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Form **990-PF****Return of Private Foundation**

OMB No 1545-0052

**2013**Department of the Treasury  
Internal Revenue Serviceor Section 4947(a)(1) Trust Treated as Private Foundation  
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Open to Public Inspection

For calendar year 2013 or tax year beginning

, 2013, and ending

, 20

Name of foundation <b>THE JACOBSON FAMILY FOUNDATION</b>		A Employer identification number <b>13-3922461</b>
Number and street (or P O box number if mail is not delivered to street address) <b>152 WEST 57TH STREET, 56TH FLOOR</b>		B Telephone number (see instructions) <b>(212) 884-8800</b>
City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10019</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 33,909,996.</b>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		

Part 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 and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1.	28,171.		ATCH 1
	4 Dividends and interest from securities	155,892.	167,296.		ATCH 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,329,247.			
	b Gross sales price for all assets on line 6a	3,191,978.			
	7 Capital gain net income (from Part IV, line 2)		1,327,825.		
	8 Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule) ATCH 3	2,867.	3,674.			
12 Total: Add lines 1 through 11	1,488,007.	1,526,966.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) ATCH 4	5,500.	2,750.		
	c Other professional fees (attach schedule)	39,687.	39,687.		
	17 Interest ATCH 6		4,133.		
	18 Taxes (attach schedule) (see instructions) ATCH 7	215.	340.		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy OGDEN, UT				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) ATCH 8	968.	2,341,397.		
	24 Total operating and administrative expenses. Add lines 13 through 23	46,370.	2,388,307.		
	25 Contributions, gifts, grants paid	3,090,066.			3,090,066.
26 Total expenses and disbursements Add lines 24 and 25	3,136,436.	2,388,307.	0	3,090,066.	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-1,648,429.				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)					

2A 7

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing . . . . .	185,218.	343,645.	343,645.
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ . . . . .			
		Less allowance for doubtful accounts ▶ . . . . .			
	4	Pledges receivable ▶ . . . . .			
		Less allowance for doubtful accounts ▶ . . . . .			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ . . . . .			
		Less allowance for doubtful accounts ▶ . . . . .			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10 a	Investments - U S and state government obligations (attach schedule), . . . . .			
	b	Investments - corporate stock (attach schedule) ATCH 9 . . . . .	14,312,476.	12,900,463.	12,900,463.
	c	Investments - corporate bonds (attach schedule), . . . . .			
	Liabilities	11	Investments - land, buildings, and equipment basis . . . . .		
		Less accumulated depreciation ▶ (attach schedule) . . . . .			
12		Investments - mortgage loans . . . . .			
13		Investments - other (attach schedule) ATCH 10 . . . . .	19,116,612.	20,665,888.	20,665,888.
14		Land, buildings, and equipment basis . . . . .			
		Less accumulated depreciation ▶ (attach schedule) . . . . .			
15		Other assets (describe ▶ . . . . .)			
16		Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	33,614,306.	33,909,996.	33,909,996.
17		Accounts payable and accrued expenses . . . . .			
18		Grants payable . . . . .			
Net Assets or Fund Balances	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ . . . . .)			
23	Total liabilities (add lines 17 through 22) . . . . .	0	0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, . . . ▶ <input checked="" type="checkbox"/> check here and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
	29	Retained earnings, accumulated income, endowment, or other funds . . . . .	33,614,306.	33,909,996.	
	30	Total net assets or fund balances (see instructions) . . . . .	33,614,306.	33,909,996.	
	31	Total liabilities and net assets/fund balances (see instructions) . . . . .	33,614,306.	33,909,996.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return), . . . . .	1	33,614,306.
2	Enter amount from Part I, line 27a, . . . . .	2	-1,648,429.
3	Other increases not included in line 2 (itemize) ▶ ATCH 11 . . . . .	3	1,944,119.
4	Add lines 1, 2, and 3 . . . . .	4	33,909,996.
5	Decreases not included in line 2 (itemize) ▶ . . . . .	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	33,909,996.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b> SEE PART IV SCHEDULE					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			<b>2</b>	1,327,825.	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			<b>3</b>	0	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2012	3,497,536.	26,540,658.	0.131780
2011	3,129,490.	22,923,351.	0.136520
2010	1,747,954.	17,795,430.	0.098225
2009	1,681,516.	16,391,274.	0.102586
2008	2,084,043.	21,215,580.	0.098232
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.567343
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.113469
<b>4</b> Enter the net value of noncharitable-use assets for 2013 from Part X, line 5			<b>4</b> 32,199,539.
<b>5</b> Multiply line 4 by line 3			<b>5</b> 3,653,649.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b>
<b>7</b> Add lines 5 and 6			<b>7</b> 3,653,649.
<b>8</b> Enter qualifying distributions from Part XII, line 4 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.			<b>8</b> 3,090,066.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . . . .			
Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	1	0	
c 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		
3 Add lines 1 and 2 . . . . .	3	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- . . . . .	5	0	
6 Credits/Payments			
a 2013 estimated tax payments and 2012 overpayment credited to 2013 . . . . .	6a	10,845.	
b Exempt foreign organizations - tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6c		
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments. Add lines 6a through 6d . . . . .	7	10,845.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .	10	10,845.	
11 Enter the amount of line 10 to be Credited to 2014 estimated tax <input type="checkbox"/> 10,845. Refunded <input type="checkbox"/> <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? . . . . .		X
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		
c Did the foundation file Form 1120-POL for this year? . . . . .		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .		X
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 . . . . .		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .		X
If "Yes," attach the statement required by General Instruction T		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) 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? . . . . .	X	
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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NY, _____		
b 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? If "No," attach explanation. . . . .	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV. . . . .		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. . . . .		X

