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### Form **990-PF**

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

2013

OMB No 1545 0052

Department of the Treasury Internal Revenue Service ► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

F	or cale	endar	year 2013, or tax year beginn	ing	, 2013	, and ending		, , ,		
7	16-6	326	Teitelbaum Family Kaheiau St	Found	ation		A B	Employer identification in 52-2139345 Telephone number (see the	e instructions)	
K	(aılı	ua r	Kona, HI 96740					410-562-7409	<u> </u>	_
G	Che	ck all	that apply   Initial return	<u> </u>	Initial return of a form	mer public charity	С	If exemption application	s pending, check here	•
			Final return	μ.	Amended return	,	D	1 Foreign organizations, ch	eck here	•
_			Address ch		Name change	<del></del>		2 Foreign organizations me		_
Н	С	_			(c)(3) exempt private f	oundation private foundation	_	here and attach computati		Ш
_	Section 4947(a)(1) nonexempt charitable tri  Fair market value of all assets at end of year   J Acc		counting method X C	<u> </u>	E	If private foundation statured under section 507(b)(1)(				
•			rt II, column (c), line 16)		Other (specify)  column (d) must be or		F	If the foundation is in a 6 under section 507(b)(1)(l		· 🗌
I	Part I		nalysis of Revenue and openses (The total of amou		(a) Revenue and	(b) Net investmen	nt	(c) Adjusted net	(d) Disbursement	
		co sa	lumns (b), (c), and (d) may no rily equal the amounts in colu se instructions).)	t neces-	expenses per books	ıncome		income	for charitable purposes (cas basis only)	
_		1	Contributions, gifts, grants, etc, receiv		266,710.		· ·			
		3	Interest on savings and temp					-		
			cash investments  Dividends and interest from securitie	,					-	
>			Gross rents	•						
		ļ.	Net rental income or (loss)							
	R		Net gain/(loss) from sale of assets not Gross sales price for all	on line 10					-	
	V E N	7	assets on line 6a Capital gain net income (from Part IV,	line 2)						
,	U	8	Net short-term capital gain Income modifications							
1	Ε	10 a	Gross sales less returns and							
		b	allowances Less Cost of goods sold							
			: Gross profit/(loss) (att sch)							_
		11	Other income (attach schedu	le)	-					
		12	Total. Add lines 1 through 11		266,710.		0.	0		
_		13 14	Compensation of officers, directors, tr Other employee salaries and wages	ustees, etc.	0.					
			Pension plans, employee ber	nefits						
	A D	l	Legal fees (attach schedule)	<b>2.</b> 1		PEC	_			_
	M	ı .	Accounting fees (attach sch) See : Other prof fees (attach sch)	e St 1	695.	1 TO TO		YED	-	
(	O I	17	Interest			199 MAY 1	_	1. 78	-	
į	O S T R A T	18	Taxes (attach schedule)(see instrs) Depreciation (attach		,	MAY I	3	2014	-	
:	A A		sch) and depletion			LOGDE	0.0	HS.		
į	N V	20	Occupancy Travel, conferences, and me	etinas			M	LUE	<del>-</del>	
í	A E N X D P	22	Printing and publications.	•						
Ì		23	Other expenses (attach sche See State)	-	211,322.					
	E N S E	24	Total operating and administ	rative						
	š	25	expenses. Add lines 13 throu Contributions, gifts, grants paid St	gn 23 mt 3	212,017. 54,260.				54,26	50
		26	Total expenses and disburse Add lines 24 and 25					_	.—	
_		27	Subtract line 26 from line 12:		266,277.		0.	0	. 54,26	υ.
		a	Excess of revenue over expe	nses	433.					
		t	Net investment income (if negative, e	nter 0)	455.		0.			
_	A A		Adjusted net income (if negative, enter		- ctions			0	Form <b>990-PF</b> (2	012
ㅂ	MA F	or ra	perwork Reduction Act Notice	:, see inst	rucuoris.		166	A0504L 10/18/13	romi <b>330-PF</b> (2)	UIS

