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_{Form} 990-PF

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

OMB No 1545-0052

2016

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 cale	endar year 2016 or tax year beginning	, 2016,	and ending			
Name of fo	pundation			A	Employer identification nun	nber
THE I	FEINBERG FAMILY FOUNDATION_				06-1485274	
Number ar	nd street (or P O box number if mail is not delivered to street ac	dress)	Room/suite	В	Telephone number (see instru	•
	ROUND HILL ROAD				<u>(203) 862-790</u>	0
-	n, state or province, country, and ZIP or foreign postal code			С	If exemption application is j	pending check hore
GREE			06831	C	ii exemption application is p	bending, check freie.
G Che	ck all that apply Initial return	Initial return of a forme	er public charity	D	1 Foreign organizations, chec	ck here ►
	Final return	Amended return			- · · · · · · · · · · · · · · · · · · ·	
	X Address change	Name change			2 Foreign organizations meet	
H Che	ck type of organization X Section 501(c)(3) exempt private fou	indation		here and attach computation	" · · · · · · · _ []
Γ	Section 4947(a)(1) nonexempt charitable trust			Ε	If private foundation status	was terminated
1 Fair		ounting method X C			under section 507(b)(1)(A),	
	- Dad B ashum (a) the sto	Other (specify)		_		
►ş		column (d) must be on c	ach hasis T	F	If the foundation is in a 60-i under section 507(b)(1)(B),	
		Joidini (d) mast be on c	asir basis /		under section sor(b)(1)(b),	CHECK HEIE
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 neces-	expenses per books	income		income	for charitable purposes
	sanly equal the amounts in column (a)					(cash basis only)
	(see instructions))					
	1 Contributions, gifts, grants, etc., received (attach schedule) • •					
Ì	2 Check ► X if the foundation is not required to attach Sch. B					
	2 Interaction covings and tomporary each investments					
	Interest on savings and temporary cash investments Dividends and interest from securities	CAC		_		
Ì	5 a Gross rents	646.	64	0.		
	b Net rental income					
_	or (loss) · · · ·	212 261				
R E	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all	-210,864.	L-6a Stmt			
v l	assets on line 6a			_	· · · · · · · · · · · · · · · · · · ·	
E	7 Capital gain net income (from Part IV, line 2)			0.		
NU	8 Net short-term capital gain				U.	
Ĕ	10 a Gross sales less					
_	returns and					
	allowances h Less Cost of					
<u>~</u>	goods sold · · ·					
2017	C Gross politing logs tarted specials					
Z			1			
S.	FEDERAL TAX REFUND	3,000.		_		
65	120 Total, Add lines Ethrough 7.	-207,218.	64	6.	<u> </u>	
<u></u>	Compensation of officers, directors tryslees, etc					
₹	14 Other employee salaries and wages					
2	15 Pension plans-employee benefits					ļ
≡© MAY o>	16 a Tegarrees (attach schedule)					<u></u>
	b Accounting fees (attach sch) L-16b Stmt.	5,770.	2,88	5.		2,885.
S-z-shrat	C Other professional fees (attach sch)					
P S	17 Interest					
E T	18 Taxes (attach schedule)(see instrs) FEDERAL TAXES.	875.				
A A	19 Depreciation (attach					
	schedule) and depletion					
- Z G	20 Occupancy					ļ
	22 Printing and publications		 			
A E N X P	23 Other expenses (attach schedule)		 			
E						
N S	24 Total operating and administrative				·	
Ě	expenses. Add lines 13 through 23 · · · · · ·	6,645.	2,88	5.		2.885
•	25 Contributions, gifts, grants paid	50,000.		-		2,885. 50,000.
	26 Total expenses and disbursements					
	Add lines 24 and 25	56,645.	2,88	5.		52,885.
	27 Subtract line 26 from line 12:					
	a Excess of revenue over expenses					
	and disbursements	-263,863.				
	b Net investment income (if negative, enter -0-)			0.		
	C Adjusted net income (if negative, enter -0-)				0.	
						5 AAA DE (0040)

Other increases not included in line 2 (itemize) 3 4 Add lines 1, 2, and 3 1,544,633. 5 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 6 1,544,633.