**Part VII-A Statements Regarding Activities (continued)**

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		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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <input type="checkbox"/> N/A				
14	The books are in care of <input type="checkbox"/> JACOBSON FAMILY INVESTMENTS Telephone no <input type="checkbox"/> 212-884-8800			
Located at <input type="checkbox"/> 152 W 57TH ST, 56TH FLOOR NEW YORK, NY		ZIP+4 <input type="checkbox"/> 10019		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/> 15			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <input type="checkbox"/>				

**Part 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
1a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	
c	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 2013? <input type="checkbox"/>	1c	X
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))		
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <input type="checkbox"/>		
b	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 all years listed, answer "No" and attach statement - see instructions) <input type="checkbox"/>	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="checkbox"/>		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2013 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 2013) <input type="checkbox"/>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/>	4a	X
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 2013? <input type="checkbox"/>	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ NoOrganizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 12		0	0	0

**2** Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . .		▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3 . . . . . ▶	

Form 990-PF (2013)



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	
<b>b</b>	Average of monthly cash balances	<b>1b</b>	199,296.
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	32,490,591.
<b>d</b>	Total (add lines 1a, b, and c)	<b>1d</b>	32,689,887.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	32,689,887.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	<b>4</b>	490,348.
<b>5</b>	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	32,199,539.
<b>6</b>	Minimum investment return. Enter 5% of line 5	<b>6</b>	1,609,977.

**Part XI 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.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	1,609,977.
<b>2a</b>	Tax on investment income for 2013 from Part VI, line 5	<b>2a</b>	
<b>b</b>	Income tax for 2013 (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	1,609,977.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	1,609,977.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	1,609,977.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	3,090,066.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	3,090,066.
<b>5</b>	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).	<b>5</b>	0
<b>6</b>	Adjusted qualifying distributions. Subtract line 5 from line 4.	<b>6</b>	3,090,066.

**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.

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

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7 . . . . .				1,609,977.
<b>2</b> Undistributed income, if any, as of the end of 2013:				
<b>a</b> Enter amount for 2012 only . . . . .				
<b>b</b> Total for prior years: 20 <u>11</u> , 20 <u>10</u> , 20 <u>09</u> . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008 . . . . . 1,023,264.				
<b>b</b> From 2009 . . . . . 861,952.				
<b>c</b> From 2010 . . . . . 886,930.				
<b>d</b> From 2011 . . . . . 1,983,322.				
<b>e</b> From 2012 . . . . . 2,175,699.				
<b>f</b> Total of lines 3a through e . . . . .	6,931,167.			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ <u>3,090,066.</u>				
<b>a</b> Applied to 2012, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .				
<b>d</b> Applied to 2013 distributable amount . . . . .				1,609,977.
<b>e</b> Remaining amount distributed out of corpus . . . . .	1,480,089.			
<b>5</b> Excess distributions carryover applied to 2013. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:	8,411,256.			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .				
<b>e</b> Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
<b>f</b> Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . . .	1,023,264.			
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	7,387,992.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2009 . . . . . 861,952.				
<b>b</b> Excess from 2010 . . . . . 886,930.				
<b>c</b> Excess from 2011 . . . . . 1,983,322.				
<b>d</b> Excess from 2012 . . . . . 2,175,699.				
<b>e</b> Excess from 2013 . . . . . 1,480,089.				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling . . . . .

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year

Prior 3 years

(e) Total

(a) 2013

(b) 2012

(c) 2011

(d) 2010

b 85% of line 2a . . . . .

c Qualifying distributions from Part XII, line 4 for each year listed . . . . .

d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

e 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

(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(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 the year - see instructions.)**1 Information Regarding Foundation Managers:**

a 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).)

**ATTACHMENT 13**

b 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

N/A

**2 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.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include.

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

### **3 Grants and Contributions Paid During the Year or Approved for Future Payment**

JSA  
3E1491 1 000

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

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
<b>1</b> Program service revenue						
<b>a</b> N/A						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments . . . . .						
<b>3</b> Interest on savings and temporary cash investments			14		1.	
<b>4</b> Dividends and interest from securities . . . . .			14		155,892.	
<b>5</b> Net rental income or (loss) from real estate						
<b>a</b> Debt-financed property . . . . .						
<b>b</b> Not debt-financed property . . . . .						
<b>6</b> Net rental income or (loss) from personal property .						
<b>7</b> Other investment income . . . . .			14		2,867.	
<b>8</b> Gain or (loss) from sales of assets other than inventory	900001	1,422.	18		1,327,825.	
<b>9</b> Net income or (loss) from special events . . .						
<b>10</b> Gross profit or (loss) from sales of inventory . .						
<b>11</b> Other revenue <b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal Add columns (b), (d), and (e) . . . . .		1,422.			1,486,585.	
<b>13</b> Total. Add line 12, columns (b), (d), and (e) . . . . .						1,488,007.