Parl	<u> </u>	Balance Sheets	column should be for end-of year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	l-bearing	18.	451.	
	2	Savings and tempor	rary cash investments			
	3	Accounts receivable			<b>_</b>	= -
		Less. allowance for	doubtful accounts	-		
	4	Pledges receivable	·	-		
		Less. allowance for	doubtful accounts			
	5	Grants receivable				
	6	Receivables due from offi	cers, directors, trustees, and other			_
		disqualified persons (atta	ich schedule) (see instructions).			
	7	Other notes and loans rec	` '			
A S E T		Less allowance for	doubtful accounts			
S	8	Inventories for sale	or use			
T	9	Prepaid expenses a	nd deferred charges			
Š	10 a	Investments – U.S. obligations (attach s	and state government schedule)			
	b	Investments — corporate	stock (attach schedule) .			
	c	: Investments — corporate	bonds (attach schedule)			
	11	Investments - land, equipment, basis	, buildings, and			
		Less: accumulated deprec (attach schedule)	ciation •			
i	12	Investments - mort	gage loans			
	13	Investments - other	r (attach schedule)			
	14	Land, buildings, and	d equipment. basis ►			
		Less accumulated depred (attach schedule)	ciation		_	
	15	Other assets (descr		)	-	
	16	Total assets (to be a see the instructions	completed by all filers — . Also, see page 1, item I)	18.	451.	0.
L	17		nd accrued expenses.	10.	101.	<u> </u>
ļ	18	Grants payable				
A B	19	Deferred revenue				1
- [	20	Loans from officers, direc	ctors, trustees, & other disqualified persons		······	
ī	21	Mortgages and other note	es payable (attach schedule)			1
Ţ	22	Other liabilities (des	scribe >	)		
Ė		Takal Calabilities /add		0		
<u>s</u>	23	•	I lines 17 through 22)	0.	0.	-
			24 through 26 and lines 30 and 31.			
NF	24	Unrestricted				
E U T N	25	Temporarily restrict				ļ
, D	26	Permanently restric				
A S B S A		Foundations that do and complete lines	o not follow SFAS 117, check here 27 through 31.	X		
E L T A	27	Capital stock, trust	principal, or current funds	18.	451.	
SŅ	28	Paid-in or capital surplus	s, or land, building, and equipment fund			1
OE	29	Retained earnings, accum	nulated income, endowment, or other funds			1
RS	30	Total net assets or	fund balances (see instructions)	18.	451.	
	31	Total liabilities and (see instructions)	net assets/fund balances	18.	451.	]
Dar	<u> </u> 	•	nges in Net Assets or Fund Bala		451.	
		<u>-</u>	<del></del>			
1	Tota	I net assets or fund b	palances at beginning of year — Part II, co ed on prior year's return)	lumn (a), line 30 (must ag	ree with	18.
2		r amount from Part I	• •		2	433.
3		increases not included in I	•		3	433.
4		lines 1, 2, and 3				451.
5		ases not included in line 2	(itemize) ►		5	451.
_			palances at end of year (line 4 minus line 5	5) – Part II, column (b) lir	<del> </del>	451.
<del></del>	. 5.4		The state of the s	-,,,, (5),		Form <b>900 PF</b> (2013)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)					red (C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	N/A					
b						
C	:	<del>-</del>				
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) m	
а					-	
t						
	:					
d						
е						
	<u> </u>	ng gain in column (h) and owned by			(I) Gains (Coli	
	(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 ar		gain minus column (k) than -0-) or Losses (fro	
a	l					
b	<u> </u>					
	:					
е	·				<del></del>	
2	Capital gain net income or (net		o enter in Part I, line 7 iter -0- in Part I, line 7	-	2	
3	Net short-term capital gain or (le	oss) as defined in sections 1222(5) a	and (6):			
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see instructions) If (l	loss), enter -0-	-	3	
ୀ 2ଲ	Qualification Under	Section 4940(e) for Reduce	ed Tax on Net Investme	ent Incom	е	
Was		is part blank ion 4942 tax on the distributable amo fy under section 4940(e) Do not con	• •	period?	Yes	☐ No
1	Enter the appropriate amount in	each column for each year; see the	instructions before making a	ny entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (d	<b>(d)</b> Distribution column (b) divided l	
	2012				- 151.51	
	2011					
	2010					
	2009					
	2008					
2	Total of line 1, column (d)				2	
3		e 5-year base period – divide the tot has been in existence if less than 5			3	
4	Enter the net value of noncharit	able-use assets for 2013 from Part >	K. line 5		4	
			.,		5	
5	Multiply line 4 by line 3				<b>5</b>	=.
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)		-	6	
7	Add lines 5 and 6.				7	
8	Enter qualifying distributions fro	m Part XII, line 4			8	<del></del>
	If line 8 is equal to or greater the Part VI instructions	an line 7, check the box in Part VI, I	line 1b, and complete that pa	irt using a 1%	tax rate. See the	

