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2016

OMB No 1545-0052

Return of Private Foundation

Form 990-PF Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

or	caler	ndar year 2016, or tax year beginning 01-01-20	016	, aı	nd en	iding 12-31-	2016	
		indation . EMPHYSEMA FOUNDATION INC				A Employer Id 23-7124098	entification numbe	er
		I street (or P O $$ box number if mail is not delivered to street address) $$ AVENUE	Room/suite			B Telephone nu (203) 866-5000	mber (see instructio	ns)
		, state or province, country, and ZIP or foreign postal code CT 06851	1			C If exemption	application is pendir	ng, check here
i Ch	neck al	I that apply	•	charity		2. Foreign oi	ganizations, check h rganizations meeting k here and attach co	the 85%
_		pe of organization Section 501(c)(3) exempt private					undation status was n 507(b)(1)(A), che	
Fai of	r mark year <i>(f</i>	a 4947(a)(1) nonexempt charitable trust ☐ Other taxable trust ☐ O	☑ Cash ☐] Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), che	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue expense book	s per	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		6,851				
	2	Check ▶ ✓ If the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments		11	_	1122 522		
	4 5a	Dividends and interest from securities		122,533		122,533		
	b	Net rental income or (loss)						
Пe	6a	Net gain or (loss) from sale of assets not on line 10	% J	89,794				
Revenue	ь 7	Gross sales price for all assets on line 6a 585,647 Capital gain net income (from Part IV, line 2)				16,608		
œ	8	Net short-term capital gain						
	9	Income modifications						
	10a b	Gross sales less returns and allowances Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	% 3	696		696		
	12	Total. Add lines 1 through 11		219,885	<u> </u>	139,848		
	13	Compensation of officers, directors, trustees, etc		17,000				
	14	Other employee salaries and wages						
Şe	15 16a	Pension plans, employee benefits						
5	ь	Accounting fees (attach schedule)	% J	4,213				4,213
Ĭ	c	Other professional fees (attach schedule)	<i>∞</i> ••₃	9,675		4,282		5,393
<u>s</u>	17	Interest		3,075		1,202		3,03.
<u> </u>	18	Taxes (attach schedule) (see instructions)						
⊼ E	19	Depreciation (attach schedule) and depletion	% j	140				
	20	Occupancy		22,515	:			22,51
Ĭ	21	Travel, conferences, and meetings		3,175				3,175
Ĕ	22	Printing and publications						
<u> </u>	23	Other expenses (attach schedule)	% ∑	15,782		760		15,022
Operating and Administrative Expenses	24	Total operating and administrative expenses.						
3		Add lines 13 through 23		72,500		5,042		50,318
ر	25	Contributions, gifts, grants paid		142,800				142,800
	26	Total expenses and disbursements. Add lines 24 and 25		215,300		5,042		193,118
	27	Subtract line 26 from line 12		4,585				
	a b	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		4,285		134,806		
	С	Adjusted net income(if negative, enter -0-)						
or	Paper	work Reduction Act Notice, see instructions.	1			Cat No 11289	(Fο	rm 990-PF (2016

14

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19 20

21

22 23

24

25

28

29

31

Liabilities

Balances

Fund 26

5

Assets 27

Net 30

2

3

Land, buildings, and equipment basis ▶

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases 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

Enter amount from Part I, line 27a

Less accumulated depreciation (attach schedule) ▶ 18,913 351 211 Other assets (describe -Total assets (to be completed by all filers—see the 2,965,603 2,970,188 3,522,701 instructions Also, see page 1, item I) Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). Other liabilities (describe ▶_ **Total liabilities**(add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Unrestricted 2.965.603 2,970,188 Temporarily restricted Permanently restricted . . Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) 2,965,603 2,970,188 2,970,188 Total liabilities and net assets/fund balances (see instructions) . 2,965,603 Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