(See worksheet in line 13 instructions to verify calculations )

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- | 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?   |       | Yes | No |
|---|-------|-----|----|
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:   |       |     |    |
| (1) Cash  | 1a(1) |     | X  |
| (2) Other assets  | 1a(2) |     | X  |
| <b>b</b> Other transactions:  |       |     |    |
| (1) Sales of assets to a noncharitable exempt organization  | 1b(1) |     | X  |
| (2) Purchases of assets from a noncharitable exempt organization  | 1b(2) |     | X  |
| (3) Rental of facilities, equipment, or other assets  | 1b(3) |     | X  |
| (4) Reimbursement arrangements  | 1b(4) |     | X  |
| (5) Loans or loan guarantees  | 1b(5) |     | X  |
| (6) Performance of services or membership or fundraising solicitations  | 1b(6) |     | X  |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees   | 1c    |     | X  |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |     |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign  
Here**

Signature of officer or trustee

11/13/14  
Date

**TREASURER**  
Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name  
PETER J COSCIA

Preparer's signature 

Date  
11.13.14

Check <input type="checkbox"/> if self-employed	PTIN P00750935
---	-------------------

Firm's name ► WTAS

Firm's EIN ▶ 33-1197384

Firm's address ► 1177 AVENUE OF THE AMERICAS, 18TH  
NEW YORK, NY

Phone no 646-213-5100

## Revenue Procedure 2009-20

Form **4684**Department of the Treasury  
Internal Revenue Service**Casualties and Thefts**

- Information about Form 4684 and its separate instructions is at [www.irs.gov/form4684](http://www.irs.gov/form4684).  
 ► Attach to your tax return.  
 ► Use a separate Form 4684 for each casualty or theft.

OMB No. 1545-0177

**2013**  
Attachment  
Sequence No. **26**

Name(s) shown on tax return

Identifying number

THE JACOBSON FAMILY FOUNDATION

13-3922461

**SECTION A—Personal Use Property** (Use this section to report casualties and thefts of property **not** used in a trade or business or for income-producing purposes.)

- 1 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property A \_\_\_\_\_

Property B \_\_\_\_\_

Property C \_\_\_\_\_

Property D \_\_\_\_\_

**Properties**

- 2 Cost or other basis of each property . . . . .

- 3 Insurance or other reimbursement (whether or not you filed a claim) (see instructions) . . . . .

**Note:** If line 2 is **more** than line 3, skip line 4

- 4 Gain from casualty or theft. If line 3 is **more** than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year . . . . .

- 5 Fair market value **before** casualty or theft . . . . .

- 6 Fair market value **after** casualty or theft . . . . .

- 7 Subtract line 6 from line 5 . . . . .

- 8 Enter the **smaller** of line 2 or line 7 . . . . .

- 9 Subtract line 3 from line 8. If zero or less, enter -0- . . . . .

- 10 Casually or theft loss. Add the amounts on line 9 in columns A through D . . . . .

- 11 Enter the **smaller** of line 10 or \$100 . . . . .

- 12 Subtract line 11 from line 10 . . . . .

**Caution:** Use only one Form 4684 for lines 13 through 18.

- 13 Add the amounts on line 12 of all Forms 4684 . . . . .

- 14 Add the amounts on line 4 of all Forms 4684. . . . .

- 15 • If line 14 is **more** than line 13, enter the difference here and on Schedule D. **Do not** complete the rest of this section (see instructions).

• If line 14 is **less** than line 13, enter -0- here and go to line 16.

• If line 14 is **equal** to line 13, enter -0- here. **Do not** complete the rest of this section

- 16 If line 14 is **less** than line 13, enter the difference . . . . .

- 17 Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 37. Estates and trusts, see instructions . . . . .

- 18 Subtract line 17 from line 16. If zero or less, enter -0-. Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 6. Estates and trusts, enter the result on the "Other deductions" line of your tax return . . . . .

For Paperwork Reduction Act Notice, see instructions.

Form **4684** (2013)

# Revenue Procedure 2009-20

Form 4684 (2013)

Attachment Sequence No 26

Page 2

Name(s) shown on tax return Do not enter name and identifying number if shown on other side.

Identifying number

THE JACOBSON FAMILY FOUNDATION

13-3922461

## SECTION B—Business and Income-Producing Property

### Part I Casualty or Theft Gain or Loss (Use a separate Part I for each casualty or theft.)

19 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft See instructions if claiming a loss due to a Ponzi-type investment scheme and Section C is not completed.

Property A

Property B

Property C

Property D

		Properties			
		A	B	C	D
20	Cost or adjusted basis of each property . . . . .	20			
21	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3 . . . . .	21			
<b>Note:</b> If line 20 is more than line 21, skip line 22.					
22	Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except as provided in the instructions for line 33. Also, skip lines 23 through 27 for that column. See the instructions for line 4 if line 21 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year . . . . .	22			
23	Fair market value before casualty or theft . . . . .	23			
24	Fair market value after casualty or theft . . . . .	24			
25	Subtract line 24 from line 23 . . . . .	25			
26	Enter the smaller of line 20 or line 25 . . . . .	26			
<b>Note:</b> If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20.					
27	Subtract line 21 from line 26. If zero or less, enter -0- . . . . .	27			
28	Casualty or theft loss. Add the amounts on line 27. Enter the total here and on line 29 or line 34 (see instructions) . . . . .	28			2,318,526

### Part II Summary of Gains and Losses (from separate Parts I)

(a) Identify casualty or theft

(b) Losses from casualties or thefts

(i) Trade, business, rental or royalty property

(ii) Income-producing and employee property

(c) Gains from casualties or thefts includible in income

#### Casualty or Theft of Property Held One Year or Less

29		( )	( )	
30	Totals. Add the amounts on line 29 . . . . .	30	( )	( )
31	Combine line 30, columns (b)(i) and (c). Enter the net gain or (loss) here and on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions . . . . .	31		
32	Enter the amount from line 30, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, partnerships, and S corporations, see instructions . . . . .	32		