Part IV Capital Ga	illis and Lo	sses for tax off fillestille	ill incoine			
		kind(s) of property sold (e g , rese, or common stock, 200 shares i		(b) How acquii P — Purchas D — Donatio	e (mo, day, yr)	(d) Date sold (mo , day, yr)
1a HANSEN MEDIC	CAL			P	Various	07/29/16
b CHIMERIX INC	3			P	Various	02/08/16
c INTREXON COF	RP			P	Various	02/01/16
d PROSHARES UI	TRASHORT			P	<u>Various</u>	07/01/16
e OPKO HEALTH	INC		<u> </u>	Ρ	<u> Various</u>	<u>02/08/16</u>
(e) Gross sales pr	rice	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) mi	
a	15,800.		11:	1,008.		-95 , 208.
	18,815.			6,709.		-67 <u>,</u> 894.
	45,104.			2,722.		-17,618.
	85,965.			5,748.		-19 , 783.
	29 , 416.	 		9,777.		-10,361.
Complete only for a	ssets showing o	gain in column (h) and owned by	T		(1) Gains (Co	
(i) F M V as of 12	2/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col (k), b than -0-) or Losses (fr	om col (h))
a						-95,208.
b						-67,894.
<u> </u>						-17,618.
d					_	-19 , 783.
			<u> </u>			-10 <u>,</u> 361.
2 Capital gain net inco	ome or (net cap		o enter in Part I, line 7 hter -0- in Part I, line 7		2	-210,864.
3 Net short-term capit	al gaın or (loss)	as defined in sections 1222(5) a	nd (6)			
If gain, also enter in in Part I, line 8	Part I, line 8, c	olumn (c) (see instructions) If (lo	ss), enter -0-		3	-210,864.
		ection 4940(e) for Reduc		ent Incor	ne	
		4942 tax on the distributable amonder section 4940(e) Do not con	• •	eriod?	Yes	X No
1 Enter the appropriat	e amount in ea	ch column for each year, see the	instructions before making ai	ny entries	-	
(a) Base period yea Calendar year (or tax beginning in)	rs cyear	(b) djusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(d) Distribution (col (b) divided	
2015		137,962.	2,08	9,349.		0.066031
2014		112,825.	2,21	6,097.		0.050912
2013		63,140.	2,05	7,646.		0.030686
2012		131,789.	1,93	5,631.		0.068086
2011		123,376.	2,05	1,394.		0.060143
2 Total of line 1, colu	mn (d)				2	0.275858
3 Average distribution number of years the	ratio for the 5- foundation has	year base period — divide the tot s been in existence if less than 5	al on line 2 by 5, or by the years		3	0.055172
4 Enter the net value	of noncharitable	e-use assets for 2016 from Part)	(, line 5		4	1,904,868.
5 Multiply line 4 by lin	е3				5	105,095.
6 Enter 1% of net inve	estment income	(1% of Part I, line 27b)			6	0.
7 Add lines 5 and 6.			. .		7	105,095.
8 Enter qualifying dist						
	ributions from F	Part XII, line 4			8	52,885.

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions	<u> </u>		
1 a	Exempt operating foundations described in section 4940(d)(2), check here I and enter 'N/A' on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)			
b	D. 1 C. 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1			0.
	check here . And enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments			
а	2016 estimated tax pmts and 2015 overpayment credited to 2016			
b	Exempt foreign organizations — tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d	_		
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be Credited to 2017 estimated tax • Refunded • 11			
Par	Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
_	participate or intervene in any political campaign?	1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (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 or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1 c		X
е	(1) On the foundation ► \$ (2) On foundation managers ► \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If 'Yes,' attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a	Х	
_	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	<u> </u>	 -
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		ŀ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	Х	
7		7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)		الأث	
	CONNECTICUT			
h	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G ² If 'No,' attach explanation	86	Χ	
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		х
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Om	990-PF'(2016) THE FEINBERG FAMILY FOUNDATION 06-14852" **VII-A Statements Regarding Activities (continued)	4	P	age 5
rai	Statements Regarding Activities (Continued)	1-	V	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If Yes, 'attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13		Х
	Website address			
14	Website address	861	-651	9
	Located at 500 ROUND HILL ROAD GREENWICH CT ZIP+4 06831			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fled of Form 1041 — Check here			\sqcap
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a		Yes	No
	bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes XNo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			Į
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
ŧ	If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. 1 b		
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	. 1 c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
_	If 'Yes,' list the years 20 , 20 , 20 , 20 , 20			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	. 2 b		
	all years listed, answer 'No' and attach statement — see instructions)	- 20		X .
•	·			
_	► 20 , 20 , 20 , 20	1	Ì	i
3 8	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	}		
ı	of Yes, did it have excess business holdings in 2016 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 2016)	. 3 b		<u> </u>
4 8	Did the foundation invest during the year any amount in a manner that would jeopardize its			1