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 49	40(b), 4	940(e), or 4948 — se	e instructio	ns)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here	N/A' on I	ine 1		- 2 2	
	Date of ruling or determination letter (attach copy of letter if necessary	y – see	instrs)			
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V,						
	check here. ▶ ☐ and enter 1% of Part I, line 27b					₹. +-2
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, Ii	ine 12, co	lumn (b)	<b>阿诺斯斯</b> 多种		
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			2		0.
3 Add lines 1 and 2						0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	ns only	Others enter -0-)	4		0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter	r -0-		5		0.
6	Credits/Payments					
а	2013 estimated tax pmts and 2012 overpayment credited to 2013	6a				
b	Exempt foreign organizations — tax withheld at source	6 b				200-50
С	Tax paid with application for extension of time to file (Form 8868)	6 c				· 文字》
d	Backup withholding erroneously withheld	6 d				
7	Total credits and payments. Add lines 6a through 6d			7		0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2	220 is a	attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9		0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			► 10		
11	Enter the amount of line 10 to be. Credited to 2014 estimated tax		Refunded	► 11		
Parl	VII-A Statements Regarding Activities				leaves w/	
1 a	During the tax year, did the foundation attempt to influence any national, state, or	r local l	egislation or did it			Yes No
	participate or intervene in any political campaign?				1 a	<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for politic (see the instructions for definition)?	cal purp	ooses		1 ь	X
If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.						
c	Did the foundation file Form 1120-POL for this year?				1 c	Х
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed	during (			-	Br. C.
	(1) On the foundation •\$ 0. (2) On foundation mar	nagers	<b>►</b> \$		<u>)</u>	\$/.
е	Enter the reimbursement (if any) paid by the foundation during the year for politic foundation managers	сат ехре	enaiture tax imposed	оп		320
•	foundation managers   \$ 0.  Has the foundation engaged in any activities that have not previously been report	ted to th	ne IRS?		2	Х
2	If 'Yes,' attach a detailed description of the activities.	ieu io ii	ie ii to			A A
	•					
	Has the foundation made any changes, not previously reported to the IRS, in its of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformation of the instruments of the instru	med co	py of the changes	es	3	X
	Did the foundation have unrelated business gross income of \$1,000 or more during	ng the y	ear <sup>9</sup>		4 a	X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?				4 b	N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5	X
	If 'Yes,' attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa	atisfied	either.			
	By language in the governing instrument, or					*
	<ul> <li>By state legislation that effectively amends the governing instrument so that no with the state law remain in the governing instrument?</li> </ul>	manda	itory directions that o	conflict	6	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II,	column (	c), and Part XV		7	X
8 a	Enter the states to which the foundation reports or with which it is registered (see	e instru	ctions)	•		-
	MD					
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	eral			8 b	N/A
_	Is the foundation claiming status as a private operating foundation within the mea	anine e	section 494241/21 o	r 4942(1)(E)		
9	for calendar year 2013 or the taxable year beginning in 2013 (see instructions for	Part X	IV)? If 'Yes,' comple	te Part XIV	9	Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' at	tach a s	schedule listing their	names	10	x
BAA	and addresses					0-PF (2013)

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charitable purposes?

the tax year beginning in 2013?