2,965,603

2,970,188

2,970,188

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4,585

1 2

3

4

5

6

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

5a During the year did the foundation pay or incur any amount to

Page **6**

	(1) Carry on propaganda, or other(2) Influence the outcome of any s		•	, , , , , , , , , , , , , , , , , , , ,		Yes	✓	No			
	on, directly or indirectly, any vo			•		П.,	./	No			
	(3) Provide a grant to an individual	l for t	ravel, study, or other sım	ılar purposes?		☐ Yes☐ Yes		No No			
	(4) Provide a grant to an organizat	ion o	ther than a charitable, etc	, organization described		1es		NO			
	in section 4945(d)(4)(A)? (see	ınstrı	ictions)			Yes	✓	No			
	(5) Provide for any purpose other t	han ı	eligious, charitable, scien	tıfıc, lıterary, or							
	educational purposes, or for the	•	•			Yes	✓	No			
Ь	If any answer is "Yes" to 5a(1)-(5)		=			scribed in					
	Regulations section 53 4945 or in a			•	-		•		5b		
	Organizations relying on a current r					•					
С	If the answer is "Yes" to question 5										
	tax because it maintained expendit		· · · · · · · · · · · · · · · · · · ·			☐ Yes	Ш	No			
_	If "Yes," attach the statement requi		-								
6 a	Did the foundation, during the year					_	_				
	a personal benefit contract?					∐ Yes	✓	No	64		N.a
b	Did the foundation, during the year If "Yes" to 6b, file Form 8870	, pay	premiums, directly or ind	ilrectly, on a personal be	nerit contra	ct'	•		6b		No
7-	,	.c.+b.c	foundation a party to a n	rabibited tay aboltor tran	acaction?	_					
7a	At any time during the tax year, wa If yes, did the foundation receive a					ຸ 🗌 Yes	✓	No	7b		
		- '	ers, Directors, Trust				id Er	mnlo			
Pai	and Contractors	OIIIC	ers, Directors, Trust	ices, roundation Ma	illageis, i	nginy Pai	iu Ei	пріо	yccs,		
1	List all officers, directors, truste	es, f	oundation managers ar	nd their compensation	(see instru	uctions).					
	·		Title, and average	(c) Compensation (If		(d)					
	(a) Name and address		hours per week	not paid, enter		ons to emplo ans and defe		(0)		ise acc allowa	
		(b) devoted to position	-0-)		ins and dele ipensation	erreu	(e)	other	allowa	inces
DR LA	URENCE NAIR		STEE	3,000			C				0
	NTERBURY ROAD	000	00								
	DEN, CT 06514	TDU	`TEE	0.000				-			
	LD NAIR ESQ .D BOSTON ROAD	000	STEE 00	8,000			C	'			0
	DN, CT 06897										
ANDR	EW BHAK		STEE	0			C				0
	WEST 90TH STREET	000	00								
APT 1 NEW	YORK, NY 10024										
2	Compensation of five highest-pa	id ei	nployees (other than tl	hose included on line 1	-see inst	ructions). 1	If no	ne, e	nter "	NONE.	."
	(a)		Title, and average		1	ntributions t			F		
Na	me and address of each employee p	aıd	hours per week	(c) Compensation		ployee bene is and deferi				se acco allowar	
	more than \$50,000		(b) devoted to position		1 '	ompensation		(-,			
NON	E .										
			_								
			_								
Tota	I number of other employees paid ov	/er \$5	50,000			. •				O_DE /	(2015)
								Ecr	m 00	11-DE /	2016\

Form 990-PF (2016) Information About Officers, Directors, Trustees,	Foundation Managers Highly	Page 7
and Contractors (continued)	roundation managers, riging	Palu Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, en	ter "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		>
Part IX-A Summary of Direct Charitable Activities		1
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ	evant statistical information such as the nunced, etc	nber of Expenses
1		
2		
2		
3		
		
4		
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions		
all other program-related investments. See instructions		
-		
Total. Add lines 1 through 3		. ▶
		Form 990-PF (2016)

1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 3

Amounts set aside for specific charitable projects that satisfy the

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3b

4

5

193.118

1.348

191.770

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За

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

4

5

XII, line 4 ▶ \$

indicated below:

a Applied to 2015, but not more than line 2a

6 Enter the net total of each column as

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . .
 b Excess from 2013. . . .
 c Excess from 2014. . . .
 d Excess from 2015. . . .
 e Excess from 2016. . . .

Subtract lines 7 and 8 from line 6a

b Applied to undistributed income of prior years (Election required—see instructions).
 c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2016 distributable amount.
e Remaining amount distributed out of corpus
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

same amount must be shown in column (a))

