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

OMB No 1545-0052

2015

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.

Open to Public Inspection For calendar year 2015, or tax year beginning 2015, and ending Employer identification number Jacob E. Teitelbaum Family Foundation 52-2139345 Telephone number (see instructions) В 76-6326 Kaheiau St 410-562-7409 Kailua Kona, HI 96740 If exemption application is pending, check here С G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method X Cash Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination **►**\$ under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income for charitable income purposes (cash basis only) (see instructions)) 325,802 Contributions, gifts, grants, etc, received (attach schedule). Ck ► X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments ž. 133 133 133 Dividends and interest from securities 5 a Gross rents b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a. . ** > 7**4**... Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications. 10 a Gross sales less returns and Ìé **b** Less Cost of goods sold SCANNICO LIN C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule). Total. Add lines 1 through 11 325,935 133 133 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages. 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) A D M I See St 1 b Accounting fees (attach sch) 725 c Other prof fees (attach sch) 17 18 Taxes (attach schedule)(see instrs) Depreciation tattach MAY 2 0 schedule) and depletion AY 19 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule)* See Statement 2 300,588 Total operating and administrative 24 expenses. Add lines 13 through 23 301,313 Part XV 25 Contributions, gifts, grants paid 13,080 13,080. 26 Total expenses and disbursements. Add lines 24 and 25 314,393 0 0 13,080. Subtract line 26 from line 12. a Excess of revenue over expenses and disbursements 11,542 b Net investment income (if negative, enter -0-) 133 C Adjusted net income (if negative, enter -0-). 133.

Par	t II	Balance Sheets	column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Pook Value	(c) Fair Market Value
		Cash – non-interest		,,	(b) Book Value 43, 407.	(C) Fall Warket Value
			,	31,865.	43,407.	
	2	Savings and tempor Accounts receivable	- ·			
	3	Less allowance for				
	4	Pledges receivable				
	"	Less allowance for	doubtful accounts			
	5	Grants receivable				
			cers, directors, trustees, and other			
	6		ch schedule) (see instructions)			
	7	Other notes and loans red	eivable (attach sch)			
A		Less allowance for	doubtful accounts >		····	
S	8	Inventories for sale	or use			
A S S E T	9	Prepaid expenses a	nd deferred charges			
Ś	10	a Investments – U S obligations (attach s	and state government chedule)			
		b Investments — corporate	stock (attach schedule)			
		c Investments – corporate	bonds (attach schedule)			
	11	Investments – land, equipment basis	buildings, and			
		Less: accumulated depred (attach schedule)	eration •			
	12	Investments - mort	gage loans			
	13	Investments - other	r (attach schedule)			
	14	Land, buildings, and	l equipment basis ►			
		Less accumulated depred (attach schedule).	viation •			
	15 16	Total assets (to be	completed by all filers =			_
			Also, see page 1, item I)	31,865.	43,407.	0.
Ļ	17	• •	nd accrued expenses			
A B	18	Grants payable	•			
Ī	19	Deferred revenue	tors brintens 0 other discussified assesses			
L	20		tors, trustees, & other disqualified persons spayable (attach schedule)			***
Ť	21 22	• •	' ' '			
l F	22	Other habilities (des	/			
E S	23	Total liabilities (add	lines 17 through 22)	0.	0.	·%".
		Foundations that fo and complete lines	llow SFAS 117, check here 24 through 26 and lines 30 and 31.			
ΝF	24	Unrestricted				
N F E U T N	25	Temporarily restricted	ed			
ח	26	Permanently restrict	ed			
A B A L A		Foundations that do and complete lines	o not follow SFAS 117, check here > X 27 through 31.			
ΕĽ	27	Capital stock, trust p	principal, or current funds	31,865.	43,407.	
SN	28		, or land, bldg , and equipment fund	02,000.	10, 1011	
o E	29	Retained earnings, accum	ulated income, endowment, or other funds			
ŔŠ	30	Total net assets or t	fund balances (see instructions)	31,865.	43,407.	
	31		net assets/fund balances		-	
Davi	 	(see instructions)	ges in Net Assets or Fund Balance	31,865.	43,407.	
					<u> </u>	
1	Tota	I net assets or fund b	alances at beginning of year – Part II, colu d on prior year's return)	mn (a), line 30 (must a	gree with	21 065
2		er amount from Part I,			. 2	31,865. 11,542.
3		increases not included in li			3	11,344.
		lines 1, 2, and 3				43,407.
		ases not included in line 2	(itemize)		5	23, 307.
			alances at end of year (line 4 minus line 5)	- Part II, column (b). I		43,407.
		·	· · · · · · · · · · · · · · · · · · ·	. 3-77 -		13, 107.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Add lines 5 and 6

