0.	<del> </del>	
		C Adjusted ne	t income (if negative, enter	.0.)			<u> </u>	0.	
BAA	For	Paperwork F	Reduction Act Notice	, see ins	tructions.		TEE	A0504L 12/23/12	Form <b>990-PF</b> (2012)

1 Yp

Par	Part II Balance Sheets  Attached schedules and amounts in the column should be for end-of-year amounts.		nnly	End o	<u> </u>
<u> </u>		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	3,883.	18.	
	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 instructions)	!		
	7	Other notes and loans receivable (attach sch)			
A		Less. allowance for doubtful accounts ▶			
Š	8	Inventories for sale or use	-		
A S E T	9	Prepaid expenses and deferred charges			<del>_</del>
s	10:	Investments — U.S. and state government obligations (attach schedule)			
		nvestments — corporate stock (attach schedule)	•		
	1	: Investments — corporate bonds (attach schedule)			
	11	· · · · · · · · · · · · · · · · · · ·			
	'''	equipment basis . Less: accumulated depreciation			
		(attach schedule)			
	l	Investments – mortgage loans		<del></del>	
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment. basis		<del></del>	
		Less: accumulated depreciation (attach schedule)			
	1	Other assets (describe			
	16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item l)	3,883.	18.	0.
L	17	Accounts payable and accrued expenses	3,003.	20.	<u></u>
Ĭ	18	Grants payable .			
A B	19	· ·			
ŀ	20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe ► )	-		
Ė					
E S	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.			
NF	24	Unrestricted			
E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B S A L T A		Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.			
ĔĹ	27	Capital stock, trust principal, or current funds	3,883.	18.	
SŅ	28	Paid-in or capital surplus, or land, building, and equipment fund.			
OE	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30	Total net assets or fund balances (see instructions)	3,883.	18.	
	31	Total liabilities and net assets/fund balances (see instructions)	2 002	10	•
Pari	<u> </u>  -	Analysis of Changes in Net Assets or Fund Balance	3,883.	18.	· · · · · · · · · · · · · · · · · · ·
				<del></del>	
1	Total end-	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	2 002
2		r amount from Part I, line 27a .	•	. 2	3,883.
3		increases not included in line 2 (itemize)	•	3	<u>-3,865.</u>
4		lines 1, 2, and 3			10
5		ases not included in line 2 (itemize)	• •	. 4	18.
-		net assets or fund balances at end of year (line 4 minus line 5)	- Part II column (b) In		10
<del>_</del>		not assets or faile selectes at elle of year (life 4 milles line 5)	- r art ii, columiii (b), iii	ne 30 <b>6</b>	18.

Α,

(a) List and describ	De the kind(s) of property sold (e.g., reuse, or common stock, 200 shares ML	eal estate.	(b) How acquire P — Purchase D — Donation	d (C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A	<del>-</del>		- Donation	+	
b			_		
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
а					
b					
С		_ <del>.</del>			
d					
<u>e</u>		10/21/6			
	wing gain in column (h) and owned by			(1) Gains (Col gain minus column (1	
(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		than -0-) or Losses (f	
<u>a</u>					
b					
<u>C</u>					
d					
е		anter in Death to 7			
2 Capital gain net income or (n	If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6):	ĺ		
ın Part I, line 8	ne 8, column (c) (see instructions) If	· · · ·	. 3		
Part V Qualification Und	er Section 4940(e) for Reduce	d Tax on Net Investm	ent Income	!	
If 'Yes,' the foundation does not qu	this part blank ection 4942 tax on the distributable an alify under section 4940(e). Do not co t in each column for each year; see th	mplete this part	·	. Yes	☐ No
(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets (co	<b>(d)</b> Distribution Diumn (b) divided	
2011			· · · · · · · · · · · · · · · · · · ·		
2010					
2009					
2008					
2007					
2 Total of line 1, column (d)			2		
3 Average distribution ratio for number of years the foundation	the 5-year base period — divide the to on has been in existence if less than 5	otal on line 2 by 5, or by the	3		
	aritable-use assets for 2012 from Part	•			· .
		л, ше <del>э</del>	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b) .		6	-	··
<b>7</b> Add lines 5 and 6			. 7		
8 Enter qualifying distributions	from Part XII, line 4 .		8		
If line 8 is equal to or greater Part VI instructions.	than line 7, check the box in Part VI,	line 1b, and complete that	part using a 1	% tax rate See t	he
BAA				Forr	n <b>990-PF</b> (2012)

