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Form **990-PF**

EXTENDED TO NOVEMBER 16, 20 Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Ford	caisn	dar year 2014 or tax year beginning A.	SK T	, 2014	, and en	aing	MAR 31, 2015	
Nan	ne of	foundation					A Employer identification	number
J.	AC	OBY FOUNDATION					23-7004941	
Num	nber a	nd street (or PO box number if mail is not delivered to s	reet addre	ss)		Room/suite	B Telephone number	
7	00	20TH STREET					772-563-20	19
-		own, state or province, country, and ZIP or foreign	n postal	code			C If exemption application is p	
-		O BEACH, FL 32960					,	
		all that apply: Initial return		Initial return of a fe	ormer public ch	narity	D 1. Foreign organization:	s, check here
		Final return		Amended return	·	•		
		Address change		Name change			Foreign organizations me check here and attach or	eeting the 85% test, proputation
H C	heck	type of organization: X Section 501(c)(3) exempt				E If private foundation sta	
	_	ction 4947(a)(1) nonexempt charitable trust		taxable private found	ation		under section 507(b)(1	
I Fa		irket value of all assets at end of year J Acco	unting me	ethod: X Cash	Accru	al	F If the foundation is in a	
		Part II, col. (c), line 16)	Other (s				under section 507(b)(1	
•	\$	345,547. (Part I, c	olumn (d	d) must be on cash	basis)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	irt I			(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	ot E	expenses per books	inco		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received					N/A	<u> </u>
	2	Check X If the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments		1.		1.	<u> </u>	·
	4	Dividends and interest from securities		6,989.		5,989.		-
		Gross rents		0/303.	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Net rental income or (loss)		·	 			
	١ ـ	· · · · · · · · · · · · · · · · · · ·						
ne	1.	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			 			-
Revenue	b	assets on line 6a Capital gain net income (from Part IV, line 2)	-		 	0.		
Re		Net short-term capital gain			 	<u></u>		
	8	· •						
	40-	Income modifications Gross sales less returns	1					
	Ι.	and allowances						
	l	Less Cost of goods sold Gross profit or (loss)		. ,				
	l	Other income		-				
	l	Total. Add lines 1 through 11		6,990.		5,990.		
_	12			0,000.	'	<u>٠٠٥٠.</u> ٥٠		0
	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages		0.		<u> </u>		
	14	Pension plans, employee benefits	-					
Ses	1	1	-		 			
JSC.	100	Legal, fees Accounting fees VED 18						
ă,	1	Other-professional fees			 			
e TT	17	Interest D & 2015			+		· · · · · -	
ţį	1,50	Interest 0 4 2015 STMT 1		414.		0.		0
Administrative Expens	100	Jakes		414.		<u> </u>		ļ <u> </u>
֓֞֟֟֓֟֝֟֟ <u>֟</u>	19	Depreciation and depletion T Occupancy DEWs			 			
Admin	20	Transferred	<u> </u>					
nd A	- 60	Travel, conferences, and meetings			 			
. "	22	Printing and publications Other expenses STMT 2		51.		0.		51
	23	·		21.		<u> </u>		51
Operating	24	Total operating and administrative		465.		0.		[[1
ŏ		expenses. Add lines 13 through 23	-	13,700.		<u> </u>		51 13,700
_	25	Contributions, gifts, grants paid	-	13,/00.	 			13,700
	26	Total expenses and disbursements		14 165		^		12 751
	 - -	Add lines 24 and 25	+	14,165.		0.		13,751
Operatir	27	Subtract line 26 from line 12:		7 185				
	1	Excess of revenue over expenses and disbursements		-7,175.		C 000		ļ.
		Net investment income (if negative, enter -0-)				6,990.	27/2	
	C	Adjusted net income (if negative, enter -0-)			L		N/A	I

For	m 99	0-PF (2014) JACOBY FOUNDATION		23-7	7004941 Page 2
_	art	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End of	year
P	arτ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1、	Cash - non-interest-bearing	5,110.	1,945.	1,945.
		Savings and temporary cash investments	7,369.	3,359.	3,359.
		Accounts receivable			
1		Less; allowance for doubtful accounts ▶		İ	
	4	Pledges receivable ▶			
	, ,	Less: allowance for doubtful accounts			
	5	Grants receivable			
			 		