#### Casualty or Theft of Property Held More Than One Year

33	Casualty or theft gains from Form 4797, line 32 . . . . .	33		
34	THEFT LOSS - REVENUE PROCEDURE 2009-20 . . . . .		( )	( 2,318,526 )
35	Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii) . . . . .	35	( )	( 2,318,526 )
36	Total gains. Add lines 33 and 34, column (c) . . . . .	36		0
37	Add amounts on line 35, columns (b)(i) and (b)(ii) . . . . .	37		( 2,318,526 )
38	If the loss on line 37 is more than the gain on line 36:			
a	Combine line 35, column (b)(i) and line 36, and enter the net gain or (loss) here Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter this amount on Form 4797, line 14 If Form 4797 is not otherwise required, see instructions . . . . .	38a		0
b	Enter the amount from line 35, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, enter on the "Other deductions" line of your tax return Partnerships (except electing large partnerships) and S corporations, see the note below Electing large partnerships, enter on Form 1065-B, Part II, line 11 . . . . .	38b		( 2,318,526 )
39	If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships), see the note below. All others, enter this amount on Form 4797, line 3 . . . . .	39		0

**Note:** Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 38a or 38b on Form 1120S, Schedule K, line 10.



Form **4684****Casualties and Thefts**

OMB No. 1545-0177

**2008**Attachment  
Sequence No. 26Department of the Treasury  
Internal Revenue Service▶ See separate instructions.  
▶ Attach to your tax return.  
▶ Use a separate Form 4684 for each casualty or theft.

Name(s) shown on tax return

Identifying number

THE JACOBSON FAMILY FOUNDATION

13-3922461

**SECTION A - Personal Use Property** (Use this section to report casualties and thefts of property not used in a trade or business or for income-producing purposes.)

- 1 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property A

Property B

Property C

Property D

**Properties**

A

B

C

D

2	Cost or other basis of each property . . . . .	2				
3	Insurance or other reimbursement (whether or not you filed a claim) (see instructions) . . . . .	3				
Note: If line 2 is more than line 3, skip line 4.						
4	Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year . . . . .	4				
5	Fair market value before casualty or theft . . . . .	5				
6	Fair market value after casualty or theft . . . . .	6				
7	Subtract line 6 from line 5 . . . . .	7				
8	Enter the smaller of line 2 or line 7 . . . . .	8				
9	Subtract line 3 from line 8. If zero or less, enter -0- . . . . .	9				
10	Casualty or theft loss. Add the amounts on line 9 in columns A through D . . . . .	10				
11	Enter the smaller of line 10 or \$100. But if the loss arose in a Midwestern disaster area because of a specified major disaster, enter -0-. See the instructions for a list of specified major disasters . . . . .	11				
12	Subtract line 11 from line 10 . . . . .	12				
Caution: Use only one Form 4684 for lines 13 through 24.						
13	Add the amounts on line 12 of all Forms 4684 . . . . .	13				
14	Add the amounts on line 4 of all Forms 4684 . . . . .	14				
15	<input type="checkbox"/> If line 14 is more than line 13, enter the difference here and on Schedule D. Do not complete the rest of this section (see instructions). <input type="checkbox"/> If line 14 is less than line 13, enter -0- here and go to line 16. <input type="checkbox"/> If line 14 is equal to line 13, enter -0- here. Do not complete the rest of this section.	15				
16	If line 14 is less than line 13, enter the difference . . . . .	16				
17	Add the amounts on line 12 of all Forms 4684 on which you entered a loss attributable to a federally declared disaster . . . . .	17				
18a	Is line 17 more than line 14? <input type="checkbox"/> Yes. Enter the difference. If you are filing Schedule A (Form 1040), go to line 19. Otherwise, enter this amount on line 6 of the Standard Deduction Worksheet - Line 40 in the Form 1040 instructions. Also, check the box on line 39c of Form 1040. If your standard deduction also includes the deduction for state or local real estate taxes, go to line 18b. Otherwise, do not complete the rest of Section A. Form 1040NR filers, see instructions.	18a				
	<input type="checkbox"/> No. Enter -0-. If you claim the standard deduction, do not complete the rest of Section A . . . . .					
b	If your standard deduction includes the deduction for state or local real estate taxes, check this box and do not complete the rest of Section A . . . . . <input type="checkbox"/>					
19	Subtract line 18a from line 16 . . . . .	19				
20	Add the amounts on line 12 of all Forms 4684 on which you entered -0- on line 11 . . . . .	20				
21	Is line 20 less than line 19? <input type="checkbox"/> No. Enter the amount from line 16 on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 8. Estates and trusts enter the amount from line 16 on the "Other deductions" line of your tax return. Do not complete the rest of Section A. <input type="checkbox"/> Yes. Subtract line 20 from line 19 . . . . .	21				
22	Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 36. Estates and trusts, see instructions . . . . .	22				
23	Subtract line 22 from line 21. If zero or less, enter -0- . . . . .	23				
24	Add lines 18a, 20, and 23. Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 8. Estates and trusts, enter the result on the "Other deductions" line of your tax return . . . . .	24				

For Paperwork Reduction Act Notice, see page 5 of the instructions.

Form **4684** (2008)

# Revenue Procedure 2009-20

Form 4684 (2008)

Attachment Sequence No. 26

Page 2

Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

Identifying number

THE JACOBSON FAMILY FOUNDATION

13-3922461

## SECTION B - Business and Income-Producing Property

### Part I Casualty or Theft Gain or Loss (Use a separate Part I for each casualty or theft.)

25 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property A

Property B

Property C

Property D

		Properties			
		A	B	C	D
26 Cost or adjusted basis of each property. . . . .	26				
27 Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3 . . . . .	27				
<i>Note: If line 26 is more than line 27, skip line 28.</i>					
28 Gain from casualty or theft. If line 27 is more than line 26, enter the difference here and on line 35 or line 40, column (c), except as provided in the instructions for line 39. Also, skip lines 29 through 33 for that column. See the instructions for line 4. If line 27 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year . . . . .	28				
29 Fair market value before casualty or theft . . . . .	29				
30 Fair market value after casualty or theft . . . . .	30				
31 Subtract line 30 from line 29 . . . . .	31				
32 Enter the smaller of line 28 or line 31 . . . . .	32				
<i>Note: If the property was totally destroyed by casualty or lost from theft, enter on line 32 the amount from line 28.</i>					
33 Subtract line 27 from line 32. If zero or less, enter -0- . . . . .	33				
34 Casualty or theft loss. Add the amounts on line 33. Enter the total here and on line 35 or line 40 (see instructions) . . . . .	34				2091765