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N/A

3 b

4a

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

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

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Part VILB Statements Regarding Activit		n 4720 May Be Rec	uired (continued)	
5a During the year did the foundation pay or incur	•		O O	
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e)) <sup>7</sup>	∐ Yes X	No
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	c election (see section a tion drive?	4955), or to carry		No
(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?	∐ Yes X	No
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instruc	ganization described tions)	Yes X	No
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	literary, or or animals?	Yes X	No
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the described in Regulations section 53 4945 or in (see instructions)?	a current notice regardi	ng disaster assistance	ons	5b N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ _	l ·
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ibility for the grant?	•	N/A Yes	No
If 'Yes,' attach the statement required by Regu		• •		
6a Did the foundation, during the year, receive an on a personal benefit contract?				No Ch V
<b>b</b> Did the foundation, during the year, pay premile If 'Yes' to 6b, file Form 8870.	ums, airectly or indirectl	y, on a personal benefi	contract?	6b X
7a At any time during the tax year, was the found	ation a party to a probit	oited tax shelter transac	tion? Yes X	No
<b>b</b> If 'Yes,' did the foundation receive any proceed				1/A 7b
Part VIII Information About Officers, Dire				==
and Contractors				
1 List all officers, directors, trustees, foundation	T	mpensation (see instru		T
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Jacob E. Teitelbaum 76-6326 Kaheiau Street Kailua Kona, HI 96740	President 0	0.	0.	0.
				,
				<del> </del>
2 Compensation of five highest-paid employees	(other than those inclu	ided on line 1 – see ins	tructions). If none, ente	r 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None			·	<u> </u>
				<del></del>
	_			<del></del>
	1			
		<u></u>		
Total number of other employees paid over \$50,000 BAA	TEEA0306L 0	07/10/13		Form <b>990-PF</b> (2013)

Form 990-PF (2013) Jacob E. Teitelbaum Family Foundation Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	on Managers, Highly Paid Emp	39345 Page 7 loyees,
3 Five highest-paid independent contractors for professional services (see inst	ructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
None	-	
<del>-</del>		
· ·		
Total number of others receiving over \$50,000 for professional services.		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 <u>N/A</u>		_
		_
2		-
		-
3		_
		_
4		<u> </u>
Part IX B Summary of Program-Related Investments (see instru	ctions)	
Describe the two largest program-related investments made by the foundation during	ng the tax year on lines 1 and 2.	Amount
1		_
N/A		_
2		
<b>6</b>		_

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All other program-related investments See instructions

Total. Add lines 1 through 3

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Par	Minimum Investment Return (All domestic foundations must complete this part see instructions.)	. Foreign founda	tions,
	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.  Average monthly fair market value of securities	1 a	
	Average of monthly cash balances	1 b	
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	0.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	ा वहते	
_	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	
-	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.
	Minimum investment return. Enter 5% of line 5.	6	0.
Par			
	and certain foreign organizations check here ☐ and do not complete this par		
1	Minimum investment return from Part X, line 6	1	-
<b>2</b> a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI)		
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.
Par	tXII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	54,260.
	Program-related investments — total from Part IX-B	1 b	01,200.
	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	
t	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	54,260.
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	54,260.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years	her the foundation	

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#### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2012	<b>(c)</b> 2012	<b>(d)</b> 2013
Distributable amount for 2013 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20		0.	* *	
3 Excess distributions carryover, if any, to 2013:				
a From 2008 121, 920.				
<b>b</b> From 2009 41, 203.				
<b>c</b> From 2010 36, 518.				
<b>d</b> From 2011 55, 809.		+		
e From 2012 59, 520.				
f Total of lines 3a through e	314,970.			
4 Qualifying distributions for 2013 from Part				
XII, line 4. ► \$54,260.			_	
a Applied to 2012, but not more than line 2a			0.	_
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
		<u> </u>		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2013 distributable amount				0.
e Remaining amount distributed out of corpus	54,260.			
5 Excess distributions carryover applied to 2013.	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)		-"		
same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	369,230.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount — see instructions		0.		
e Undistributed income for 2012. Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2013 Subtract lines			•	
4d and 5 from line 1 This amount must be distributed in 2014			i	0
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
· · ·	U.	-		· · · · · · · · · · · · · · · · · · ·
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	121,920.			
9 Excess distributions carryover to 2014.	-			
Subtract lines 7 and 8 from line 6a	247,310.			
10 Analysis of line 9				
a Excess from 2009 41, 203.				
<b>b</b> Excess from 2010 36, 518.				
c Excess from 2011 55,809.				:
d Excess from 2012 59, 520.				
e Excess from 2013 54,260.				Form 000 BE (2012)