28.078

Page 9

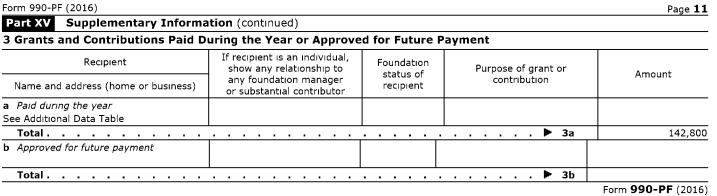
168.895

165.040

3,855

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| Corpus | C



ter gross amounts unless otherwise indicated		Unrelated bus	iness income	Excluded by section	512, 513, or 514	(e) Related or exempt	
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function incom (See instruction	
1ember	and contracts from government agencies ship dues and assessments						
ınvestr	ments				422 522		
	ds and interest from securities tal income or (loss) from real estate			14	122,533		
Debt-f Not de	inanced property						
	ntal income or (loss) from personal property			<u> </u>			
	vestment income	 		14	696		
invento	pry			18	16,608	73	
	ome or (loss) from special events						
	rofit or (loss) from sales of inventory evenue a						
	evenue u						
Subtota	Add columns (b), (d), and (e).				139,837		
Subtota	Il Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	139,837	73 213 ,	
Subtota F otal. A worksh	Add columns (b), (d), and (e).	ns)					
otal. Aworksh	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) seet in line 13 instructions to verify calculatio	ns) e Accomplishr income is reported	nent of Exem	pt Purposes of Part XVI-A contribut	ed importantly to		
oubtota otal. A worksh t XVII	Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Beet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishr income is reported	nent of Exem	pt Purposes of Part XVI-A contribut	ed importantly to		
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ubtota otal. A worksh t XVII	Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Beet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishr income is reported	nent of Exem	pt Purposes of Part XVI-A contribut	ed importantly to		
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ubtota otal. A worksh t XVII	Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Beet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishr income is reported	nent of Exem	pt Purposes of Part XVI-A contribut	ed importantly to		
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Subtota Total. A worksh	Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Beet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishr income is reported	nent of Exem	pt Purposes of Part XVI-A contribut	ed importantly to		
oubtota otal. A worksh t XVII	Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Beet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishr income is reported	nent of Exem	pt Purposes of Part XVI-A contribut	ed importantly to		

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Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part	XVII	Exempt Organi	zations									
		ganization directly or in Code (other than sectio	dırectly enga							501	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of												
(1) Cash								1a(1)		No		
(2)	Other	assets								. 1a(2)		No
b Oth	er tran	sactions										
(1)	Sales	of assets to a nonchar	table exemp	t orga	nızatıon.					. 1b(1)		No
(2)	Purch	ases of assets from a n	oncharitable	exem	pt organiz	zation				. 1b(2)		No
(3)	Renta	al of facilities, equipmen	nt, or other a	ssets.						. 1b(3)		No
		bursement arrangemen								1b(4)		No
		or loan guarantees.								1b(5)		No
٠, ٠		mance of services or m	•		_					1b(6)		No
	_	facilities, equipment, n										No
		ver to any of the above ds, other assets, or ser										
		saction or sharing arra										
(-)	No. I	/I-> A						4) D				
(a) Line	INO	(b) Amount involved	(c) Name of	noncna	aritable exe	mpt organization	()	a) Description or	transfers, transactions, ar	nd snaring arra	ngemen	ts
	_											
	_											
	_											
2a Is th	ne four	ndation directly or indire	ectly affiliated	d with	, or relate	d to, one or mor	e tax-	exempt organi	zations			
desc	cribed	in section 501(c) of the	Code (other	than	section 50	01(c)(3)) or in se	ection	527?		. ∐Yes	✓ N	0
b If "Y	es," co	omplete the following so										
		(a) Name of organization	n		(1	b) Type of organiza	ition		(c) Description of	relationship		
	Unde	er penalties of perjury,	I declare tha	t I hav	ve examın	ed this return, ir	ncludir	ng accompanyıı	ng schedules and state	ements, and	to the l	best
		y knowledge and belief		orrect,	, and com	plete Declaration	n of p	reparer (other	than taxpayer) is base	ed on all info	rmation	n of
Sign		h preparer has any kno *****	wieage			l		\ *****	May	the IRS discu	+b	a buura
Here		*****				2017-05-08				the IRS discu- the preparer		
	7 9	Signature of officer or ti	rustee			Date		Title	(see	e instr)? 🗹 🕻	es 🗆 N	lo
	<u> </u>	D				t						
		Print/Type preparer's	name	Prepa	arer's Sıgı	nature	Da	ate	Check if self-	IIN		
									employed ▶ □	P00245	5651	
Paid		LAWRENCE P LEMI CPA	EUX					2017-07-25				
Prep	arer		DENICE DIE	ATEUY	9. ACCOC	TATEC II C						
Use (RENCE P LEM	ITEUX	a ASSUL	IATES LLC			Fırı	m's EIN ▶06	-16346	01
			1 MONROE T	PKE S	STE 300							
			NIDOE CT (26466					Pho	one no (203) 261-8	3876
		l MC	ONROE, CT	J0468						,	•	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DEBORAH HOSPITAL FOLINDATI DIRECT PATIENT CARE 5.000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