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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 2016?.....

Form **990-PF** (2016)

•					
Form 990-PF (2016) THE FEINBERG FAMIL	LY FOUNDATION		06-14	85274	Page 6
Part VIII B Statements Regarding Activit	ies for Which Form	4720 May Be Req			3
5 a During the year did the foundation pay or incur a					
(1) Carry on propaganda, or otherwise attempt	to influence legislation (se	ection 4945(e))?	· · · · Yes 🔀	No	
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	election (see section 495	55), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel, sti				No	
(4) Provide a grant to an organization other than	n a charitable, etc., organ	ization described			
in section 4945(d)(4)(A)? (see instructions)			· · · · Yes X	No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	of cruelty to children or a	nımals?	· · · · · · · · Yes ×	No No	
b If any answer is 'Yes' to 5a(1)—(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5b	
Organizations relying on a current notice regard	ing disaster assistance ch	neck here	▶ [
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsit	foundation claim exemp	tion from the	· · · · · · Yes	No	
If 'Yes,' attach the statement required by Regula	tions section 53 4945–5	(d)			
6 a Did the foundation, during the year, receive any on a personal benefit contract?			1 1 1	No No	
b Did the foundation, during the year, pay premiur	ns, directly or indirectly, o	on a personal benefit con	tract?	6b	X
If 'Yes' to 6b, file Form 8870		.,	□, □	J	
7 a At any time during the tax year, was the foundat b If 'Yes,' did the foundation receive any proceeds			1 1 1		
ParkWill Information About Officers, D					
and Contractors	nectors, mustees,	i outidation Mana	jeis, mgmy raid	Linkina	•
1 List all officers, directors, trustees, foundation	on managers and their o	compensation (see inst	ructions).		
	(b) Title, and average	(c)Compensation	(d)Contributions to	1	
				(e) Evpopoo	account
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense other allo	
LARRY FEINBERG	hours per week	(If not paid,	employee benefit plans and deferred		
LARRY FEINBERG 500 ROUND HILL ROAD	hours per week devoted to position	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allo	owances
LARRY_FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831	hours per week devoted to position	(If not paid,	employee benefit plans and deferred	other allo	
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL	hours per week devoted to position TRUSTEE 1.00	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allo	owances
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD	hours per week devoted to position TRUSTEE 1.00 TRUSTEE	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allo	owances 0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD	hours per week devoted to position TRUSTEE 1.00	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allo	owances
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD	hours per week devoted to position TRUSTEE 1.00 TRUSTEE	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allo	owances 0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD	hours per week devoted to position TRUSTEE 1.00 TRUSTEE	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allo	owances 0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD	hours per week devoted to position TRUSTEE 1.00 TRUSTEE	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allo	owances 0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD	hours per week devoted to position TRUSTEE 1.00 TRUSTEE	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allo	owances 0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD	hours per week devoted to position TRUSTEE 1.00 TRUSTEE	(If not paid, enter -0-)	émployee benefit plans and deferred compensation	other allo	owances 0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0-)	émployee benefit plans and deferred compensation O .	other allo	owances 0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831 CT 06831 CT 06831	TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE (other than those ince	(If not paid, enter -0-) 0.	émployee benefit plans and deferred compensation	other allo	0. 0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 (b) Title, and average hours per week	(If not paid, enter -0-)	émployee benefit plans and deferred compensation O. O. (d)Contributions to employee benefit plans and deferred	enter 'NONE.'	0. 0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831 CT 06831 CT 06831 CT 06831 2 Compensation of five highest-paid employed paid more than \$50,000	TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE (other than those ince	(If not paid, enter -0-) 0.	émployee benefit plans and deferred compensation O . O . O . (d)Contributions to employee benefit	enter 'NONE.'	0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831 CT 06831 CT 06831	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) 0.	émployee benefit plans and deferred compensation O. O. (d)Contributions to employee benefit plans and deferred	enter 'NONE.'	0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831 CT 06831 CT 06831 CT 06831 2 Compensation of five highest-paid employed paid more than \$50,000	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) 0.	émployee benefit plans and deferred compensation O. O. (d)Contributions to employee benefit plans and deferred	enter 'NONE.'	0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831 CT 06831 CT 06831 CT 06831 2 Compensation of five highest-paid employed paid more than \$50,000	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) 0.	émployee benefit plans and deferred compensation O. O. (d)Contributions to employee benefit plans and deferred	enter 'NONE.'	0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831 CT 06831 CT 06831 CT 06831 2 Compensation of five highest-paid employed paid more than \$50,000	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) 0.	émployee benefit plans and deferred compensation O. O. (d)Contributions to employee benefit plans and deferred	enter 'NONE.'	0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831 CT 06831 CT 06831 CT 06831 2 Compensation of five highest-paid employed paid more than \$50,000	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) 0.	émployee benefit plans and deferred compensation O. O. (d)Contributions to employee benefit plans and deferred	enter 'NONE.'	0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831 CT 06831 CT 06831 CT 06831 2 Compensation of five highest-paid employed paid more than \$50,000	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) 0.	émployee benefit plans and deferred compensation O. O. (d)Contributions to employee benefit plans and deferred	enter 'NONE.'	0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831 CT 06831 CT 06831 CT 06831 CT 06831	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation O. O. (d)Contributions to employee benefit plans and deferred	enter 'NONE.'	0.
LARRY FEINBERG 500 ROUND HILL ROAD GREENWICH, CT 06831 CYNTHIA HACKEL 250 ROUND HILL ROAD GREENWICH, CT 06831 CT 06831 CT 06831 CT 06831 2 Compensation of five highest-paid employed paid more than \$50,000	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation O. O. (d)Contributions to employee benefit plans and deferred	enter 'NONE.'	0.