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

BAA

Form 990-PF (2012)

X

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

b If 'Yes,' did it have excess business holdings in 2012 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 2012)

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

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

3b N/A
4a X
4b X

X No

BAA

Form 990-PF (2012)

Form 990-PF (2012) Jacob E. Teitelba	um Family Found	lation	52	2-2139	345	Page
Part VILB Statements Regarding Activit		1 4720 May Be Req	uired (continu	ıed)		
5 a During the year did the foundation pay or inci		on (continu 4045(a))?	Πva	. V.		
<ul><li>(1) Carry on propaganda, or otherwise attem</li><li>(2) Influence the outcome of any specific pub</li></ul>	olic election (see section		∐ Ye			
on, directly or indirectly, any voter registr.  (3) Provide a grant to an individual for travel.	s X No	11				
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	s X No					
(5) Provide for any purpose other than religion	s XN					
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53.4945 or if (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	لسا			17/2
Organizations relying on a current notice rega	 arding disaster assistand	ce check here	•	►	5 b	N/A
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	isibility for the grant?		N/A Ye	s N	0	
6 a Did the foundation, during the year, receive a on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premium	s Ye	s XN	o <b>111</b>	
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870.	iums, directly or indirec	ctly, on a personal bene	fit contract?		6 b	X
7a At any time during the tax year, was the foun	• •					
b If 'Yes,' did the foundation receive any process Part VIII Information About Officers, D				N/. Paid Em		
and Contractors						
1 List all officers, directors, trustees, foundation		T		. 1.		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee be plans and def compensation	nefit ferred	e) Expense a other allo	account, wances
Jacob E. Teitelbaum 76-6326 Kaheiau Street	President 0	0.		0.		0
Kailua Kona, HI 96740						
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). If none, enter	'NONE.'		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contribution employee be plans and def compensation	nefit erred	e) Expense a other allow	account, wances
None			-			
		·				
Total number of other employees paid over \$50,000	)	•		•		C
BAA	TEEA0306L 1	2/25/12	<del></del>		Form 990-PF	(2012)

Form <b>990-PF</b> (2012) Jacob E. Teitelbaum Family Foundation 52-213		Page 7
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	imployees,	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compens	sation
None		
	<del>                                     </del>	
Total number of others receiving over \$50,000 for professional services. ▶	<u> </u>	0
	l	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expense	es
1 N/A		
2		
<u> </u>		
<sup>3</sup>		
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 year on lines 1 and 2.	Amoun	t
1		
<u>N/A</u>		
<sup>2</sup>		
All other program-related investments. See instructions.		
3		
	L	
Total. Add lines 1 through 3 . ▶		0.
BAA	Form 990-PF	(2012)

Form 990-PF (2012) Jacob E. Teitelbaum Family Foundation	52-2139345	Page 8
Part X   Minimum Investment Return (All domestic foundations must complete this part see instructions.)	. Foreign found	ations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a Average monthly fair market value of securities	1 a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	_1 d	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.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of	perating founda	
and certain foreign organizations check here - and do not complete this par		
1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2012 from Part VI, line 5		
<b>b</b> Income tax for 2012. (This does not include the tax from Part VI)	<del>-</del>	
c Add lines 2a and 2b	2 c	
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	1 a	59,520.
<b>b</b> Program-related investments — total from Part IX-B	1 b	
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)	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	59,520.
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 instructions)	5	

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

6 Adjusted qualifying distributions. Subtract line 5 from line 4

BAA

Form **990-PF** (2012)

59,520.