20 PINE MILLS BROWNS MILLS, NJ 08015		DINECT FAILENT CARE	3,000
NORWALK HOSPITAL 34 MAPLE STREET NORWALK, CT 06850		COMMUNITY	15,000

NORWALK, CT 06850			
YALE UNIVERSITY 500 COLLEGE STREET NEW HAVEN, CT 06511		EDUCATION	25,000

500 COLLEGE STREET NEW HAVEN, CT 06511			
EMPHYSEMA SELF HELP GROUP 172 E 4TH STREET 11F		COMMUNITY	
NEW YORK, NY 10009			

EMPHYSEMA SELF HELP GROUP 172 E 4TH STREET 11F NEW YORK, NY 10009		COMMUNITY	1,000
AMERICAN THORACIC SOCIETY		RESEARCH	20,000

,			
AMERICAN THORACIC SOCIETY 61 BROADWAY 4TH FLOOR NEW YORK, NY 10006		RESEARCH	20,00

61 BROADWAY 4TH FLOOR NEW YORK, NY 10006		
Total	 	142,800

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAPE COD COPD SUPPORT COMMUNITY 1,000 150 ROCK HARBOR ROAD ORLEANS, MA 02653 DIRECT PATIENT CARE 5,000 AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902 MIDSTATE MEDICAL CENTER **EDUCATION** 2,500 ASELEMITE AVENUE 2,500

MERIDEN, CT 06451			
ROOSEVELT HOSPITAL 1111 AMSTERDAM AVE NEW YORK, NY 10025		EDUCATION	2
NORWALK COMMUNITY COLLEGE		RESEARCH	6

FOUND 188 RICHARD AVE NORWALK, CT 06854

Total . 142,800

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ASPEN LUNG CONFERENCE **EDUCATION** 5,000 1414 SOUTH LIMA STREET AURORA, CO 80012 **EDUCATION** 2,500 SARASOTA MEMORIAL HOSPITAL 1700 S TAMIAMI TRAIL SARASOTA EL 34239 0,000 9,800

3AKA301A,1E 34239			
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206		RESEARCH	10,
EMORY UNIVERSITY 201 DOWMAN DRIVE		EDUCATION	9,

ATLANTA.GA 30322 QUINNIPIAC UNIVERSITY **EDUCATION**

27,500 275 MT CARMEL AVE

HAMDEN, CT 06518

142,800

Total . 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

	or substantial contributor		
a Paid during the year			
UNIVERSITY OF KENTUCKY ADMINISTRATIVE DRIVE		EDUCATION	5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or business)

3а

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TY 2016 Accounting Fees Schedule								
-								
Name: NATIONAL EMPHYSEMA FOUNDATION INC EIN: 23-7124098								
Category	Amo	ount	Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
PREPARATION OF FINANCIALS & TAX		4,213				4,213		

TY 2016 Depreciation Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: NATIONAL EMPHYSEMA FOUNDATION INC

FTN: 32.7124000

		EIN: 2	3-7124098						
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FAX/PRINTER	2002-11-01	360	360	S/L	5 0000				
COMPUTER	2002-06-01	2,640	2,640	S/L	5 0000				
COMPUTER	2001-06-01	3,487	3,487	S/L	5 0000				
FUNITURE & FIXTURES	1999-07-01	3,934	3,934	S/L	7 0000				
COMPUTER EQUIPMENT	2004-06-01	4,322	4,322	S/L	5 0000				
COMPUTER & EQUIPMENT	2005-09-05	2,329	2,329	200DB	7 0000				
COMPUTER	2013-10-04	2,052	1,701	200DB	5 0000	140			

DLN: 93491209002087

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DLN: 93491209002087

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Gain/Loss from Sale of Other Assets Schedule