Enter qualifying distributions from Part XII, line 4

7

	990-PF (2015) Jacob E. Teitelbaum Family Foundation		<u> 2139</u>		_	F	age 4
Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see	instru	ıction	5)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.						
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)						
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,	-	1				3.
	check here ► and enter 1% of Part I, line 27b						
•	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable						
_	foundations only Others enter -0-)		2				0.
3	Add lines 1 and 2		3				3.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -	ე-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				3.
6	Credits/Payments.						-
á	2015 estimated tax pmts and 2014 overpayment credited to 2015			ı			
ŀ	Exempt foreign organizations — tax withheld at source 6b						
(Tax paid with application for extension of time to file (Form 8868)						
(Backup withholding erroneously withheld 6 d		1				
7	Total credits and payments. Add lines 6a through 6d		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9				3.
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 2016 estimated tax	•	11				
Pai	t VII-A Statements Regarding Activities						
1:	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did					Yes	No
	participate or intervene in any political campaign?				1 a		X
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			ĺ			
	(see Instructions for the definition)?				1 b		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d					
	or distributed by the foundation in connection with the activities						
	Did the foundation file Form 1120-POL for this year?				1 c		Х
(Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation			0.			4 4 4 4
`	foundation managers •\$						**
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			1	2		X
	If 'Yes,' attach a detailed description of the activities				$\overline{}$		
3	Has the foundation made any changes, not provide the recorded to the IDS, in its governing instrument, articles						. %
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	es		İ	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4 a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?			İ	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			Ì			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or				1	ļ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that confi	lict					
	with the state law remain in the governing instrument?	ici		Ī	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV				7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	•					
	MD	_		-			
t	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			-			l
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation.			[8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)	(3) or	49420	₍₁₎₍₅₎ []	
	for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' con	nplet	e Part	XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nan	nes			1		_
	and addresses				10		X
BAA				For	m 990	-PF (2	015)