### Part II Summary of Gains and Losses (from separate Parts I)

(a) Identify casualty or theft	(b) Losses from casualties or thefts		(c) Gains from casualties or thefts includible in income
	(i) Trade, business, rental or royalty property	(ii) Income-producing and employee property	
<b>Casualty or Theft of Property Held One Year or Less</b>			
35	( )	( )	
36 Totals. Add the amounts on line 35 . . . . .	36	( )	
37 Combine line 36, columns (b)(i) and (c). Enter the net gain or (loss) here and on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions . . . . .			37
38 Enter the amount from line 36, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 18, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 11. Estates and trusts, partnerships, and S corporations, see instructions . . . . .			38

### Casualty or Theft of Property Held More Than One Year

39 Casualty or theft gains from Form 4797, line 32 . . . . .	39	
40	( )	( )
41 Total losses. Add amounts on line 40, columns (b)(i) and (b)(ii) . . . . .	41	2091765
42 Total gains. Add lines 39 and 40, column (c) . . . . .	42	
43 Add amounts on line 41, columns (b)(i) and (b)(ii) . . . . .	43	-2,091,765.00
44 If the loss on line 43 is more than the gain on line 42:		
a Combine line 41, column (b)(i) and line 42, and enter the net gain or (loss) here. Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions . . . . .	44a	
b Enter the amount from line 41, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 18, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 11. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11 . . . . .	44b	-2,091,765.00
45 If the loss on line 43 is less than or equal to the gain on line 42, combine lines 42 and 43 and enter here. Partnerships (except electing large partnerships), see the note below. All others, enter this amount on Form 4797, line 3 . . . . .	45	
<i>Note: Partnerships, enter the amount from line 44a, 44b, or line 45 on Form 1065, Schedule K, line 11.</i>		
<i>S corporations, enter the amount from line 44a or 44b on Form 1120S, Schedule K, line 10.</i>		

**Statement by Taxpayer Using the Procedures in Rev. Proc. 2009-20 to Determine a Theft Loss Deduction Related to a Fraudulent Investment Arrangement**

**Part I. Identification**

1. Name of Taxpayer **THE JACOBSON FAMILY FOUNDATION**
2. Taxpayer Identification Number **13-3922461**

**Part II. Computation of deduction**

(See Rev. Proc. 2009-20 for the definitions of the terms used in this worksheet.)

Line	Computation of Deductible Theft Loss Pursuant to Rev. Proc. 2009-20		
1	Initial investment	2,000,000	
2	Plus: Subsequent Investments	29,584,897	
3	Plus: Income reported in prior years	4,282,873	
4	Less: Withdrawals	(30,408,500)	
5	Total qualified investment (combine lines 1 through 4)	5,459,270	
6	Percentage of qualified investment (95% of line 5 for investors with no potential third-party recovery; 75% of line 5 for investors with potential third-party recovery)		5,186,306
7	Actual recovery		
8	Potential Insurance/SIPC recovery		3,094,541
9	Total recoveries (add lines 7 and 8)		(3,094,541)
10	Deductible theft loss (line 6 minus line 9)		<b>2,091,765</b>

**Part III. Required statements and declarations**

1. I am claiming a theft loss deduction pursuant to Rev. Proc. 2009-20 from a specified fraudulent arrangement conducted by the following individual or entity (provide the name, address, and taxpayer identification number (if known)).

**BERNARD L. MADOFF      885 THIRD AVENUE, NEW YORK, NY 10022**

**13-1997126**

2. I have written documentation to support the amounts reported in Part II of this document.

3. I am a qualified investor as defined in § 4.03 of Rev. Proc. 2009-20.

4. If I have determined the amount of my theft loss deduction under § 5.02(1)(a) of Rev. Proc. 2009-20, I declare that I have not pursued and do not intend to pursue any potential third-party recovery, as that term is defined in § 4.10 of Rev. Proc. 2009-20.

5. If I have already filed a return or amended return that does not satisfy the conditions in § 6.02 of Rev. Proc. 2009-20, I agree to all adjustments or actions that are necessary to comply with those conditions. The tax year or years for which I filed the return(s) or amended return(s) and the date(s) on which they were filed are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part IV. Signature**

I make the following agreements and declarations:

1. I agree to comply with the conditions and agreements set forth in Rev. Proc. 2009-20 and this document.
2. Under penalties of perjury, I declare that the information provided in Parts I-III of this document is, to the best of my knowledge and belief, true, correct and complete.

Your signature here \_\_\_\_\_ Date signed: \_\_\_\_\_

Your spouse's signature here \_\_\_\_\_ Date signed: \_\_\_\_\_

Corporate Name **The Jacobson Family Foundation**

Corporate Officer's signature J. Hall

Title **Vice President**

Date signed 4/15/09

Entity Name \_\_\_\_\_

S-corporation, Partnership, Limited Liability Company, Trust Entity Officer's signature \_\_\_\_\_