and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in	estructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
,		
Total number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	None
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	Expenses
organizations and other beneficianes served, conferences convened, research papers produced, etc		
1		
	- 	
		
2		
	 -	
3		
4	- 	
Don't IV D. Common of Drawon Deleted Investments (see Instru	ations)	
Part IX-B Summary of Program-Related Investments (see instruction Describe the two largest program-related investments made by the foundation during		Amount
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
'		
2		
2		
All other program-related investments See instructions	···	
3		
,		
Total. Add lines 1 through 3	•	
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Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1 a 1,661,921. **b** Average of monthly cash balances 1 b 271,955. 1 c C Fair market value of all other assets (see instructions) 0. 1 d 933,876. e Reduction claimed for blockage or other factors reported on lines 1a and 2 Acquisition indebtedness applicable to line 1 assets 0. 3 933,876. Cash deemed held for charitable activities Enter 1-1/2% of line 3 4 29,008. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4. . . 5 904,868. 6 95,243 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here • and do not complete this part) Minimum investment return from Part X, line 6 1 95,243. 2 a Tax on investment income for 2016 from Part VI, line 5 2 a 2 b b Income tax for 2016 (This does not include the tax from Part VI). . 2 c Distributable amount before adjustments. Subtract line 2c from line 1. 3 95, 243 4 Recoveries of amounts treated as qualifying distributions 5 95,243 6 Deduction from distributable amount (see instructions) 95,243. 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. Part XIII Qualifying Distributions (see instructions) 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 52,885. 1 b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)....... 3 a 3 b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 . . . 52,885. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 5 0. 52,885.