Pa	rt VII-A	Statements R	egarding Activ	ities (co	nunueu)							
11	At any t within th	time during the year ne meaning of secti	, did the foundatio on 512(b)(13)? If "	n, directly Yes', attac	or indirectly, ow h schedule (see	n a controlled entity instructions)	у			11		<u>X</u>
12	Did the fadvisory	foundation make a dis privileges? If 'Yes	stribution to a donor ,' attach statement	advised fu (see instr	nd over which the uctions)	foundation or a disq	ualified person	had		12		X
13	Did the	foundation comply	with the public insp	ection red	quirements for its	s annual returns and	d exemption ap	plicat	ion?	13	Х	
	Website	address		► <u>N</u> /	A							
14	The boo	oks are in care of 🟲	Jacob E. To	eitelba	aum		Telephone no	>	410-5	<u> 52-7</u>	409_	
	Located		<u>Kaheiau St</u>				ZIP + 4 ►	9674	10			<u> </u>
15		4947(a)(1) nonexer	•	_			Check here		1	N/A	•	
	and ent	er the amount of ta	x-exempt interest r	eceived o	r accrued during	the year		► <u>1</u>	5	- 		N/A
16	At any ti bank, s	ime during calendar y ecurities, or other fi	ear 2015, did the fo nancial account in	undation h a foreign	ave an interest in country?	or a signature or oth	er authority ove	ra		16	Yes	No_X
		instructions for exc e name of the foreign		requireme	nts for FinCEN F	form 114 If 'Yes,'						
Pa		Statements R		ities for	Which Form	4720 May Be R	equired			2000.8%		*******
		m 4720 if any item					<u> </u>			433	Yes	No
1 :		the year did the four									700 43	1
	(1) Eng	gage in the sale or e	exchange, or leasin	g of prope	erty with a disqu	alified person?		Yes	X No	- ^		
		row money from, le	nd money to, or ot	herwise ex	ktend credit to (d	or accept it from) a		Yes	X No	~	#4	7.7
		nish goods, services	s, or facilities to (or	r accept th	nem from) a disc	ualified person?	H	Yes	X No	.; & 54		*:34
	` '	compensation to, of		•	•	•	H	Yes	X No	\$ 54 7	* }	
	(5) Trai	nsfer any income or the benefit or use o	assets to a disqua	alified pers					XNo			ئے ﷺ بنا رومان
		and bornom or add o	r a aloqualilloa por	0011,			Ш	.05	71,110			
	(6) Agr four of g	ee to pay money or idation agreed to mal lovernment service,	property to a gove we a grant to or to er if terminating with	ernment of nploy the o in 90 days	ficial? (Exception official for a period official for a period	on. Check 'No' if the d after termination		Yes	XNo		¥,, *	
I	b If any a Regulat	nswer is 'Yes' to 1a ions section 53 494	(1)-(6), did any of 1(d)-3 or in a curre	the acts fa	ail to qualify und regarding disaste	er the exceptions der assistance (see i	escribed in nstructions)?			1 b	N	/A
		ations relying on a					,	•	П	19:5° 6	517 S	
	c Did the	foundation engage	in a prior vear in a	ny of the :	acts described in	1a other than exc	ented acts			** \$2°, \$		
	that we	re not corrected bef	ore the first day of	the tax ye	ear beginning in	2015?				1 c		<u>X</u>
2	private	in failure to distribut operating foundation	n defined in section	4942) (do n 4942(j)(3	es not apply for 3) or 4942(j)(5))	years the foundatio	n was a					
•	and 6e,	end of tax year 2015 Part XIII) for tax ye	ear(s) beginning be	fore 2015	7	ncome (lines 6d		Yes	X No	* <		
	If 'Yes,'	list the years ►	20 , 20	, 20	, 20						^	
I	(relating	re any years listed i g to incorrect valuat s listed, answer 'No	ion of assets) to th	e year's u	ndistributed inco					2 b	N	/A
	-	rovisions of section			·	ears listed in 2a, list	the years here	∍.		- <u></u>	;	· ,]
	•	, 20 , 20		5 66.00	<i>y</i> = y		J = = + 1.001					74.3
₹.	_	foundation hold mo		t or indire	ct interest in an	husiness						3
	enterpri	se at any time durir	ng the year?		Ĩ			Yes	X No			
1	or disque by the (did it have excess lalified persons afte commissioner under apse of the 10-, 15- ne if the foundation	r May 26, 1969, (2) r section 4943(c)(7 - or 20-vear first n) the lapse)) to dispo hase holdi	of the 5-year perse se of holdings a no period? (Use	eriod (or longer peri cquired by gift or be	od approved equest, or			2 h	N	/3
					-					3 Ь	N	H
4:	a Did the charitab	foundation invest di le purposes?	uring the year any	amount in	a manner that	would jeopardize its	•			4 a		X
١	jeopardi.	foundation make ar ze its charitable purp year beginning in 20	ose that had not bee	prior year en removed	(but after Decer from jeopardy be	nber 31, 1969) that fore the first day of	could			4 b		
BAA	<u> </u>	<u> </u>						_	Fo	rm 99 0)-PF (2	
											٠-	