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable	1	1	
		Less: allowance for doubtful accounts			
ets	-	Inventories for sale or use			
Assets	l	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 3	239,137.	239,137.	340,243.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis ▶			
	`	Less accumulated depreciation			
	15	Other assets (describe ▶			
	Į.	Total assets (to be completed by all filers - see the			
	10	instructions. Also, see page 1, item ()	251,616.	244,441.	345,5 4 7.
_	17	Accounts payable and accrued expenses	23270203		<u> </u>
	18	Grants payable			
	i		ļ		
Liabilıties	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
				_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s	İ	and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted			
<u>la</u>	25	Temporarily restricted			
8	26	Permanently restricted	<u></u>		
Ĕ		Foundations that do not follow SFAS 117, check here	1		
ī.		and complete lines 27 through 31	<u> </u>	_	
Si	27	Capital stock, trust principal, or current funds	0.	0.	
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	251,616.	244,441.	
Š	30	Total net assets or fund balances	251,616.	244,441.	
	31	Total liabilities and net assets/fund balances	251,616.	244,441.	
	art	Analysis of Changes in Net Assets or Fund E	Balances		
	art	Analysis of Onlarges in Net Assets of Fund 2			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	<u>251,616.</u>
2	Ente	r amount from Part I, line 27a		2	-7,1 ₇₅ .
		er increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	244,441.
		reases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (b), fine 30	6	244,441.
_					Form 990-PF (2014)

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Form 990-PF (2014) JAC	OBY I	OUNDATION					2	3-700	4941	Page 3
		sses for Tax on I		Income	145114			F		
(a) List and desc 2-story brick w	cribe the kii arehouse; (nd(s) of property sold (e. or common stock, 200 sh	g., real estate, is. MLC Co.)		(b) HC P - D -	ow acquired Purchase Donation	(c) Date : (mo., d			te sold lay, yr.)
1a										
b NO	NE				ļ					
<u>c</u>		 			-			+		
<u>d</u>					1					
e	(6)	Depreciation allowed	(n) Cos	t or other basis	1	1	(b) G:	ain or (loss)		
(e) Gross sales price	(1)	(or allowable)	107	xpense of sale				(f) minus (
a			ļ							
b		-		<u>.</u> -	_					
<u>C</u>										
<u>d</u>	 	•				_				
Complete only for assets shown	ng gain in i	column (h) and owned by	the foundation	on 12/31/69			(I) Gains (C	ol. (h) gain i	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			ol. (k), but r	not less than (from col. (f	-0-) or	
a										
<u>b</u>										
<u>C</u>									-	
<u>d</u>				·						
<u>e</u>	<u> </u>	∫ If gain, also ente	or in Dort Line		7					
2 Capital gain net income or (net c	apıtal loss)		0- in Part I, line	7	}	2				
3 Net short-term capital gain or (lo	ss) as defi									
If gain, also enter in Part I, line 8	, column (d		(-)-		}					
Part V Qualification U	ladar C	- ation 4040(a) fo	r Daduaad	Toy on Not	1	3	0000			
							COME			
(For optional use by domestic privat	e toundatio	ons subject to the section	4940(a) tax on	net investment i	ncome.,)				
If section 4940(d)(2) applies, leave t	this part bla	ank.								
Was the foundation liable for the sec	ction 4942	tax on the distributable a	mount of any ye	ear in the base pe	eriod?				Yes	X No
If "Yes," the foundation does not qua										
1 Enter the appropriate amount in	each colu	nn for each year; see the	instructions be	fore making any	entries.				735	
(a) Base period years		(b) Adjusted qualifying di	etributione	Net value of n	(C)	ahla-usa assat		Distrib	(d) ution ratio	(0))
Calendar year (or tax year beginn	ing in)			IVEL VAIDE OF III		306,24		(col. (b) divi		43348
2013 2012			<u>13,275.</u> 11,565.			248,46				46546
2011			9,880.	-		242,30				40776
2010			11,329.			211,84				53478
2009			12,287.			173,70	0.		.0	70737
									_	
2 Total of line 1, column (d)							2		. 2	54885
3 Average distribution ratio for the	-	·	I on line 2 by 5,	or by the numbe	r of yea	rs			0	50977
the foundation has been in exist	ence II 1692	man 5 years					3			וועטכ
4 Enter the net value of noncharita	ble-use as	sets for 2014 from Part X	, line 5				4_		333	,639.
5 Multiply line 4 by line 3							5		17	,008.
6 Enter 19/ of not investment inco	ma / 10/, of	Part I line 27h\					6			70.
6 Enter 1% of net investment inco	1115 (1 /0 UI	1 att, mic 270)					0			
7 Add lines 5 and 6							7		17	,078.
8 Enter qualifying distributions fro							8	<u> </u>	13	,751.
If line 8 is equal to or greater that See the Part VI instructions.	in line 7, cl	neck the box in Part VI, lir	ne 1b, and comp	plete that part usi	ng a 1%	tax rate.				
See the Fait VI IIISHUCHOIIS.										DE ros :