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
Distributable amount for 2016 from Part XI, line 7		· · · · · · · · · · · · · · · · · · ·		95,243.
2 Undistributed income, if any, as of the end of 2016		en er er er er i i i i i i i i i i i i i i		· · · · · · · · · · · · · · · · · · ·
a Enter amount for 2015 only			0.	
b Total for prior years 20 , 20, 20				
3 Excess distributions carryover, if any, to 2016				
a From 2011				
b From 2012 0 .			· •	
c From 2013				
d From 2014 0 .			!	
e From 2015 97,341.				
f Total of lines 3a through e	97,341.			
4 Qualifying distributions for 2016 from Part			i	
XII, line 4 \$ 52,885.				
a Applied to 2015, but not more than line 2a	, 			
b Applied to undistributed income of prior years (Election required — see instructions)	<u> </u>			
c Treated as distributions out of corpus (Election required – see instructions)				<u></u>
d Applied to 2016 distributable amount				· · · · · · · · · · · · · · · · · · ·
e Remaining amount distributed out of corpus	52 , 88 <u>5</u> .			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	95,243.			95,243.
6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	54,983.	:		
·	34, 303.	<u> </u>	2 	
b Prior years' undistributed income Subtract line 4b from line 2b		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				
d Subtract line 6c from line 6b Taxable amount — see instructions	ga en le cenzolo la legación.	0.		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions	 	Des 21 (Alter tes) (Calteres)	0.	·
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)			::	·
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	54,983.			
10 Analysis of line 9				
a Excess from 2012 0 .				
b Excess from 2013 O .				
© Excess from 2014 0 .				
d Excess from 2015 2,098.				
e Excess from 2016 52,885.				