Total number of other employees paid over \$50,000

0

Form **990-PF** (2015)

Form 990-PF (2015) Jacob E. Teitelbaum Family Foundation	52-2139345 P	age '
Rant VIII Information About Officers, Directors, Trustees, Foundation Manager and Contractors (continued)	s, Highly Paid Employees,	
3 Five highest-paid independent contractors for professional services (see instructions). If none	e, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of	of service (c) Compensati	ion
None		
Total number of others receiving over \$50,000 for professional services	•	0
Partix 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	e number of Expenses	
organizations and other beneficiaries served, conferences convened, research papers produced, etc	Experises	
1 <u>N/A</u>		
2		
3		
4		
<u> </u>		
	. – – – – – –	
Part XB 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 a	and 2 Amount	
1		
N/A		
2		
All other program-related investments. See instructions		
3		

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Total. Add lines 1 through 3

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Page 8

F _e ai	see instructions.)	oreign iou	ridations,
1	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.
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c	* 25 * 25 * 3	
	(attach detailed explanation)		
	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.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ► ☐ and do not complete this part.)	atıng foun	dations
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2 c	3.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	-3.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-3.
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 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. Expenses, contributions, gifts, etc — total from Part I, column (d), line 26.	1 a	13,080.
þ	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 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	ш.я.ш. За	
	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	13,080.
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	13,080.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the forqualifies for the section 4940(e) reduction of tax in those years	oundation	
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7	^		A. 4	0
2 Undistributed income, if any, as of the end of 2015			*	, ,
a Enter amount for 2014 only			0.	* * * *
b Total for prior years 20 , 20 , 20	ž	0.	*	. \$/;
3 Excess distributions carryover, if any, to 2015		-	***	7.7. 365 ·
a From 2010 36,518.		*		
b From 2011 55, 809.		ı, i	/* % !*	
c From 2012 59, 520.			~ ~	
d From 2013 54, 260.		S *		
e From 2014 63, 689.				
f Total of lines 3a through e	269,796.		* * *	
4 Qualifying distributions for 2015 from Part	**************************************	~ ~	,	
XII, line 4 ► \$ 13,080.				and the second
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years				
(Election required – see instructions)		0.		
c Treated as distributions out of corpus		ş	· · · · · · · · · · · · · · · · · · ·	
(Election required – see instructions)	0.	*****		
d Applied to 2015 distributable amount	- ARO - C - ARON MAKE			0.
e Remaining amount distributed out of corpus	13,080.	¥ (A.** , A.**		
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	*************		. \ 3 8,7%	
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	282,876.	Ara management		
b Prior years' undistributed income Subtract				
line 4b from line 2b	A	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed	````X	0.	4	\$ 1. M. 103 1
d Subtract line 6c from line 6b Taxable	****		* *	
amount - see instructions	* *	0.	* × *	· * ******
e Undistributed income for 2014 Subtract line 4a from				- 1
line 2a Taxable amount — see instructions		*	0.	
f Undistributed income for 2015 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2016	<u> </u>			0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				1
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required – see instructions)	0.			
8 Excess distributions carryover from 2010 not				
applied on line 5 or line 7 (see instructions).	36,518.			
9 Excess distributions carryover to 2016.	046.055			
Subtract lines 7 and 8 from line 6a	246,358.			
10 Analysis of line 9:				
a Excess from 2011 55, 809.	{			
b Excess from 2012 59, 520.	-		İ	
c Excess from 2013 54, 260.				
d Excess from 2014 63, 689.	-			,
e Excess from 2015 13,080.	L			