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Part		Private Operating Founda					N/A
	is effect	undation has received a ruling or d tive for 2013, enter the date of the r	uling	•	-	_ •	1040(15)
		oox to indicate whether the foundati		erating foundation de	4942(j)(3) or	4942(j)(5)	
		ne lesser of the adjusted net from Part I or the minimum	Tax year (a) 2013	<b>(b)</b> 2012	Prior 3 years (c) 2011	(d) 2010	(e) Total
	each ye	ent return from Part X for ear listed	(a) 2013	(6) 2012	(6) 2011	(d) 2010	(e) Total
	85% of				<u> </u>		
	line 4 fo	ng distributions from Part XII, or each year listed					
	for active	included in line 2c not used directly conduct of exempt activities					
	for active Subtract	ng distributions made directly re conduct of exempt activities tt line 2d from line 2c					
		te 3a, b, or c for the ive test relied upon					
_		alternative test - enter					
	• •	ue of all assets					
	sec	ue of assets qualifying under tion 4942(j)(3)(B)(i)					
	minimum	ent' alternative test — enter 2/3 of investment return shown in Part X, each year listed					
С	'Suppor	t' alternative test – enter					
	inve divi on:	al support other than gross estment income (interest, dends, rents, payments securities loans (section (a)(5)), or royalties)					
	more	port from general public and 5 or e exempt organizations as provided extion 4942(j)(3)(B)(iii)					
	`´an	gest amount of support from exempt organization					
		ss investment income	<u> </u>				
Part	LXV	Supplementary Information assets at any time during th	(Complete thi ie year – see i	s part only if the nstructions.)	e foundation ha	d \$5,000 or mor	e in N/A
		tion Regarding Foundation Manage					
а	List any close o	managers of the foundation who h fany tax year (but only if they have	ave contributed micontributed more	ore than 2% of the to than \$5,000). (See s	otal contributions rec section 507(d)(2).)	eived by the founda	tion before the
			100/	,		1	
		managers of the foundation who overship or other entity) of which the				y large portion of the	e ownership of
	Informa	ition Regarding Contribution, Gran	t Gift Loan Schol	larchin etc Program	ne:		
	Check I request	nere \(^{\bigcirc}\) If the foundation only makes for funds. If the foundation makes	nakes contributions	to preselected char	ritable organizations	•	
		te items 2a, b, c, and d. me, address, and telephone numbe	r or e-mail of the r	person to whom ann	lications should be a	ddressed	
а	THE Hai	ne, address, and telephone numbe	i or e-man or the p	berson to whom appr	ilications should be a	adressed	
ь	The for	m in which applications should be s	ubmitted and infor	mation and material	s they should include		
c	Any su	omission deadlines					
d	Any res	trictions or limitations on awards, s	uch as by geograp	phical areas, charitat	ole fields, kinds of in	stitutions, or other fa	actors.