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see	instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			1	40.
	of Part I, line 27b					
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_				0.
	Add lines 1 and 2	3			1	40.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	T			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1	40.
6	Credits/Payments:		1			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c 140	7				
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7			1	40.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	. 9	1			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11				
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	No
	any political campaign?			1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definit	on)?		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or				
	distributed by the foundation in connection with the activities.					ĺ
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					1
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					1
	managers. ► \$0.					ĺ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		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	i, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	1	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
_	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 of the state	ate law			37	
-	remain in the governing instrument?			6	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		7	<u>X</u>	
0.	Enter the states to which the foundation reports or with which it is required (one instructions)					
oa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
U	of each state as required by General Instruction G? If "No," attach explanation			8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for o	alendar		00	41	
3	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	uiviidai		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
. _	1 Toy, areas a 30 double from realities and addresses		For	m 990	-PF	
				_	٠,	•

orm 990-PF (2014) JACOBY FOUNDATION			<u>23-70049</u>	<u>11 Page 6</u>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	·
 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section) (2) Influence the outcome of any specific public election (see section 4955); 			s X No	
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes	s?		s X No s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions)	on described in section	Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals?	, or educational purposes, or f		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		· · · · · · · · · · · · · · · · · · ·		ib
section 53.4945 or in a current notice regarding disaster assistance (see instr Organizations relying on a current notice regarding disaster assistance check			▶ □	''
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption expenditure responsibility for the grant?			s No	
If "Yes," attach the statement required by Regulations section 53 494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	pay premiums on	Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a <i>If</i> "Yes" to 6b, file Form 8870	personal benefit contract?			ib X
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	s X No N/A	'b
b If Yes, did the foundation receive any proceeds or have any net income attrib Part VIII Information About Officers, Directors, Trus		nagers Highly		<u> </u>
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their				
(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
S.A. JACOBY	PRESIDENT/DIR	ECTOR		
1402 DUVAL DR.	0.10	0.	0.	0.
GODFREY, IL 62035	SEC/TREAS/DIR		- '	<u>U.</u>
C.J. JACOBY III 1402 DUVAL DR.	DECLIVEVOLDIV	ECTOR		
GODFREY, IL 62035	2.00	0.	0.	0.
C.J. JACOBY IV	VP/ASST TREAS			
700 20TH STREET	Tribbi india	DINECTOR	,	
VERO BEACH, FL 32960	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). 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			>	0
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Part VIII	Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly		
3 Five highe	est-paid independent contractors for professional services. If none, et	nter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compe	nsation
N	IONE			
· · · · · · · · · · · · · · · · · · ·				
		—		
Fotal number	of others receiving over \$50,000 for professional services		•	0
Part IX-A	Summary of Direct Charitable Activities			
List the foundanumber of org	ation's four largest direct charitable activities during the tax year. Include relevant st lanizations and other beneficiaries served, conferences convened, research papers	atistical information such as the produced, etc.	Expenses	
	I/A			
				