### Private Operating Foundations (see Instructions and Part VIII-A, question 9) N/A If the foundation has received a ring or determination letter that it as prevate operating foundation and the ruling is effective for 2016, enter the date of the ruling. Echeck box to indicate whether the foundation is a private operating foundation described in section 4942()(3) or 4942()(3)	· n 990-PF`(2016) THE FEINBERG FAMI	LY FOUNDATIO)N		06-1485274	Page
If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, einether date of the ruling. Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(3	Private Operating Foundat	ions (see instruc	tions and Part \	/II-A, question 9		
Enter the lesser of the adjusted net income from Part I or the minimum meetinent return from Part X for each year is ted.	If the foundation has received a ruling or dete	ermination letter that	it is a private operat	ting foundation, and		
income from Part I of the minimum investment return from Part X for each year listed Set year listed Set year listed Cualifying distributions from Part XII, interest of the control of	Check box to indicate whether the foundation	is a private operatir	ig foundation descri	bed in section	4942(j)(3) or	4942(j)(5)
income from Part I of the minimum investment return from Part X for each year listed Set year listed Set year listed Cualifying distributions from Part XII, interest of the control of		Tax year		Prior 3 years		
each year listed Cualifying distributions from Part XII, line 4 for each year listed Cualifying distributions from Part XII, line 4 for each year listed Cualifying distributions made directly for active conduct of exempt activities Cualifying distributions made directly Subtract line 2 of from line 2 exempt activities Subtract line 2 of from line 2 exempt activities Subtract line 2 of from line 2 exempt activities Subtract line 2 of from line 2 exempt activities Subtract line 2 of from line 2 exempt activities Subtract line 2 of from line 2 exempt activities Subtract line 2 of from line 2 exempt activities Subtract line 2 of from line 2 exempt activities (1) Value of assests qualifying under section 4942(0)(36)(0) — Endowment alternative test — enter 2 of from line 2 exempt activities acti	income from Part I or the minimum		(b) 2015		(d) 2013	(e) iotal
85% of line 2a Cualifying distributions from Part XII. Inite 4 for each year listed Cualifying distributions made directly for active conduct of exempt activities Subtract line 2 from line 2c Complete 3a, b, or of or the alternative test relied upon 'Assets's alternative test – enter (1) Yalue of all assets (2) Yalue of assets qualifying under section 4942(0)(3)(8)(0) **Endowment alternative test – enter 273 of maintain maintaine test – enter 273 of maintaine internative test – enter (1) Total support other than gross investment income (interest, dividends, rents, payments or accounts loans (section 51/2(a)(3), or ryalties) Support alternative test – enter (3) Support alternative test – enter (4) Cross investment income (4) Gross investment income (4) Gross investment income (4) Gross investment income (5) Support disport from (4) Gross investment income (6) Gross investment income (7) Total support from (8) Gross investment income (9) Gross investment income (1) Gross investment income (2) Gross investment income (3) Largert ingreams of the foundation who aver 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation one than 35,000 (See section 507(d)(2)) NONE List any managers of the foundation only makes contributions to greater interest Information Regarding Countribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Explain foundation only makes contributions to preselected charatable organizations under other conditions, complete tems 2a, b. c., and d	each year listed	(-7	. ,		1 1	
Oualifying distributions from Part XII, in a 4 for each year listed	=					
Complete 3a, b, or c for the attentives	Qualifying distributions from Part XII,					
for active Conduct of exempt activities Complete 3a, b, or c for the alternative lest cried upon Assets' alternative test erited upon Assets' alternative test erited upon Assets' alternative test erited upon Complete 3a, b, or c for the alternative lest erited upon Assets' alternative test erited upon Assets' alternative test erited (1) Value of all assets usualifying under section 4942(i)(3)(6)(6). Endownent' alternative test erited: Support alternative test erited: (2) Value of assets qualifying under section 4942(i)(3)(6)(6). Support alternative test erited: (3) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5), or oyalites). (2) Support from general public and 5 or more exempt agrainations as provided in section 4942(i)(3)(6)(6). (3) Largest amount of support from an exempt organization. (4) Gross investment income (5) Support from general public and 5 or more exempt agrainations as provided in section 4942(i)(3)(6)(6). (3) Carport from an exempt organization. (4) Gross investment income (5) Support from an exempt organization. (6) Gross investment income Information Regarding Foundation Managers: List any managers of the foundation who have contributed more than \$5,000) (See section 507(d)(2)) NONE List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ** X If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete terms 2a, b, c, and d The name, address, and telephone number or e-mail address of the person to whom applications should be addressed	Amounts included in line 2c not used directly	-		_	_	
alternative test relied upon **Assets' alternative test — enter (1) Value of all assets	for active conduct of exempt activities					
(1) Value of all assets						
(2) Value of assets qualifying under section 4942()(3)(8)(6)()	·					
(2) Value of assets qualifying under section 4942()(3)(8)(6)()	(1) Value of all assets					
Endowment alternative test — enter 2/3 of minimum investment return shown in Part X. Inte 6 for each year isled	(2) Value of assets qualifying under					
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). (2) Support from general public and 5 or more exempt organizations as provided in section 4942(b)(5)(b)(b). (3) Largest amount of support from an exempt organization	'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X,					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royaltes). (2) Support from general public and 5 or more exempt organizations as provided in section 4942(f)(3)(9)(a),	-				 	
(2) Support from general public and 5 or more exempl organizations as provided in section 4942(0)(3)(8)(w). (3) Largest amount of support from an exempl organization	(1) Total support other than gross investment income (interest, dividends, rents, payments	•				
more exempt organizations as provided in section 492(0)(3)(B)(m))	512(a)(5)), or royalties)					
Any submission deadlines A Gross investment income Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.) Information Regarding Foundation Managers: List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) NONE	more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.) Information Regarding Foundation Managers: List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) NONE List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Xi if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds if the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d The name, address, and telephone number or e-mail address of the person to whom applications should be addressed Any submission deadlines	an exempt organization					
Information Regarding Foundation Managers: List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) NONE List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d The name, address, and telephone number or e-mail address of the person to whom applications should be addressed Any submission deadlines Any submission deadlines				<u> </u>		
List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d The name, address, and telephone number or e-mail address of the person to whom applications should be addressed The form in which applications should be submitted and information and materials they should include Any submission deadlines	assets at any time during th Information Regarding Foundation Managers of the foundation who have	è year — see ins gers: re contributed more t	than 2% of the total	contributions receiv		
a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d The name, address, and telephone number or e-mail address of the person to whom applications should be addressed The form in which applications should be submitted and information and materials they should include Any submission deadlines		ontributed more than	\$5,000) (See section	on 507(d)(2))		
a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds if the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d The name, address, and telephone number or e-mail address of the person to whom applications should be addressed The form in which applications should be submitted and information and materials they should include Any submission deadlines						
Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. The name, address, and telephone number or e-mail address of the person to whom applications should be addressed. The form in which applications should be submitted and information and materials they should include. Any submission deadlines.	a partnership or other entity) of which the fou	n 10% or more of the Indation has a 10% o	e stock of a corporat or greater interest	ion (or an equally la	irge portion of the own	ership of
The name, address, and telephone number or e-mail address of the person to whom applications should be addressed The form in which applications should be submitted and information and materials they should include Any submission deadlines	Check here X if the foundation only marequests for funds. If the foundation makes g	akes contributions to	preselected charital	ble organizations ar	nd does not accept unstrons under other cond	solicited itions,
Any submission deadlines		or e-mail address of	the person to whom	applications should	be addressed	
	The form in which applications should be sul	omitted and informati	on and materials th	ey should include		
	Any submission deadlines					
Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors						