3 Grants and Contributions Paid During the Ye	or or Approved for Firth	o Payment			
3 Grants and Contributions Paid During the Te	ar or Approved for Futur	e rayment	T	<del> </del>	
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	contribution		
a Paid during the year		_	<del> </del>		
a raid during the year				İ	
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<b>b</b> Approved for future payment					
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Form 990-PF (2013)

#### Part XVI-A Analysis of Income-Producing Activities

BAA

Enter gros	ss amounts unless otherwise indicated	Unrelated	ousiness income	Evoluded	by section 512, 513, or 514	
grou	os anteante anteas otherwise maleatea	(a) Business	(b) Amount	(c) Exclu-	(d) Amount	(e) Related or exempt function income
1 Prog	gram service revenue.	code		sion		(See instructions)
a						
b						
c						
d				1		
e						
- <del>-</del>						
_	s and contracts from government agencies	-				-
	nbership dues and assessments est on savings and temporary cash investments		<del></del>			
	dends and interest from securities					
	rental income or (loss) from real estate					·· <u> </u>
	t-financed property				• • • • • • • • • • • • • • • • • • • •	
	debt-financed property					
	ental income or (loss) from personal property			1		
	er investment income			<u> </u>		
8 Gain	or (loss) from sales of assets other than inventory					
9 Net	income or (loss) from special events				· · · · · · · · · · · · · · · · · · ·	
10 Gros	ss profit or (loss) from sales of inventory				_	
<b>11</b> Othe	er revenue	Ĭ.				
a						
b		ļ			-	. ,
·.—					·-·········	
d						
12 Sub	total Add salumna (h) (d) and (a)					
	total Add columns (b), (d), and (e)				12	
13 Tota	al. Add line 12, columns (b), (d), and (e)	ns.)			13	0.
13 Tota (See work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	<del></del>	nment of Exem	ot Purpo		0.
13 Tota (See work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the	e Accomplisi			oses	
13 Tota (See work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the
13 Tota (See work Part) XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  Relationship of Activities to the Explain below how each activity for which income.	e Accomplisi	I in column (e) of Pa	art XVI-A o	oses	o the

TEEA0502L 07/11/13

# Form 990-PF (2013) Jacob E. Teitelbaum Family Foundation 52-2139345 Para XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	d 11								Yes	No
de	d the organization direct escribed in section 501( lating to political organi	c) of the Code (o					7,			
	ansfers from the report		a noncharitable e	exempt organ	ızatıon of					
(1)	) Cash	_						1 a	(1)	Х
	Other assets							1 a		X
<b>b</b> 0	ther transactions.									
(I	Sales of assets to a	noncharitable exe	empt organization					1 b	(1)	Х
(2	Purchases of assets	from a noncharita	able exempt organ	nızatıon				1 b	(2)	X
(3	) Rental of facilities, ed	guipment, or othe	r assets					1 b		X
•	) Reimbursement arrai							1 b		X
(5	) Loans or loan guarar	itees						1 b	-	X
(6	Performance of servi	ces or membersh	nip or fundraising	solicitations				1 b	(6)	X
c SI	narıng of facılıtıes, equi	pment, mailing lis	sts, other assets,	or paid emplo	yees.			1 c		X
<b>d</b> If th ar	the answer to any of the goods, other assets, by transaction or sharin	e above is 'Yes,' or services given g arrangement, s	complete the follow by the reporting how in column (d	owing schedu foundation. If <b>)</b> the value of	le Column the founda the goods.	( <b>b)</b> should alwa ition received le: other assets, o	ys show the ss than fair r r services re	faır market v narket value ceived	alue of in	
(a) Line	<u> </u>	<u> </u>	of noncharitable exem			Description of trans			arrangemen	ts
N/A		(-)			\ <u>\```</u>		<u> </u>			
,										
					+					
									,	
			<del></del>							
<b>2a</b> ls	the foundation directly escribed in section 501(	or indirectly affili c) of the Code (o	ated with, or relat	ted to, one or 501(c)(3)) or	more tax-e	exempt organiza 527?	tions		Yes X	No
<b>b</b> If	'Yes,' complete the foll	owing schedule							-	_
	(a) Name of organi	zation	<b>(b)</b> Type	of organizati	on	(c	) Description	of relationsh	ıp	
N/A										-
	_	·								
			<u> </u>							
	Under penalties of perjury, I decorrect, and complete Declar	lare that I have examine	ed this return, including a	ccompanying sche	dules and state	ments, and to the best reparer has any know	of my knowledge vledae	and belief, it is tri	ie,	
Sign	Solvedit, and somplete Section	/ .//_		<u></u>					the IRS dis	cuss
Here				1551	· <b>y</b> .	Torse for	•	this	return with parer shown	the
Here	Signature of officer of trust			Date	<del>/</del> -	itle		(see	instruction X Yes	s)?
	Print/Type preparer	_	Prepare/s		<del>//                                   </del>	Date	Charle	PTIN	A Tes	No
<u> </u>			17/1		C. INN		Check		211441	<b>.</b>
Paid	Charles H		VIII COLOR	<del>/////</del>	LAN!	5/01/14	self-employ		311443	
Prepa		Kupstas &		IC /	/		Firm's EIN ►	52228499		
Use O	nly Firm's address		rest Drive		•	<del> </del>		(410) 20	0 500	0
	1	Annapolis	, MD 21401				Phone no	(410) 26		
BAA								Forn	n <b>990-PF</b>	(2013)