Name: NATIONAL EMPHYSEMA FOUNDATION INC

EIN: 23-7124098

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
BANK OF AMERICAN INTERNOTES	2010-10	PURCHASE	2016-08		45,000	45,000				
LAMB WESTON HOLDINGS INC	2008-06	PURCHASE	2016-11		11	5			6	
MERRILL LYNCH AND COMPANY	2011-11	PURCHASE	2016-05		55,000	55,000				
QWEST CORP	2011-10	PURCHASE	2016-09		14,575	14,948			-373	
SANDRIDGE ENERGY INC	2014-09	PURCHASE	2016-10		16	257			-241	
SANDRIDGE ENERGY INC	2014-09	PURCHASE	2016-10		99,000	99,000				
WTS SANDRIDGE ENERGY INC	2014-09	PURCHASE	2016-10		1	17			-16	
WTS SANDRIDGE ENERGY INC	2014-09	PURCHASE	2016-10		2	26			-24	
EXTENDED MARKET INDEX		PURCHASE	2016-07		5,000	1,402			3,598	
EXTENDED MARKET INDEX		PURCHASE	2016-12		13,600	3,472			10,128	
REIT INDEX FUND		PURCHASE	2016-07		10,000	6,984			3,016	
REIT INDEX FUND		PURCHASE	2016-12		13,600	10,254			3,346	
SMALL CAP INDEX FUND		PURCHASE	2016-07		5,000	1,306			3,694	
TOT INTL STOCK ADMIRAL		PURCHASE	2016-07		5,000	5,437			-437	
WINDSOR II FUND ADM		PURCHASE	2016-06		2,500	1,249			1,251	
WINDSOR II FUND ADM		PURCHASE	2016-07		10,000	5,013			4,987	
WINDSOR II FUND ADM		PURCHASE	2016-12		13,600	6,274			7,326	
500 INDEX FUND		PURCHASE	2016-06		2,500	564			1,936	
500 INDEX FUND		PURCHASE	2016-07		15,000	3,322			11,678	
500 INDEX FUND		PURCHASE	2016-12		27,200	5,719			21,481	
NORTHERN TRUST AVAILABLE UPON REQUES		PURCHASE			232,434	230,604			1,830	

_	2016		Company	. Bondo Cobo	dla	
Y	2016	Investments	Corporate	e Bonas Scne	aule	

Name: NATIONAL EMPHYSEMA FOUNDATION INC.

EIN. 23 /12+030		
EIN: 23-7124098	₹	

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RBC WEALTH MANAGEMENT

Name of Bond End of Year Book

End of Year Fair Market Value

837,017

DLN: 93491209002087

Value

935,496

-			
Y 2016 Investments	Corporat	e Stock Sched	lule

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RBC WEALTH MANAGEMENT

Name: NATIONAL EMPHYSEMA FOUNDATION INC.

EIN: 23	7124098
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EIN: 23-7124096	
Name of Stock	End of Year Book Value

End of Year Fair

Market Value

385,325

329,151

DLN: 93491209002087

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TY 2016 Investments - Other Schedule

Name: NATIONAL EMPHYSEMA FOUNDATION INC

EIN: 23-7124098						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
NORTHERN TRUST MUTUAL FUNDS	AT COST	517,719	569,514			
RBC WEALTH MANAGEMENT	AT COST	139,363	89,320			
VANGARD WELLINGTON	AT COST	70,439	127,413			
VANGARD CONVERT. SECURITIES	AT COST	66,518	71,642			
VANGARD EQUITY INCOME	AT COST	25,522	42,758			
VANGARD EXTENDED MKT INDEX	AT COST	49,864	192,276			
VANGARD REIT INDEX	AT COST	81,795	106,828			
VANGARD 500 INDEX	AT COST	51,055	239,607			
VANGARD SMALL CAP	AT COST	27,647	113,705			
VANGARD WINDSOR II	AT COST	98,856	198,284			
VANGUARD ADMIRAL	AT COST	214,512	186,972			

DLN: 93491209002087

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Name: NATIONAL EMPHYSEMA FOUNDATION INC EIN: 23-7124098

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	19,124	18,913	211	

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TY 2016 Other Expenses Schedule						
Name:	NATIONAL EMP	HYSEMA FOUNDA	TION INC			
EIN:	23-7124098					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
LIABILITY INSURANCE	243			243		
TELEPHONE	499			499		
OFFICE EXPENSE	1,293			1,293		

760

155

1,502

760

11,270

155

1,502

11,270

TAX EXPENSE

CONTRIBUTIONS

BANK FEES REPAIRS

POSTAGE AND DELIVERY

COMPUTER SUPPORT & WEBSITE HO

·	+		+	+
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
	Books			Purposes

Other Expenses Schedule

ANNUAL FEE

As Filed Data -

Name: NATIONAL EMPHYSEMA FOUNDATION INC.

EIN: 23-7124098

Other Income Schedule Revenue And

Net Investment

696

Income

DLN: 93491209002087

Description

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Expenses Per Books

696

Adjusted Net Income

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TY 2016 Other Professional Fees Schedule						
Name: NATIONAL EMPHYSEMA FOUNDATION INC						
EIN: 23-7124098						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
				Purposes		
BROKER MANAGEMENT FEES	4,282	4,282				
SECRETARY FEES	4,693			4,693		
BOOKKEEPING	700			700		