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or contribution Recipient status of Amount recipient Name and address (home or business) a Paid during the year KING LOW HEYWOOD THOMAS ANNUAL FUND TO HELP SUPPORT 1450 NEW FIELD AVE CT 06905 501(c)(3) SCHOOL PROGRAMS 50,000. STAMFORD 50,000. b Approved for future payment

3 b

and Avijean Analysis of Income-Producing	Activities				
ter*gross amounts unless otherwise indicated	Unrelate	d business income	Excluded by	section 512, 513, or 514	(e)
4. Oceanor anno mora	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
Program service revenue			code		
a			+		
b	 - 		 		
c	<u> </u>				
d	J				
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	646.	
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			1 1		
Other investment income			+		 -
Gain or (loss) from sales of assets other than inventory	 		18	-210,864.	
Net income or (loss) from special events	 - 		1-10	-210,864.	
			 		
Other revenue		· · · · · · · · · · · · · · · · · · ·			
a	ļ — —		 		
b	<u> </u>		+ +		<u> </u>
C	1		_		
	 				
d					
d e					
d e				-210,218.	
Bubtotal Add columns (b), (d), and (e)				-210,218. 13	-210,218
Bubtotal Add columns (b), (d), and (e)	s)				-210,218
Bubtotal Add columns (b), (d), and (e)	s)				-210,218
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the ne No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e)	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e)	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation (XXVIII) Relationship of Activities to the No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation (XXVIII) Relationship of Activities to the No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which ince	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the new No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which income	e Accompl	ishment of Exem	npt Purpos	ses	the
Subtotal Add columns (b), (d), and (e)	e Accompl	ishment of Exem	npt Purpos	ses	the actions)

Form 990-PF (2016) THE FEINBERG FAMILY FOUNDATION 06-1485274 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								Yes	No
describe	organization directly of d in section 501(c) of o political organizatio	the Code (othe	age in any of the followir r than section 501(c)(3)	ng with any othe organizations) o	er organization or in section 527,				
a Transfer	s from the reporting fo	oundation to a r	noncharitable exempt or	ganization of					
(1) Casi	h						1 a (1)		<u>X</u>
(2) Othe	er assets					<u>.</u>	1 a (2)		X
b Other tra	insactions								
(1) Sale	s of assets to a nonch	nantable exemp	ot organization				1 b (1)		X
(2) Puro	hases of assets from	a noncharitable	e exempt organization.				1 b (2)		X
(3) Ren	tal of facilities, equipm	nent, or other a	ssets				1 b (3)		X
(4) Rein	nbursement arrangem	nents				[1 b (4)	$\neg \neg$	X
(5) Loar	ns or loan guarantees						1 b (5)		X
(6) Perf	ormance of services of	or membership	or fundraising solicitation	ns			1 b (6)		X
C Sharing	of facilities, equipmen	it, mailing lists,	other assets, or paid en	ployees			1 c		X
the good	ls, other assets, or se	rvices given by	nplete the following scho the reporting foundation	 If the foundati 	on received less that	ın faır market value ı	alue of		
		_ 	v in column (d) the value						
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable exempt organ	ization	(d) Description of trans	fers, transactions, and st	naring arrang	jements	
					<u> </u>				
	·	<u> </u>							
		L			<u></u>				
		_							
			-						
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									_
		-							
describe	undation directly or ind d in section 501(c) of complete the following	the Code (othe	d with, or related to, one or than section 501(c)(3)	or more tax-ex or in section 5.	empt organizations 27?		. Yes	X	No
(a	Name of organization	<u>n</u>	(b) Type of orga	anization	(c)	Description of relati	onship	_	
 									