#### 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
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

2013

Name of the organization		Employer identification number			
Jacob E. Teitelbaum Family Foundation 52-2139345					
Organization type (check one).					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <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 prival	te foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the Ger	neral Rule or a Special Rule .				
	·				
<b>Note.</b> Only a section 501(c)(7), (8), or (10) organ	uzation can check boxes for both the General Rule and a Spe	aciai Rule. See instructions.			
General Rule					
[X] For an organization filing Form 990, 990-EZ, contributor. (Complete Parts I and II)	or 990-PF that received, during the year, \$5,000 or more (in	money or property) from any one			
Special Rules					
<u>-</u>	rm 990 or 990-E7 that met the 33-1/3% support test of the re	agulations under sections			
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II					
For a section 501(c)(7), (8), or (10) organiza	tion filing Form 990 or 990-EZ that received from any one col	ntributor, during the year,			
total 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					
	tion filing Form 990 or 990-EZ that received from any one co	ntributor, during the year.			
contributions for use exclusively for religious	, charitable, etc, purposes, but these contributions did not to ontributions that were received during the year for an <i>exclusi</i>	etal to more than \$1,000.			
	nless the <b>General Rule</b> applies to this organization because i				
religious, charitable, etc, contributions of \$5	,000 or more during the year	<b>►</b> \$			
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file Sche	edule B (Form 990, 990-FZ, 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 its Form 990-PF,					
Part I, line 2, 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.	the Instructions for Form 990, 990EZ, Schedule B (	(Form 990, 990-EZ, or 990-PF) (2013)			

1 of

1 of **Part 1** 

Name of organization

Employer identification number

Jacob E. Teitelbaum Family Foundation

52-2139345

Law ii	Continuators (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		
1	Enzymatic Therapy		Person X Payroll		
	825 Challenger Drive	\$ <u>148,835.</u>	Noncash		
	Green_Bay,_WI_54311		(Complete Part II for noncash contributions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Europharma		Person X		
		\$ 115,554.	Payroll Noncash		
			(Complete Part II for noncash contributions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for		
(2)	(b)	(6)	noncash contributions ) (d)		
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution		
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Complete Part II for noncash contributions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Complete Part II for noncash contributions )		

1 to

of Part II

Name of organization

Employer identification number

Jacob E. Teitelbaum Family Foundation

52-2139345

(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 receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
	·	s	

1 to

of Part III

Name of organization

Jacob F. Teitelbaum Family Foundation

Employer identification number 52-2139345

	<u> </u>		
Park IIII	Exclusively religious ch	aritable, etc., individual contributions to sec	tion 501(c)(7) (8) or (10)
	organizations that total	more than \$1,000 for the year. Complete colu	mns (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.)