6

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	<b>(c)</b> 2011	<b>(d)</b> 2012
1 Distributable amount for 2012 from Par	t XI,			0
Inne 7  2 Undistributed income, if any, as of the end of 2012	),			0.
a Enter amount for 2011 only			0.1	
<b>b</b> Total for prior years: 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2012:	-			
<b>a</b> From 2007 .   106,	334			
<b>b</b> From 2008 121,				
	203.			
	518.		Ì	
	809.			
f Total of lines 3a through e	361,784.			
4 Qualifying distributions for 2012 from P				<del></del>
XII, line 4· ► \$ 59, 52				
a Applied to 2011, but not more than line			0.	
<b>b</b> Applied to undistributed income of prio	-			
(Election required – see instructions)		0.		
<ul> <li>Treated as distributions out of corpus (Election required – see instructions)</li> </ul>	0.			
d Applied to 2012 distributable amount				0.
e Remaining amount distributed out of co	rpus 59,520.			
5 Excess distributions carryover applied to 2012	0.1			0.
(If an amount appears in column (d), the	ne -			
same amount must be shown in colum	n (a) )			
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	421,304.			
<b>b</b> Prior years' undistributed income Subt line 4b from line 2b	ract	0.		
c Enter the amount of prior years' undisti ed income for which a notice of deficier	ribut-			
has been issued, or on which the section 4942(a) tax has been previously assess	on l	0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2011. Subtract line 4a fr line 2a Taxable amount — see instructions	om		0.	
	<u></u>		0.	
f Undistributed income for 2012. Subtrac 4d and 5 from line 1. This amount mus distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
,				
8 Excess distributions carryover from 200 applied on line 5 or line 7 (see instruction)				
9 Excess distributions carryover to 2013 Subtract lines 7 and 8 from line 6a	. 314,970.			
0 Analysis of line 9:				
a Excess from 2008 121,	920.			
	203.			
	518.			
	809.			
	520.			

Form <b>990-PF</b> (2012) Jacob E. Teitelb				52-213934				
Part XIV Private Operating Founda	<del></del>				N/A			
1 a If the foundation has received a ruling or determined is effective for 2012, enter the date of the	ruling			•	4942(j)(5)			
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or								
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year Prior 3 years							
investment return from Part X for each year listed	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total			
<b>b</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					·			
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>								
3 Complete 3a, b, or c for the alternative test relied upon								
a 'Assets' alternative test - enter				1				
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under</li></ul>								
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		1.						
c 'Support' alternative test — enter.  (1) Total support other than gross								
investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					s.			
(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			<u> </u>					
Supplementary Information assets at any time during the	(Complete this	part only if the	foundation had	l \$5,000 or more				
1 Information Regarding Foundation Mana		istructions.)			N/A			
a List any managers of the foundation who have close of any tax year (but only if they have	e contributed more t	han 2% of the total co than \$5,000) (See	ontributions received section 507(d)(2))	by the foundation bef	ore the			
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the	10% or more of the foundation has a 1	stock of a corporation 10% or greater interest	on (or an equally large est	portion of the owner	ship of			
2 Information Regarding Contribution, Gran Check here ☐ If the foundation only ma requests for funds. If the foundation make complete items 2a, b, c, and d	akes contributions to es gifts, grants, etc	preselected charitabl (see instructions) to	le organizations and o o individuals or orga	nizations under othe	licited er conditions,			
a The name, address, and telephone number o	r e-mail of the perso	n to whom application	ns should be address	ed:				
<b>b</b> The form in which applications should be	submitted and info	rmation and materia	als they should inclu	de				
c Any submission deadlines					<del></del>			
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	ble fields, kinds of i	nstitutions, or other	factors			
				· · · · · · · · · · · · · · · · · · ·	orm 900 BF (2012)			
	I E	EA0310L 12/23/12		r	orm 990-PF (2012)			

Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	nt	
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	oonanoanon	
a Paid during the year	Substantial contributor			
Total.			► 3a	
b Approved for future payment  Total			▶ 3b	

# Part XVI-A Analysis of Income-Producing Activities

Enter gross	s amounts unless otherwise indicated	Unrelate	d business income	Excluded by	section 512, 513, or 514	
		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions.)
_	ram service revenue	-		code		
a b		<del>                                     </del>				
		<del>                                     </del>				
d		<del>                                     </del>	·	-		
e		+		<del></del>		
<u> </u>		1				
a Fees	and contracts from government agencies				-	
_	pership dues and assessments.	<del> </del>	<del></del> -			
3 Interes	t on savings and temporary cash investments					
4 Divide	ends and interest from securities					
5 Net re	ental income or (loss) from real estate					
a Debt-	financed property					
<b>b</b> Not d	ebt-financed property					
6 Net rer	ntal income or (loss) from personal property					
	investment income					
	r (loss) from sales of assets other than inventory		<del></del>			
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory	ļļ.				
11 Other	revenue.					
_						
с						
<u>"</u>		<del> </del>				
12 Subto	otal. Add columns (b), (d), and (e)	+		<del> </del>		
is iotal	. And line 1/ columns (b) (d) and (e)				13	- 13
	. Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculated	ons.)			13 _	0.
See works	heet in line 13 instructions to verify calculation		shment of Frem	nt Purnose	<del>-</del>	<u> </u>
See works Part XVI-	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works Part XVI-	heet in line 13 instructions to verify calculation	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works Part XVI Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI-  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI-  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI-  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI-  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI-  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI-  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI-  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	
See works  Part XVI-  Line No.	heet in line 13 instructions to verify calculation.  B Relationship of Activities to the	Accompli			es	y to the istructions )