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Form 990-PF (2015) Jacob E. Teitelba				52-2139345	
Part XIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2015, enter the date of the	rmination letter that i ruling	it is a private operat	ting foundation, and the	e ruling	
b Check box to indicate whether the foundat		rating foundation of	described in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	9,7,7
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for each year listed	(-7	(~)			
b 85% of line 2a					
 Qualifying distributions from Part XII, line 4 for each year listed 					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	part only if the	foundation had	\$5,000 or more	in
assets at any time during th		Structions.)			
1 Information Regarding Foundation Managers of the foundation who have	e contributed more th	an 2% of the total o	contributions received t	by the foundation befo	ore the
close of any tax year (but only if they have None	e contributed more	than \$5,000) (See	e section 507(d)(2))		
b List any managers of the foundation who own a partnership or other entity) of which the None	10% or more of the foundation has a 10	stock of a corporation or greater inter	on (or an equally large rest	portion of the owners	ship of
None					
2 Information Regarding Contribution, Gran Check here ► X if the foundation only ma				oes not accept unsol	icited
requests for funds If the foundation make complete items 2a, b, c, and d	s gifts, grants, etc	(see instructions) t	o individuals or orgai	nizations under othe	er conditions,
a The name, address, and telephone number or	e-mail address of th	ne person to whom a	applications should be	addressed	
b The form in which applications should be s	submitted and infor-	mation and materi	als they should include	de	
			•		
c Any submission deadlines			<u> </u>		
d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charita	able fields, kinds of in	nstitutions, or other	factors.

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient		Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
See Statement 3				
				_
Total			► 3a	13,080.
b Approved for future payment				
		1		
		Ì		
				:
Total]	► 3b	
i otai			► 3b	i

Part XVI-A | Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded by	section 512, 513, or 514	(e)	
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exemp function income (See instructions	
a			code			
. 	 					
			 		·	
		. <u>-</u>				
ue						
f				-	-	
g Fees and contracts from government agencies						
Membership dues and assessments.		,				
Interest on savings and temporary cash investments		133.				
Dividends and interest from securities						
Net rental income or (loss) from real estate						
a Debt-financed property				,,	*	
b Not debt-financed property	-		_		, -	
Net rental income or (loss) from personal property						
Other investment income			_			
Gain or (loss) from sales of assets other than inventory						
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventory					",	
Other revenue					* * *	
a						
b			<u> </u>		·	
C		<u></u>				
d					<u>_</u> .	
	+					
e						
		133				
Subtotal Add columns (b), (d), and (e)		133.		13	12	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate				13	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the	e Accompli	shment of Exempt		es	13 / to the structions)	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Be No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Be No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Re No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Be No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Re No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Re No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Re No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Be No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Re No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Re No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the Re No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the Re No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the Re No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Be No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Be No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Be No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Be No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Be No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Below how each activity for which is accomplishment of the foundation's exemption.	e Accompli	shment of Exempt		es		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Int XVI-B Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exempt N/A	e Accompli	shment of Exempt		es		

Form 990-RF (2015) Jacob E. Teitelbaum Family Foundation 52-2139345 | Part XVIII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

di re a T. (1 (2 b O (1 (3 (4 (6) c S	escribed in section 50 clating to political orgonals ransfers from the reput) Cash 2) Other assets other transactions 3) Sales of assets to compare to purchases of assets 3) Rental of facilities, and the profound of facilities, expending of fa	a noncharitable exts from a noncharitable exts from a noncharitable extrangements rantees exvices or members quipment, mailing of the above is 'Yes or services given be an extranged to the services of the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Yes or services' given be an extranged to the above is 'Ye	stable exempt organization ther assets ship or fundraising solicitations lists, other assets, or paid empty, complete the following schedy the reporting foundation. If the	rganization anization o anization o aloyees dule Colum foundation	nn (b) should always show the fair received less than fair market value is	1 a (1) 1 a (2) 1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5) 1 c market val	X X X X X X X
					ds, other assets, or services received		ngomente.
(a) Line	no (b) Amount invo	ived (c) Nam	e of noncharitable exempt organization	(0	1) Description of transfers, transactions, and	sharing arrai	ngements
N/A							
			-	***			
	-						
					· · · · · · · · · · · · · · · · · · ·		
					· · · · · · · · · · · · · · · · · · ·		
				-	<u>-</u>		
de	the foundation directly escribed in section 50 'Yes,' complete the f	01(c) of the Code (ed with, or related to, one or mor (other than section 501(c)(3)) o	e tax-exem or in sectio	pt organizations n 527?	Yes	X No
				hon	(a) Description of re	lotionshin	
31 / 7	(a) Name of orga	IIIZation	(b) Type of organization		(c) Description of re	ationship	
N/A			- 				
							