►\$ N/A

	Use duplicate copies of Part III if additional s		
(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	s, and ZIP + 4	Relationship 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	
	Transferee's name, addres	s, and ZIP + 4	Relationship 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	
	Transferee's name, address	s, and ZIP + 4	Relationship 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 s, and ZIP + 4	Relationship of transferor to transferee

2013	Federal Statements	Page 1
Client 2	Jacob E. Teitelbaum Family Foundation	52-2139345
5/01/14  Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees		09 22AM
Tax Return Prep _	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income  \$ 695.  Total \$\frac{\$\frac{695}{5}}{5}\$ \$\frac{5}{695}\$.	(d) Charitable Purposes  0.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses		
Bank Fee Conference/Research Cente Contract Labor Families in Need Program Fibromyalgia/CFS Education	58,145. 24,053. 3,787. on 92,259.	(d) Charitable <u>Purposes</u>
Practitioners Communicat.	ion Project $32,800.$ Total $\frac{32,800.}{\$ 211,322.}$ $\frac{\$}{}$ 0.	<u>\$ 0.</u>
Statement 3 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Gran		
Cash Grants and Allocation Class of Activity: Donee's Name: Donee's Address:  Relationship of Donee: Organizational Status of Amount Given:	American Botanical Council P.O. Box 144345 Austin, TX 78714 None Donee: 501(c)(3)	\$ 17,180.
Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Organizational Status of Amount Given:	SEVA Foundation 1786 5th Street Berkley, CA 94710 None Donee: 501(c)(3)	396.
Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Organizational Status of	ABJDS 1125 Spa Road Annapolis, MD 21403 None Donee: 501(c)(3)	

2013	Fed	deral Statements	Page 2
Client 2	Jacob E. Te	eitelbaum Family Foundation	52-2139345
5/01/14			09 22AM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Gra	nts		
Amount Given:			\$ 36.
Class of Activity: Donee's Name: Donee's Address: Relationship of Donee:		International Rescue Committee P.O. Box 5058 Hagerstown, MD 21741 None	
Organizational Status of Amount Given:	Donee:	501 (c) (3)	17,200.
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 Amount Given:	Donee:	None 501(c)(3)	180.
Class of Activity: Donee's Name: Donee's Address:		AHMA 12101 Menaul Blvd NE Albuquerque, NM	
Relationship of Donee: Organizational Status of Amount Given:	f Donee:	None	335.
Class of Activity: Donee's Name: Donee's Address:		Conservation Council of Hawaii PO Box 2923 Honolulu, HI 96802	
Relationship of Donee: Organizational Status of Amount Given:	f Donee:	None	100.
Class of Activity: Donee's Name: Donee's Address:		Vitamin Angels PO Box 42029 Santa Barbara, CA 93140	
Relationship of Donee: Organizational Status of Amount Given:	f Donee:	None	14,500.
Class of Activity: Donee's Name: Donee's Address:		AAPM 13947 Monowayla Sanoma, CA 95370	
Relationship of Donee: Organizational Status of Amount Given:	f Donee:	Janoma, Cri 30070	225.
Class of Activity: Donee's Name: Donee's Address:		Fibromyalgia Coalition Intl 5201 Johnson Street Mission, KS 66205	,
Relationship of Donee: Organizational Status o	f Donee:		

2013	Federal Statements		Page 3
Client 2 Jaco	b E. Teitelbaum Family Foundation		52-2139345
5/01/14			09 22AM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants			
Amount Given:		\$	250.
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:	:		18.
Class of Activity: Donee's Name: Donee's Address:	Chabad Big Island Kuakini #323 Kona, HI 96740		
Relationship of Donee: Organizational Status of Donee Amount Given:	None		250.
Class of Activity: Donee's Name: Donee's Address:	IBME PO Box 60014 Florence , MA 01062		
Relationship of Donee: Organizational Status of Donee Amount Given:	None		500.
Class of Activity: Donee's Name: Donee's Address:	Breslov Siddur Project 44 St. Nicholas Ave Lakewood , NJ 08701		
Relationship of Donee: Organizational Status of Donee Amount Given:	None		2,840.
Class of Activity: Donee's Name: Donee's Address:	Kickstart 58 Kent Street Brooklyn, NY 11222		
Relationship of Donee: Organizational Status of Donee Amount Given:	None		250.
		Total 🖺	54,260.