Date signed \_\_\_\_\_

Signature of executor \_\_\_\_\_

Date signed \_\_\_\_\_

**FORM 990-PF - PART IV****CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		THRU JFI-CCP, LLC PROPERTY TYPE: SECURITIES				P	2,930.	
		THRU JFI-FIXED, LLC PROPERTY TYPE: SECURITIES				P	-60.	
		THRU JFI-DES OFFSHORE, LLC PROPERTY TYPE: SECURITIES				P	218.	
		THRU JFI-E OFFSHORE, LLC PROPERTY TYPE: SECURITIES				P	9,364.	
		THRU JFI-EP OFFSHORE, LLC PROPERTY TYPE: SECURITIES				P	23,068.	
		THRU JFI-FIXED, LLC PROPERTY TYPE: SECURITIES				P	-4,770.	
1,050,000.		BUCKINGHAM RAF INTERNATIONAL PARTNERS LT PROPERTY TYPE: SECURITIES 684,608.				P	01/01/2006 365,392.	10/01/2013
1,050,000.		COBALT OFFSHORE FUND LIMITED PROPERTY TYPE: SECURITIES 526,409.				P	07/01/2004 523,591.	07/01/2013
163.		DELTA OFFSHORE LTD PROPERTY TYPE: SECURITIES				P		03/01/2013 163.
414,715.		LUXOR CAPITAL PARTNERS OFFSHORE, LTD PROPERTY TYPE: SECURITIES 358,605.				P	01/01/2010 56,110.	
675,000.		MILLENNIUM INTERNATIONAL, LTD PROPERTY TYPE: SECURITIES 426,551.				P	01/01/2008 248,449.	07/01/2013
2,100.		SB SCHONFELD CAPITAL FEEDER FUND LTD PROPERTY TYPE: SECURITIES				P	04/01/2009 2,100.	

# **FORM 990-PF - PART IV** **CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		THRU JFI-AV OFFSHORE, LLC PROPERTY TYPE: SECURITIES				P	-9,296.	
		THRU JFI-AV OFFSHORE, LLC PROPERTY TYPE: SECURITIES				P	110,566.	
TOTAL GAIN(LOSS) .....		.....					<u>1,327,825.</u>	

ATTACHMENT 1FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
CITI #2491	1.	1.
JFI-AV OFFSHORE, LLC		12,353.
JFI-FIXED, LLC		11,908.
LUX VENTURES III, L.P.		1,385.
JFI-CCP, LLC		2,524.
TOTAL	<u>1.</u>	<u>28,171.</u>

ATTACHMENT 2FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
CITI #4866	2,187.	2,187.
BAIRD	153,705.	153,705.
JFI-AV OFFSHORE, LLC		11,350.
JFI-FIXED, LLC		54.
TOTAL	<u>155,892.</u>	<u>167,296.</u>



ATTACHMENT 3FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
JFI-AV OFFSHORE, LLC		880.
JFI-FIXED, LLC		-73.
JFIS MEMBER, LLC	2,867.	2,867.
TOTALS	<u>2,867.</u>	<u>3,674.</u>

ATTACHMENT 4FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
TAX PREPARATION FEES	5,500.	2,750.		
TOTALS	<u>5,500.</u>	<u>2,750.</u>		

ATTACHMENT 5FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
MANAGEMENT FEES	39,687.	39,687.
TOTALS	<u>39,687.</u>	<u>39,687.</u>

ATTACHMENT 6

FORM 990PF, PART I - INTEREST EXPENSE

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
JFI-AV OFFSHORE, LLC		4,131.
JFI-FIXED, LLC		2.
TOTALS		<u>4,133.</u>

ATTACHMENT 7FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
FOREIGN TAXES PAID THRU K-1		125.
FOREIGN TAXES PAID THRU CITI	215.	215.
TOTALS	<u>215.</u>	<u>340.</u>

ATTACHMENT 8FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
JFI-AV OFFSHORE, LLC		9,374.
JFI-FIXED, LLC		1,013.
JFIS MEMBER, LLC	82.	82.
LUX VENTURES III, L.P.		11,277.
BANK FEES	1.	1.
STATE FILING FEES	750.	
PUBLICATIONS & SUBSCRIPTIONS	135.	135.
JFI-CCP, LLC		989.
THEFT LOSS FROM MADOFF		2,318,526.
TOTALS	<u>968.</u>	<u>2,341,397.</u>

ATTACHMENT 9FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
MSC INDUSTRIAL DIRECT CO., INC CLASS A COMMON STOCK	12,900,463.	12,900,463.
TOTALS	<u>12,900,463.</u>	<u>12,900,463.</u>

FORM 990PF, PART II - OTHER INVESTMENTS

ATTACHMENT 10

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
JF FOUNDATIONS, LLC JFIS MEMBER, LLC	20,665,847. 41.	20,665,847. 41.
TOTALS	<u>20,665,888.</u>	<u>20,665,888.</u>



ATTACHMENT 11FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN FROM STOCK DISTRIBUTED	265,139.
UNREALIZED GAIN FROM STOCK AT YEAR END	824,022.
UNREALIZED GAIN FROM INVESTMENTS	854,958.
TOTAL	<u>1,944,119.</u>