									
Sign correct,	enalties of penuty, I declare and complete Declaration o	that I have examine if preparer other that	d this return, including accompain taxpayer) is based on all info	mation of which prep	d statements, and to the becarer has any knowledge TRUSTEE Title	ist of my knowledge and ba	May the I this return preparer (see instr	RS discu with the shown be	olow
	Print/Type preparer's nam	, , , , , , , , , , , , , , , , , , , 	Preparer's signature	11	Date	Check If	PTIN		لتك
Daid	STEVEN MOSKO	אנדעט כפא	1/60	1460	05/03/17		DUU1 64	473	
Paid Dannan		WITZ CPA	WOWAND ORD DO				P00166	14/3	
Preparer	_	TEVEN MOS		ET.		Firm's EIN 13-39	23827		
Use Only	1 -	60 WHITE	PLAINS RD 5TH		10501 5707	Dhana an 104 ::	200	c ·	
	<u> </u>	ARRYTOWN		NY	10591-5187	Phone no(914)			
BAA							Form 99	V-PF (2	2016)

Form 990-PF Part I, Line 6a

Net Gain or Loss From Sale of Assets

2016

Name		Employer Identification Number
THE FEINBERG FAMILY FOUNDATI	ON	06-1485274
Asset Information:		
Description of Property HANS	EN MEDICAL	
Date Acquired Various	How Acquired Purchased	
Date Sold 07/29/16		
Sales Price 15,800.	Cost or other basis (do not reduce by depreciation)	111,008.
Sales Expense	Valuation Method	
Total Gain (Loss) -95, 2	08. Accumulation Depreciation	
Description of Property CHIM		
Date Acquired . Various		
Date Sold 02/08/16	Name of Buyer	
Sales Price 18,815.	Cost or other basis (do not reduce by depreciation)	86,709.
Sales Expense	Valuation Method	
Total Gain (Loss)67,8	94. Accumulation Depreciation	
Description of Property INTF		
Date Acquired . Various		
Date Sold 02/01/16	Name of Buyer	
Sales Price 45,104.	Cost or other basis (do not reduce by depreciation)	62,722.
Sales Expense	Valuation Method	
Total Gain (Loss)17, 6	18. Accumulation Depreciation	
Description of Property PROS		
Date Acquired . Various	How Acquired Purchased	
Date Sold 07/01/16	Name of Buyer	
Sales Price 485, 965.	Cost or other basis (do not reduce by depreciation)	505,748.
Sales Expense	Valuation Method	
Total Gain (Loss)19,7	83. Accumulation Depreciation	
Description of Property OPKC	HEALTH INC	
Date Acquired . Various	How Acquired Purchased	
Date Sold 02/08/16	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	39,777.
Sales Expense	Valuation Method	
Total Gain (Loss)	61. Accumulation Depreciation	
Description of Property		
Date Acquired .	How Acquired	_
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation	
Description of Property		
Date Acquired .	How Acquired	
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation	
Description of Property		
Date Acquired .	How Acquired	
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation	

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STEVEN MOSKOWITZ CPA	ACCOUNTING	5,770.	2,885.		2,885.
Total		5,770.	2,885.		2,885.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End o	End of Year	
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
PORTFOLIO INVESTMENTS	1,341,517.	1,901,057.	
Total	1,341,517.	1,901,057.	