2				
3				
·				
Part IX-B	Summary of Program-Related Investments			
	wo largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount	
N	I/A			
-				
?				
All other progr	ram-related investments. See instructions.			
·				

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Total, Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations	must complete this part.	Foreign four	ndations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charital	ble, etc., purposes:			
a	Average monthly fair market value of securities			1a	327,989.
b	Average of monthly cash balances			1b	327,989. 10,731.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	338,720.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	_ 1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	_0.
3	Subtract line 2 from line 1d			3	338,720.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amour	nt, see instructions)		4	5,081.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	333,639.
6	Minimum investment return. Enter 5% of line 5			6	16,682.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here ☐ and do not complete this par		oundations ar	id certain	
1	Minimum investment return from Part X, line 6			1	16,682.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	140.		
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	140.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	16,542.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	16,542.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pal	rt XIII, line 1		7	16,542.
Р	Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	13,751.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charits	able, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,			4	13,751.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	restment			_
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	13,751.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether the	e foundation of	qualifies for the	esection

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
line 7				16,542.
2 Undistributed income, if any, as of the end of 2014	· · · · · · · · · · · · · · · · · · ·			
a Enter amount for 2013 only			0.	
b Total for prior years:			-	
, ,		0.		
3 Excess distributions carryover, if any, to 2014:		.,		
a From 2009 3,383.				
b From 2010 831.				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	4,214.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 13,751.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount		· · -		13,751.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014	2,791.			2,791.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,423.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed		U •		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line		<u> </u>		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				· · · · · · · · · · · · · · · · · · ·
not applied on line 5 or line 7	592.			
9 Excess distributions carryover to 2015.	352.			
Subtract lines 7 and 8 from line 6a	831.			
10 Analysis of line 9:	001.			
a Excess from 2010 831.				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
423581 11-24-14			<u> </u>	Form 990-PF (2014)

	rt XIV Private Operating F	OUNDATION	etrictions and Part VII	A guestion (I)		004941 Page 10
	If the foundation has received a ruling of			-A, question 9)	N/A	
1 4	foundation, and the ruling is effective for					
	Check box to indicate whether the found	•	•	n contron	4942(J)(3) or	1942(j)(5)
	Enter the lesser of the adjusted net	Tax year	ing loundation described t	Prior 3 years		1342())(3)
<i>د</i> م	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for	(-/	(4) 44 14	(0) = 0 1 1	(4)	(0) 1000
	each year listed					
h	85% of line 2a	-				
_	Qualifying distributions from Part XII,					
Ĭ	line 4 for each year listed					
d	Amounts included in line 2c not					
_	used directly for active conduct of					
	exempt activities					
е	Qualifying distributions made directly					· • · · · · · · · · · · · · · · · · · ·
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon: "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					-
Pa	art XV Supplementary Info	rmation (Comple	te this part only	if the foundatio	n had \$5,000 or m	ore in assets
	at any time during t					
1	Information Regarding Foundatio	n Managers:			•	
a	List any managers of the foundation who			ributions received by th	ne foundation before the cl	ose of any tax
	year (but only if they have contributed m	iore than \$5,000). (See s	section 507(d)(2).)			
	J. JACOBY III					
b	List any managers of the foundation who other entity) of which the foundation has			or an equally large por	tion of the ownership of a	partnership or
NΤΛ	NE	ya 1070 or greater intere	Ju			
2	Information Regarding Contributi	on Grant Gift Loan	Scholarchin etc. Dr	oarame:		
_	Check here ► if the foundation o		• • • • •	•	not accept upsolicited red	wests for funds. If
	the foundation makes gifts, grants, etc.					
a	The name, address, and telephone numl	·				
	•					
SE	E STATEMENT 4					
b	The form in which applications should b	e submitted and informa	ition and materials they st	rould include:		
C	Any submission deadlines:			•		
d	Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or	r other factors:	
-			, ,			
	01 11 04 14	-	<u> </u>			F 000 PE (0014)