	Under penalties of perjury, correct, and complete. Dec.	I declare that I have exa	mined this return, including accompanying than taxpayer) is based on all informate	ig schedules a	nd statements, and to the best of my knowledg reparer has any knowledge	je and belief, i	t is true,
Sign		/1/X_			oparot has any knowledge		
Here		CHI	18420		.	this return	RS discuss n with the shown below
	Supplying of officer as her				President	_ (see instr	uctions)?
	Signature of officer or tru		Date	_//	Title		Yes No
	Print/Type prepar		Prepare s signature	/ K/.	Delte Check If	PTIN	
Paid	Charles	H. Kupstas	1 " <i>JUSE</i> / Y	11/1	5/10/16 self-employed	P01311	.443
Prepa	rer Firm's name	► Kupstas 8	Kupstas, LLC	17	Firm's EIN ► 5222	84992	
Use O	l l		prest Drive	1		<u></u>	
	,	Annapolis			Phone no (41)) 268-	5808
BAA		- Inniaports	, ND 21301		11101010 (410		
						roim 991	0-PF (2015)

2015 [`]	Fe	deral Stater	nents				Page 1
Client 2	lacob E. 1	Геitelbaum Fami	ily Founda	tion		52-213934	
5/10/16							02 43PN
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees							
		(a) Expenses <u>per Books</u>	(b) N Investr Incor	ient	(c) Adjusted et Income	Char	(d) itable poses
Tax Return Prep	Total	\$ 725. \$ 725.	\$	0. \$	0.	\$	0.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses					-		
		(a) Expenses per Books	(b) l Investr Inco	nent	(c) Adjusted et Income		(d) ritable rposes
Bank Fee Conference/Research Center	Develon	\$ 184.					
Contract Labor	релетор	11,824. 21,403.					
Families in Need Program Fibromyalgia/CFS Education Lecture Series Optimal Futures Development		14,010. 128,500. 5,900. 46,931.					
Practitioners Communication	Projec						
Research Studies	Total	21,755.	\$	0. \$	0.	\$	0.
Statement 3 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year		-					
, , , , , , , , , , , , , , , , , , ,			Found-				
Name and Address	Rel	Donee ationship	ation Status		rpose of Grant	A	mount
American Botanical Council P.O. Box 144345 Austin TX 78714	None	-		Medica Educat		\$	600
SEVA Foundation 1786 5th Street Berkley CA 94710	None			Refuge Aid	e Medical		250
ABJDS 1125 Spa Road	None			Educat	ion		680

5	Federal State	ements		Page 2
nt 2	Jacob E. Teitelbaum Fa	52-2139345		
16	· 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11			02 43PN
tatement 3 (continued) orm 990-PF, Part XV, Line 3a ecipient Paid During the Year				
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amount
nternational Rescue ommittee .O. Box 5058 agerstown MD 21741	None		Refugee Relief	\$ 4,500.
ntl Campaign For Tibet 825 Jefferson Pl ashington DC 20036	None		Education	540.
awaii Botanical Garden O Box 80 apckou HI 96741	None		Education	250.
aglit Birthright Israel O Box 1784 onolulu HI 96802				1,440.
habad Big Island uakini #323 ona HI 96740	None			1,000.
i Food Bank O Holomua St. ilo HI 96720				2,330.
ack to Earth 476 MacArthur Blvd akland CA 94605	None			750.
hal Children's Fund 510 16th Avenue rooklyn NY 11204	None			180.
rena Stage Development und 101 Sixth Street SW ashington DC 20024	None			560.
			Total	\$ 13,080.