# Form 990-PF (2012) Jacob E. Teitelbaum Family Foundation 52-2139345 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de	escribe	organization dire d in section 501 to political organ	(c) of the	e Code (oth	ngage in a ner than s	ny of the ection 50°	following 1(c)(3) o	g with rganiz	any ot zations	her orgar or in se	nization ction 5	27,				Yes	No
a Ti	ansfer	s from the repor	ting foun	ndation to a	a nonchar	ıtable exe	mpt orga	anızat	ion of								
(1	) Cash	า												1	a (1)		Х
(2	) Othe	r assets												_1	a (2)		X
<b>b</b> O	ther tra	insactions:															
(1	) Sale	s of assets to a	nonchari	ıtable exen	npt organi	zation								1	b (1)		X
(2	) Purc	hases of assets	from a n	noncharitat	ole exemp	t organiza	ation							1	b (2)		X
(3	) Rent	al of facilities, e	quipmen	it, or other	assets									1	b (3)		X
(4	) Reim	nbursement arra	ngement	ts										1	b (4)		X
(5	<b>)</b> Loan	ns or loan guara	ntees	•										1	b (5)		X
(6	) Perfe	ormance of serv	ices or m	nembership	p or fundr	aising sol	icitations	5						1	b (6)		X
c S	haring	of facilities, equ	ipment, r	mailing list	ts, other a	ssets, or	paid em	ploye	es					1	С		X
<b>d</b> If th ai	the and e goods ny trans	swer to any of to s, other assets, o saction or sharir	he above r services ng arrang	e is 'Yes,' o given by th gement, sh	complete t he reportin	he followi g foundation	ing sche on If the ne value	dule found of the	Columi lation re	n <b>(b)</b> shou eceived les s, other as	uld alwa ss than ssets, o	ays shov fair marl or service	w the fa ket valu	air marl e in eived	ket val	ue of	
(a) Line		(b) Amount involve		(c) Name of						Description					ng arrai	ngemen	ts
N/A		(2)					<b>3</b>	-	<u> </u>	•			······································				
		•															
																-	
												-					
							· <u>·</u> ·										
		•			'												
d	escribe	indation directly o d in section 501 complete the fol	(c) of the	e Code (oth							itions				Yes	X	No
	(a)	Name of organ	ization		(b)	Type of	organiza	ition			(c)	Descrip	tion of	relation	nship		
N/A																	
	Under po	enalties of perjury, I o and complete Declar	declare that	I have examin	ned this return	n, including a	accompanyi all informa	ng sche	edules an	d statements	s, and to f	the best of	my know	ledge and	belief,	it is true	
Sign			1		-)"		7 1.0	12	•		- A -	./.		<u> </u>	May the	IRS disc	uss
lere	Signal	huro of officer or head	A.A.				-14-1	<u> </u>		<i>PVMC</i> tle	VIF	MK	1000	<u>~</u>  }	reparer see inst	ructions)	2
	Signa	ture of officer or trust			LAS <sub>70</sub>	Date arer's signa			11	Date				, PTI		Yes	No
		1			1			//	n. I		- /1 0	Check		"			
Paid		Charles H			<del>, (</del>	men (1	/ <b>/</b> /	4		1 6/0€			mployed		131:	L443	
repa		Firm's name		stas &				\/				Firm's EIN	- 52	-2284	1992		
Jse C	nly	Firm's address		B-F For						-		<b>5</b> 1	/ 4	10)	200	-000	
200		L	Anna	polis,	MD 21	401						Phone no	(4	10) :			
BAA														Fo	rm <b>99</b> (	J-YF (2	(012)