THE JACOBSON FAMILY FOUNDATION

13-3922461

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 12

TITLE AND AVERAGE HOURS PER  
WEEK DEVOTED TO POSITION

NAME AND ADDRESS

DIRECTOR / VP

MITCHELL JACOBSON  
C/O JFI  
152 W. 57TH STREET, 56TH FL.  
NEW YORK, NY 10019

DIRECTOR / PRESIDENT

KATHY HOWARD-JACOBSON  
C/O JFI  
152 W. 57TH STREET, 56TH FL.  
NEW YORK, NY 10019

DIRECTOR / VP

ERIK GERSHWIND  
C/O JFI  
152 W. 57TH STREET, 56TH FL.  
NEW YORK, NY 10019

TREASURER / SECRETARY

J. ROBERT SMALL  
C/O JFI  
152 W. 57TH STREET, 56TH FL.  
NEW YORK, NY 10019

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

MITCHELL JACOBSON  
C/O JFI, 152 W. 57TH STREET, 56TH FLOOR  
NEW YORK, NY 10019

## THE JACOBSON FAMILY FOUNDATION

13-3922461

FORM 990DF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 14

RECIPIENT NAME AND ADDRESS		RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NORTH SHORE LIJ HEALTH SYSTEM FOUNDATION 125 COMMUNITY DRIVE GREAT NECK, NY 11021		N/A PC	MEDICAL	2,375.
UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK, NY 10022		N/A PC	CHARITABLE	149,650.
SID JACOBSON JEWISH COMMUNITY CENTER 300 FOREST DRIVE EAST HILLS, NY 11548		N/A PC	CHARITABLE	4,607.
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012		N/A PC	EDUCATIONAL	1,000,000.
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 30303		N/A PC	MEDICAL	1,500.
LONG ISLAND HEAD INJURY ASSOCIATION 300 KENNEDY DRIVE HAUPPRAUGE, NY 11788		N/A PC	MEDICAL	15,000.

ATTACHMENT 14

THE JACOBSON FAMILY FOUNDATION

13-3922461

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN FRIENDS OF RAMBAM MEDICAL CENTER 521 FIFTH AVENUE, SUITE 1731 NEW YORK, NY 10175	N/A PC	MEDICAL	25,000.
SUSAN G. KOMEN FOR THE CURE 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244	N/A PC	MEDICAL	2,000
NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE 15 GRUMMAN ROAD WEST, SUITE 1000 BETHPAGE, NY 11714	N/A PC	CHARITABLE	1,000.
LOCUST VALLEY FIRE DEPT 228 BUCKRAM ROAD LOCUST VALLEY, NY 11560	N/A PC	CHARITABLE	500.
ISLAND HARVEST 199 SECOND STREET MINEOLA, NY 11501	N/A PC	CHARITABLE	7,500.
NEW YORK PRESBYTERIAN FUND 654 WEST 170TH STREET NEW YORK, NY 10032	N/A PC	MEDICAL	1,501,174

THE JACOBSON FAMILY FOUNDATION

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FORM 990PF, PART XV -- GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS		RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN FRIENDS OF THE ISRAEL MUSEUM 500 FIFTH AVENUE, SUITE 2540 NEW YORK, NY 10110		N/A PC	CHARITABLE	5,000.
PALM BEACH COUNTRY CLUB FOUNDATION 760 NORTH OCEAN BOULEVARD PALM BEACH, FL 33480		N/A PC	CHARITABLE	1,000.
FRIENDS OF THE ISRAEL DEFENSE FORCES 1430 BROADWAY NEW YORK, NY 10018		N/A PC	CHARITABLE	2,000.
JBFCs 135 WEST 50TH STREET, 6TH FLOOR NEW YORK, NY 10020		N/A PC	CHARITABLE	5,000.
CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK 105 EAST 22ND STREET #700 NEW YORK, NY 10010		N/A PC	CHARITABLE	2,000
BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453		N/A PC	EDUCATIONAL	2,500.

THE JACOBSON FAMILY FOUNDATION

13-3922461

FORM 990EF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN FRIENDS OF SHALVA 315 FIFTH AVENUE, 6TH FLOOR NEW YORK, NY 10016	N/A PC		CHARITABLE	2,500.
AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 10022	N/A PC		CHARITABLE	1,000
THE GEORGE POLLI FOUNDATION, INC. 35 COVE ROAD NORTHPORT, NY 11768	N/A PC		MEDICAL	3,500.
MADD 511 EAST JOHN CARPENTER FREEWAY, SUITE 700 IRVING, TX 75062	N/A PC		CHARITABLE	100.
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	N/A PC		MEDICAL	500.
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVENUE, 3RD FLOOR BOSTON, MA 02116	N/A PC		MEDICAL	5,000

## THE JACOBSON FAMILY FOUNDATION

13-3922461

FORM 990EF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	FOUNDATION STATUS OF RECIPIENT			
MORSELIFE FOUNDATION, INC. 4847 FRED GLADSTONE DRIVE WEST PALM BEACH, FL 33417	N/A	PC	CHARITABLE	5,100.
GLEN OAKS CLUB PHILANTHROPIC FUND P O. BOX 249 OLD WESTBURY, NY 11568	N/A	PC	CHARITABLE	500.
MIXED BREEDS IN NEED 339 MILL RIVER ROAD OYSTER BAY, NY 11771	N/A	PC	CHARITABLE	250.
NORTH COUNTRY REFORM TEMPLE 86 CRESCENT BEACH ROAD GLEN COVE, NY 11542	N/A	PC	CHARITABLE	2,833.
LAURENCE POLATSK MEMORIAL FUND 4 EDGEWOOD DRIVE, SUITE 100 RYE BROOK, NY 10573	N/A	PC	MEDICAL	1,000.
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	N/A	PC	EDUCATIONAL	500.