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23-70041

nrt XVI-A Analysis of Income-Produ			·	·	
r gross amounts unless otherwise indicated.	Unrelated business income (a) (b)		(C) Exclu-	y section 512, 513, or 514 (d)	(e) Related or exemp
rogram service revenue:	Business code	Amount	sion	Amount	function income
			1 1		
	1 1				
	-				
	-		+		
Fees and contracts from government agencies			+ + -		
embership dues and assessments terest on savings and temporary cash					
vestments			14	1.	
ividends and interest from securities			14	6,989.	
et rental income or (loss) from real estate:				3/2323	
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal					
roperty			 		
ther investment income					
ain or (loss) from sales of assets other					
nan inventory let income or (loss) from special events					
ross profit or (loss) from sales of inventory			† † †		
Other revenue:			1		
	_		 		
			1——		
	-		+	C 000	
ubtotal. Add columns (b), (d), and (e)	<u> </u>	0.	•	6,990.	6,99
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)				13	0,9
urt XVI-B Relationship of Activities		nolishment of F	vemnt Pi	ımosas	
Explain below how each activity for which inc the foundation's exempt purposes (other that			A contributed	importantly to the accomp	DISTITIENT OF
	,				
	•				
					_
į.					

423621 11-24-14

Form **990-PF** (2014)

Form 990-PF (2	2014) JACOB	Y FOUNDAT	ION			23-700	1941	Page 13
Part XVII	Information Re Exempt Organ		sfers To	and Transactions	and Relation	nships With Nonch	aritable	9
1 Did the or			of the following	ng with any other organizati	ion described in se	ection 501(c) of	1	Yes No
				27, relating to political orga		, ,		
a Transfers	from the reporting found	lation to a noncharita	ble exempt or	ganization of:				
(1) Cash							1a(1)	X
(2) Other	rassets						1a(2)	X
b Other tran								
· .	s of assets to a noncharita	, ,					1b(1)	X
	hases of assets from a no	•	organization				1b(2)	X
	al of facilities, equipment,						1b(3)	X
	bursement arrangements	3					1b(4)	X X
	s or loan guarantees ormance of services or me	amharchin ar fundrai	eina enlicitativ	nne			1b(5)	X
	of facilities, equipment, ma		-				1b(6) 1c	X
				-	lways show the fa	ir market value of the goods,		
						ion or sharing arrangement,		,0.0,
	d) the value of the goods,				•	,		
(a) Line no	(b) Amount involved	(c) Name of	noncharitabl	e exempt organization	(d) Descrip	tion of transfers, transactions, and	d sharing ar	rangements
			N/A				·	
						···		
								
				- 				
								
	, , , , , , , , , , , , , , , , , , , 							
				<u></u>				
								
						 		
				or more tax-exempt organ	nizations described	1		
	501(c) of the Code (othe)(3)) or in sec	tion 527?		L	Yes	X No
b If Yes, c	omplete the following sch			(h) Tuno of accounting	т	(a) December of relation	a b	
	(a) Name of org	gamzation		(b) Type of organization		(c) Description of relation	Snip	-
	N/A				1			
					1			
				 				
		-			-			
Under	r penalties of perjury, I declare	that I have examined thi	s return, includii	ng accompanying schedules an	d statements, and to t	the best of my knowledge	ay the IRS o	tiecues this
Sign and b	elief, it is true, correct, and cor	mplete Declaration of pr	eparer (other tha	ng accompanying schedules and interpretation all infor	mation of which prepared SECRI	ETARY/TREAS	turn with the	
Here	(deposit	Sawlow		18/28/15		[]	Yes	No No
Sigi	nature of officer or trustee			Date	Title			
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN		
						self- employed		
Paid			<u> </u>					
Preparer	Firm's name ▶					Firm's EIN ►		
Use Only	Complete dellers							
	Firm's address >							
	L					Phone no.		DF (55
						!	orm 99 0)-PF (2014)