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

2012

Name of the organization	· · · · · · · · · · · · · · · · · · ·	Employer identification number				
Jacob E. Teitelbaum Family For	undation	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 <b>not</b> treated as a	private foundation				
527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust treated as a private trus	vate foundation				
	501(c)(3) taxable private foundation					
Charle if your avanuation is assessed by the Co	morel Bule as a Consist Bule					
Check if your organization is covered by the Ge	neral Rule or a Special Rule					
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	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 mone	ey or property) from any one				
contributor (Complete Parts I and II.)						
Special Rules						
For a section 501(c)(3) organization filing Fo	orm 990 or 990-EZ that met the 33-1/3% support test of the	regulations under sections				
(2) 2% of the amount on (i) Form 990, Part	from any one contributor, during the year, a contribution of VIII, line 1h or (ii) Form 990 EZ, line 1. Complete Parts I a	the greater of (1) \$5,000 or nd II				
	n filing Form 990 or 990-EZ that received from any one contribu					
total contributions of more than \$1,000 for u	ise exclusively for religious, charitable, scientific, literary, o	r educational purposes, or				
the prevention of cruelty to children or anim	• • •					
For a section 501(c)(7), (8), or (10) organization contributions for use exclusively for religious, cl	n filing Form 990 or 990-EZ that received from any one contribunaritable, etc, purposes, but these contributions did not total to i	tor, during the year,				
If this box is checked, enter here the total contr	ibutions that were received during the year for an <i>exclusively</i> re	ligious, charitable, etc.				
	ss the General Rule applies to this organization because it rece	_ <del>-</del>				
religious, charitable, etc, contributions of \$5	,000 or more during the year	►\$				
Caution: An organization that is not covered by the General R	ule 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 Part I, 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).					
BAA For Paperwork Reduction Act Notice, see or 990-PF.	s the instructions for Form 990, 990EZ, Schedule B (	Form 990, 990-EZ, or 990-PF) (2012)				

Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012)	Page	1	of	1	of Part 1
Name of organization	Employer i	dentific	cation numb	er	
Jacob F. Teitelbaum Family Foundation	52-21	393	15		

Partu C	Contributors	(see instructions)	Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Enzymatic Therapy  825 Challenger Drive  Green Bay, WI 54311	\$164,093.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Miscellaneous Contributors	\$8,743.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Europharma	\$88,426.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution )

1 of Part II

Jacob E. Teitelbaum Family Foundation

Employer identification number

52-2139345

Part II. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(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
		\$\$	
AA		Schedule <b>B</b> (Form 990, 990-F	7 000 PE) #

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

chedule B	(Form	990.	990-EZ.	or 990-PF)	(2012)

Page

of Part III

N/A

Name of organization

Employer identification number

	Teitelbaum			52-2139345
Partill語 E	xclusively relic	ious, cha	ritable, etc. individual contributions to section 501(c)(7)	. (8) or (10)

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once See instructions)

Use duplicate copies of Part III if additional space is needed.

	Ose duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
		(e) Transfer of gift		
	Transferee's name, addres	Fransfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		1
	Transferee's name, addres	is, and ZIP + 4	Rela	ationship of transferor to transferee
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift	Rela	ationship of transferor to transferee
	Transfere S Hame, address	3, did 2ii - 7	11010	adonsing of dansieror to dansieroe
			-	
(a)	(b)	(6)		(4)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	,	(d) Description of how gift is held
<del></del>				
		(e) Transfer of gift		<u> </u>
	Transferee's name, addres	Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee

2012	Fe	deral Stater	ments		Page
Client 2	Jacob E. 1	Teitelbaum Family Foundation			52-213934
6/06/13					11:21A
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees					
Tay Poturn Propagation		(a) Expenses per Books \$ 695.	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Tax Return Preparation	Total	\$ 695.	\$ 0.	\$ 0.	\$ 0.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses					
		(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Autism Study Bank Fee Conference/Research Cent	er Develor	\$ 20,844. 16.			- <del>-</del>
Contract Labor	cr beverop	65,229.			
Domestic Harmony Project Families in Need Program Fibromyalgia/CFS Educati	1	22,305. 4,500. 2,345. 88,721.			
Fluency Project	Total	\$ 204,912.	\$ 0.	\$ 0.	\$ 0.
Statement 3 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Gran  Cash Grants and Allocati					
Class of Activity: Donee's Name: Donee's Address:		P.O. Box 14		ncil	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	Austin, TX None 501(c)(3)	70714		\$ 13,500.
Class of Activity: Donee's Name: Donee's Address:			rs Landing Ro	ì	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	Hampton, VA None 501(c)(3)	1 23009		280.
Class of Activity: Donee's Name: Donee's Address:		SEVA Founda	reet		
Relationship of Donee: Organizational Status of	Donee:	Berkley, CA None 501(c)(3)	A 94/1U		