FORM 990EF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	FOUNDATION STATUS OF RECIPIENT			
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	N/A	PC	MEDICAL	500.
STREETSQUASH 40 WEST 116TH STREET NEW YORK, NY 10026	N/A	PC	CHARITABLE	3,000.
PROJECT RENEWAL 200 VARICK STREET, 9TH FLOOR NEW YORK, NY 10014	N/A	PC	CHARITABLE	500.
PARK EAST DAY SCHOOL 164 EAST 68TH STREET NEW YORK, NY 10065	N/A	PC	EDUCATIONAL	500.
THE PUBLIC THEATER 425 LAFAYETTE STREET NEW YORK, NY 10003	N/A	PC	CHARITABLE	500.
MOVEMBER P.O. BOX 1595 CULVER CITY, CA 90232	N/A	PC	CHARITABLE	500

THE JACOBSON FAMILY FOUNDATION

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	FOUNDATION STATUS OF RECIPIENT			
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET SUITE 8000 ANN ARBOR, MI 48109	N/A	PC	EDUCATIONAL	10,000.
ADOPT-A-STUDENT 49 ELM STREET WORCESTER, MA 01609	N/A	PC	EDUCATIONAL	7,500.
AMERICA'S VOICES IN ISRAEL 633 3RD AVENUE, FLOOR 21 NEW YORK, NY 10017	N/A	PC	CHARITABLE	1,000.
AMERICAN DIABETES ASSOCIATION 1701 NORTH BEAUREGARD STREET ALEXANDRIA, VA 22311	N/A	PC	MEDICAL	1,000.
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY ONE BATTERY PARK PLAZA, 25TH FLOOR NEW YORK, NY 10004	N/A	PC	EDUCATIONAL	4,500.
AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCH. 122 EAST 42ND STREET, SUITE 4507 NEW YORK, NY 10168	N/A	PC	CHARITABLE	5,800

THE JACOBSON FAMILY FOUNDATION

13-3922461

FORM 990EF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	FOUNDATION STATUS OF RECIPIENT			
ASPCA 520 EIGHTH AVENUE, 7TH FLOOR NEW YORK, NY 10018	N/A PC		CHARITABLE	500.
ASPEN ART MUSEUM 590 NORTH MILL STREET ASPEN, CO 81611	N/A PC		CHARITABLE	39,700.
BEIT RUTH JAFFA INSTITUTE 171-06 76TH AVENUE FLUSHING, NY 11366	N/A PC		CHARITABLE	250.
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET, 7TH FLOOR NEW YORK, NY 10016	N/A PC		CHARITABLE	23,500.
CARE ALTERNATIVES HOSPICE 70 JACKSON DRIVE, SUITE 200 CRANFORD, NJ 07016	N/A PC		CHARITABLE	500.
CHILDREN'S MEDICAL FUND OF NEW YORK 300 ROBBINS LANE SYOSSET, NY 11791	N/A PC		MEDICAL	2,000

THE JACOBSON FAMILY FOUNDATION

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FORM 990BE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HARLEM VILLAGE ACADEMIES 35 WEST 124TH STREET NEW YORK, NY 10027	N/A PC		EDUCATIONAL	134,580.
HELPING HIGHLANDS SURVIVORS, INC. P O. BOX 648 RUMSON, NJ 07760	N/A PC		CHARITABLE	5,000
HOSPICE OF PALM BEACH COUNTY FOUNDATION 5300 EAST AVENUE WEST PALM BEACH, FL 33407	N/A PC		CHARITABLE	250.
JEWISH FEDERATION OF PALM BEACH COUNTY 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417	N/A PC		CHARITABLE	53,000.
JEWISH ALLIANCE OF GREATER RHODE ISLAND 401 ELMGROVE AVENUE PROVIDENCE, RI 02906	N/A PC		CHARITABLE	1,000
JEWISH GUILD HEALTHCARE 15 WEST 65TH STREET NEW YORK, NY 10023	N/A PC		MEDICAL	772

THE JACOBSON FAMILY FOUNDATION

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FORM 990EF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
L.I. COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE 114 OLD COUNTRY ROAD, SUITE 114 MINEOLA, NY 11501	N/A PC		CHARITABLE	500.
MAKE-A-WISH AMERICA 4742 NORTH 24TH STREET, SUITE 400 PHOENIX, AZ 85016	N/A PC		CHARITABLE	1,000.
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012	N/A PC		EDUCATIONAL	20,000.
NORTH SHORE CHILD & FAMILY GUIDANCE CENTER 480 OLD WESTBURY ROAD ROSLYN HEIGHTS, NY 11577	N/A PC		CHARITABLE	1,000.
NORTON MUSEUM OF ART 1451 S. OLIVE AVENUE WEST PALM BEACH, FL 33401	N/A PC		CHARITABLE	4,875.
PROJECT KESHER 2144 ASHLAND AVENUE, SUITE 3 EVANSTON, IL 60201	N/A PC		CHARITABLE	250.

FORM 990EF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	FOUNDATION	STATUS OF RECIPIENT		
SUNRISE DAY CAMP 75 COLONIAL SPRINGS ROAD WYANDANCH, NY 11798	N/A	PC	CHARITABLE	500.
THE AMERICAN IRELAND FUND 345 PARK AVENUE, 17TH FLOOR NEW YORK, NY 10154	N/A	PC	CHARITABLE	1,000
THE ASPEN INSTITUTE ONE DUPONT CIRCLE NW, SUITE 700 WASHINGTON, DC 20036	N/A	PC	CHARITABLE	10,000.
THE BOSTON MARATHON JIMMY FUND WALK P.O. BOX 3595 BOSTON, MA 02241	N/A	PC	MEDICAL	500.
THE BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH STREET, 8TH FLOOR NEW YORK, NY 10022	N/A	PC	SCIENTIFIC	500
THE HELP USA FUND 5 HANOVER SQUARE, 17TH FLOOR NEW YORK, NY 10004	N/A	PC	CHARITABLE	1,000

THE JACOBSON FAMILY FOUNDATION

13-3922461

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TOWN OF PALM BEACH UNITED WAY, INC. 44 COCOANUT ROW, M201 PALM BEACH, FL 33480	N/A PC	CHARITABLE	1,000.
UNITED HOSPITAL FUND 1411 BROADWAY, 12TH FLOOR NEW YORK, NY 10018	N/A PC	MEDICAL	1,000.
TOTAL CONTRIBUTIONS PAID			<u>3,090,066</u>