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient FIRST PRESBYTERIAN CHURCH RELIGIOUS **DPERATIONS** FOURTH & ALBY ORGANIZATION ALTON, IL 62002 1,200. GREATER ALTON CONCERT ASSOC PUBLIC CHARITY PUBLIC CHARITY OPERATIONS FOUNDATION 509(A)(2) P.O. BOX 1069 ALTON IL 62002 500. ILLINOIS COUNCIL ECONOMIC EDUCATION PUBLIC CHARITY PUBLIC CHARITY OPERATIONS NORTHERN ILLINOIS UNIVERSITY 509(A)(2) DEKALB IL 60115 500. JACOBY ARTS COUNCIL PUBLIC CHARITY OPERATIONS PUBLIC CHARITY 627 E BROADWAY 509(A)(1) ALTON, IL 62002 2,000. LEWIS & CLARK COUNCIL, BOY SCOUTS OF PUBLIC CHARITY PUBLIC CHARITY OPERATIONS 509(A)(1) AMERICA 335 W. MAIN BELLEVILLE, IL 62220 500. PRIDE, INC. PUBLIC CHARITY PUBLIC CHARITY OPERATIONS 5800 GODFREY ROAD 509(A)(2) 1,000. GODFREY IL 62035 PUBLIC CHARITY OPERATIONS RIVER BEND DEVELOPMENT FOUNDATION PUBLIC CHARITY 5800 GODFREY ROAD 509(A)(1) GODFREY IL 62035 500. RIVER BEND HEAD START & FAMILY PUBLIC CHARITY PUBLIC CHARITY OPERATIONS SERVICES 509(A)(1) 550 LANDMARKS BLVD. ALTON IL 62002 500. SALVATION ARMY PUBLIC CHARITY PUBLIC CHARITY OPERATIONS 509(A)(1) 525 ALBY STREET ALTON, IL 62002 500. SISTERS OF ST. FRANCIS RELIGIOUS OPERATIONS 2120 CENTRAL AVE. ORGANIZATION ALTON, IL 62002 500. Total from continuation sheets 8,700.

3 Grants and Contributions Paid During the Year (Continuation)								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	Amount				
THE METROPOLITAN OPERA	PUBLIC CHARITY	PUBLIC CHARITY	OPERATIONS					
30 LINCOLN CENTER PLAZA	509(A)(1)							
NEW YORK, NY 10133				1,000.				
			•					
		1		 				
				 				
		<u> </u>	l	<u> </u>				
Total from continuation sheets			· · ·	L				

FORM 990-PF	TAXES			STATEMENT 1			
DESCRIPTION	(A) EXPENSES PER BOOKS		ST-	(C) ADJUSTED NET INCOM			
2013 FEDERAL EXCISE TAXES PAID IN 2014	414.		0.			0.	
TO FORM 990-PF, PG 1, LN 18	414.		0.			0.	
FORM 990-PF	OTHER E	XPENSES	-		STATEMENT	2	
DESCRIPTION	(A) EXPENSES PER BOOKS		ST-	(C) ADJUSTED NET INCOM			
ILLINOIS FILING AND REPORTING FEES	51.		0.			51.	
TO FORM 990-PF, PG 1, LN 23	51.		0.			51.	
FORM 990-PF CORPORATE STOCK					STATEMENT	3	
DESCRIPTION			вос	OK VALUE	FAIR MARKET	r	
850 SHS U.S. BANCORP STOCK 788.223 SHS VANGUARD ADML IDX EMERGING FUND 394.577 SHS VANGUARD ADML IDX EUROPEAN FUND 358.431 SHS VANGUARD ADML IDX PACIFIC FUND 600.943 SHS VANGUARD ADML IDX GROWTH FUND 919.143 SHS VANGUARD ADML IDX VALUE FUND 713.266 SHS VANGUARD ADML IDX MID CAP GROWTH				999. 27,000. 31,830. 28,600. 18,017. 23,405.	26,70 27,10 33,20	13. 60. 05. 86.	
FUND 677.206 SHS VANGUARD ADML IDX 658.991 SHS VANGUARD ADML IDX FUND	K MID CAP VA		21,200. 22,800. 17,986.				
666.708 SHS VANGUARD ADML IDE FUND 265.941 SHS VANGUARD ADML IDE		21,400. 25,900.		31,322.			
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	•		239,137.	340,2	43.	