2012	Federal Statements	Page 2
Client 2 Jacob	E. Teitelbaum Family Foundation	52-2139345
6/06/13		11:21AM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants		
Amount Given:		\$ 1,400.
Class of Activity: Donee's Name: Donee's Address: Relationship of Donee:	International Myopain Society P.O. Box 690402 San Antonio, TX 78201 None	
Organizational Status of Donee: Amount Given:	501(c)(3)	330.
Class of Activity: Donee's Name: Donee's Address:	ABJDS 1125 Spa Road Annapolis, MD 21403	
Relationship of Donee: Organizational Status of Donee: Amount Given:	None 501(c)(3)	1,580.
Class of Activity: Donee's Name: Donee's Address:	International Rescue Committee P.O. Box 5058 Hagerstown, MD 21741	
Relationship of Donee: Organizational Status of Donee: Amount Given:	None 501(c)(3)	19,250.
Class of Activity: Donee's Name: Donee's Address:	Intl Campaign For Tibet 1825 Jefferson Pl Washington, DC 20036	
Relationship of Donee: Organizational Status of Donee: Amount Given:	None 501(c)(3)	2,110.
Class of Activity: Donee's Name: Donee's Address:	Hawaii Botanical Garden PO Box 80 Papckou, HI 96741	
Relationship of Donee: Organizational Status of Donee: Amount Given:	None 501(c)(3)	500.
Class of Activity: Donee's Name: Donee's Address:	AHMA 12101 Menaul Blvd NE Albuquerque, NM	
Relationship of Donee: Organizational Status of Donee: Amount Given:	None	335.
Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Organizational Status of Donee:	Conservation Council of Hawaii PO Box 2923 Honolulu, HI 96802 None	

2012	Federal Statements		Page 3
Client 2 Jaco	ob E. Teitelbaum Family Foundation		52-2139345
6/06/13		-	11 21AM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants			
Amount Given:		\$	25.
Class of Activity: Donee's Name: Donee's Address:	Vitamin Angels PO Box 42029 Santa Barbara, CA 93140		
Relationship of Donee: Organizational Status of Donee Amount Given:	None		13,400.
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:	·		1,380.
Class of Activity: Donee's Name: Donee's Address:	Komens Breast Cancer Cure PO Box 9223 New York, NY 10057		
Relationship of Donee: Organizational Status of Donee Amount Given:	·		100.
Class of Activity: Donee's Name: Donee's Address:	Hawaii Food Bank 140B Holumua Street Hilo, HI 96720		
Relationship of Donee: Organizational Status of Donee Amount Given:			872.
Class of Activity: Donee's Name: Donee's Address:	AAPM 13947 Monowayla Sanoma, CA 95370		
Relationship of Donee: Organizational Status of Donee Amount Given:			250.
Class of Activity: Donee's Name: Donee's Address:	MS Society 4440 Lake Forest Drive #120 Cincinatti, OH 45242		
Relationship of Donee: Organizational Status of Donee Amount Given:			180.
Class of Activity: Donee's Name: Donee's Address:	IWME PO Box 804 Floyd, VA 24091		
Relationship of Donee: Organizational Status of Donee	<b>:</b> :		ı

2012 F	ederal Statements		Page 4
Client 2 Jacob E	E. Teitelbaum Family Foundation		52-2139345
6/06/13		<u> </u>	11 21AM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants			
Amount Given:		\$	1,800.
Class of Activity: Donee's Name: Donee's Address:	Fibromyalgia Coalition Intl 5201 Johnson Street Mission, KS 66205		
Relationship of Donee: Organizational Status of Donee: Amount Given:	MISSION, AS 00203		600.
Class of Activity: Donee's Name: Donee's Address:	Sierra Club 85 Second Street San Francisco, CA 94105		
Relationship of Donee: Organizational Status of Donee: Amount Given:	Sail Flancisco, CA 94103		180.
Class of Activity: Donee's Name: Donee's Address:	Taglit Birthright Israel PO Box 1784 Honolulu, HI 96802		
Relationship of Donee: Organizational Status of Donee: Amount Given:	nonotutu, ni 90002		1,448.
		Total \$	59,520.