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 4

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

C.J. JACOBY IV 700 20TH STREET VERO BEACH, FL 32960

TELEPHONE NUMBER

772-563-2019

FORM AND CONTENT OF APPLICATIONS

APPLY IN WRITTEN FORMAT, GIVING PURPOSE IN SOME DETAIL & DOCUMENTS NEEDED. MUST PROVIDE IRS EIN NUMBER, 501(C)(3) TAX-EXEMPT STATUS & CLASSIFICATION UNDER 509(A).

ANY SUBMISSION DEADLINES

NORMALLY MUST BE RECEIVED PRIOR TO MARCH 31 FOR APPROVAL IN BUDGET FOR ENSUING FISCAL YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO FORMAL RESTRICTIONS OR LIMITATIONS, BUT, NORMALLY PREFERENCE TO LOCAL TAX-EXEMPT ORGANIZATIONS IN THE RIVER BEND AREA (MADISON AND JERSEY COUNTIES OF IL)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No 1545-1709

•	re filing for an Automatic 3-Month Extension, complete	-				ightharpoons			
	re filing for an Additional (Not Automatic) 3-Month Ex								
	mplete Part II unless you have already been granted a		•	•					
lectronic	c filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for	r a corporation			
-	o file Form 990-T), or an additional (not automatic) 3-mor				-				
f time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers /	Associated \	With Certain			
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details o	on the elec	tronic filing	of this form,			
	irs gov/efile and click on e-file for Chanties & Nonprofits								
Part I	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies ne	eded).					
corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete					
art I only	,					▶ ∟			
	orporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	t an exten	sion of time				
o file inco	o file income tax returnsEr					nter filer's identifying number			
ype or	pe or Name of exempt organization or other filer, see instructions					mployer identification number (EIN) o			
rint			,						
	JACOBY FOUNDATION				23-7004941				
ile by the lue date for					ocial security number (SSN)				
ling your eturn See	700 20TH STREET								
nstructions	City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions.						
	VERO BEACH, FL 32960			7					
nter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4			
_									
Application	on	Return	Application			Return			
s For		Code	is For			Code			
orm 990	orm 990 or Form 990-EZ 01 Form 990-T (corporation)					07			
orm 990	rm 990-BL 02 Form 1041-A					08			
orm 472	O (individual)	03	Form 4720 (other than individual)			09			
orm 990	PF	04	Form 5227	10					
orm 990	T (sec 401(a) or 408(a) trust)	05	Form 6069	11					
orm 990	T (trust other than above)	06	Form 8870						
	C. J. JACOBY IV	V							
The bo	oks are in the care of > 700 20TH STREE		ERO BEACH, FL 3296	0					
	one No. ► 772-563-2019		Fax No D		·				
-	rganization does not have an office or place of business	s in the Ur							
	s for a Group Return, enter the organization's four digit			f this is fo	r the whole	group, check this			
ox ▶ [. If it is for part of the group, check this box					• • •			
	quest an automatic 3-month (6 months for a corporation				CIS the CALC	113101113 101			
1 1160	NOVEMBER 15, 2015, to file the exemp				The extens	ıon.			
		t Organiza	tion return for the organization name	d above	IIIE EXIEIISI	OH			
IS IC	or the organization's return for								
P [calendar year or		44 WAR 21 201E						
►L	X tax year beginning <u>APR 1, 2014</u>	, an	d ending <u>MAR 31, 2015</u>		- ·				
	and the second s			-					
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Fınal retur	n				
	Change in accounting period								
	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	_		1 4 0					
	refundable credits. See instructions	3a	\$	140.					
	is application is for Forms 990-PF, 990-T, 4720, or 6069					0.			
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$								
c Bal	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,								
by ı	using EFTPS (Electronic Federal Tax Payment System)	See instru	ctions.	3c	\$	140.			
Caution.	If you are going to make an electronic funds withdrawal	(dırect de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 88	79-EO for payment			
nstructio	ns.								

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 423841 05-01-14 Form 8868 (Rev 1.2014)