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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

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

Open to Public Inspection

Fo	r calen	ndar year 2016 or tax year beginning	<u></u>	, and	ending		
	ne of fou				A Employer	identification number	1
JA	COB L	REISS FOUNDATION				•	
Nur	nber and	street (or P O box number if mail is not delivered to street address)	Room	1/suite		13-6064123	
BN	Y <u>M</u> ell	on, N A - P O Box 185	_		B Telephone	number (see instruction	ns)
City	or town	, state or province, country, and ZIP or foreign postal code					
Pitt	sburgh	1 PA	15230-01	85		(212) 922-663	6
For	eign cou	intry name Foreign province/state/county	Foreign post	al code	C If exempt	on application is pendir	ng, check here 🕨 🗌
G	Check	call that apply: Initial return Initial return	of a former public	 charity	D 1. Foreig	n organizations, check f	nere ▶ 🔲
		☐ Final return ☐ Amended ret			2. Foreig	n organizations meeting	the 85% test
☐ Address change ☐ Name chan			e		-	here and attach comput	
H	Check	type of organization X Section 501(c)(3) exempt pri			E If private	foundation status was to	erminated under
		on 4947(a)(1) nonexempt chantable trust Other taxa		ation	section 50	07(b)(1)(A), check here	▶□
干		parket value of all assets at J Accounting method		ccrual			
•			M Casii L 7	CCIuai		idation is in a 60-month	
		1 4 77	on cach hacie		under sec	tion 507(b)(1)(B), checl	k nere
_			on cash basis.)		<u> </u>		(d) Disbursements
	arti	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Ne	t investment	(c) Adjusted net	for charitable
		amounts in columns (b), (c), and (d) may not necessarily	expenses per books	1 1	ncome	ıncome	purposes
		equal the amounts in column (a) (see instructions))		Ser who so	7,788888792	. *^***********************************	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	77.7%	2/y#E:			
	2	Check ► if the foundation is not required to attach Sch B		3,6278,00		1983 A	
	3	Interest on savings and temporary cash investments		<u> </u>		ļ	
	4	Dividends and interest from securities	119,433	L	111,148		
	5a	Gross rents	~~ U ~~ \$41. U PARSA	889-Au 7A .	7.0800409		
_	b	Net rental income or (loss)	* * * * * * * * * * * * * * * * * * * *		<u> 94 a</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	30,620	Υ". ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u> </u>		γ . (
ē	b	Gross sales price for all assets on line 6a 120,531	\$. !!\(/;~**\)	₩ ₹ (₃ ,	1 14		· / /%
ě	7	Capital gain net income (from Part IV, line 2)		38 i	30,620		, / l
Œ	8	Net short-term capital gain	<u> </u>	\$186.75 15.7	- ` ` }		
	9	Income modifications		(A)		¥	
	10a	Gross sales less returns and allowances	*.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	* *	
	b	Less Cost of goods sold	· · · · · · · · · · · · · · · · · · ·	3			
	C	Gross profit or (loss) (attach schedule)		<u> </u>		 	
	11	Other income (attach schedule)		<u> </u>	444.700	 	
	12		TMA 150:053		144,768	IVED O	
Expenses	13	Compensation of officers, directors, trustees, etc	11,121		6,361		4,448
S.	14	Other employee salaries and wages				 	
Be	15	Pension plans, employee benefits	426 333		0901	20:7	
ŭ	16a	Legal fees (attach schedule)			0) 0 3		
Ð	l b	Accounting fees (attach schedule)	1 00 00	277≅	'M		
ŧ	L C	Other professional fees (attach schedule)	SERVICE				
ij	17	Interest .		LE	NTER		
. <u>:</u>	18	Taxes (attach schedule) (see instructions)	3,306	}	1,806		
Ē	19	Depreciation (attach schedule) and depletion		-			
Đ	20 21	Occupancy Travel, conferences, and meetings	 	 		 	
9			ļ	 		 	
Operating and Administrativ	22 23	Printing and publications		 		-	
g		Other expenses (attach schedule)	<u> </u>	 		 	
草	24	Total operating and administrative expenses.	44.40-		0.467	l _	1 440
673	25	Add lines 13 through 23	14,427		8,167	0	
ğ	25	Contributions, gifts, grants paid	270,000			 	270,000
_	26	Total expenses and disbursements. Add lines 24 and 25	284,427	↓	8,167	0	274,448
	27	Subtract line 26 from line 12.	ļ	-{		}	
	a	Excess of revenue over expenses and disbursements	-134,374	 	100.00		
) b	Net investment income (if negative, enter -0-) .		 	133,601		
	C	Adjusted net income (if negative, enter -0-) .		1		0	L

For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2016)

JACOB L REISS FOUNDATION 13-6064123 Form 990-PF (2016) Page 2 Attached schedules and amounts in the description column Beginning of year End of year Balance Sheets Should be for end-of-year amounts only (See instructions) Part II (b) Book Value (c) Fair Market Value (a) Book Value 1 Cash--non-interest-bearing 2 Savings and temporary cash investments 177,871 93.610 93.610 Accounts receivable ▶ 3 Less: allowance for doubtful accounts 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 . Assets 9 Prepaid expenses and deferred charges 10a Investments—U S and state government obligations (attach schedule) Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule) Investments—land, buildings, and equipment basis 11 Less accumulated depreciation (attach schedule) ▶ 12 Investments-mortgage loans 3.843.460 13 Investments—other (attach schedule) . 3.798.232 5.419.425 14 Land, buildings, and equipment basis Less. accumulated depreciation (attach schedule) Other assets (describe 15 Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item l) . 3.891.842 4,021,331 5 513 035 17 Accounts payable and accrued expenses 18 Grants payable Liabilities 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 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here Balances and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted . 25 Temporarily restricted Permanently restricted Fund Foundations that do not follow SFAS 117, check here \blacktriangleright and complete lines 27 through 31. Assets or 27 Capital stock, trust principal, or current funds 4,021,331 3,891,842 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 4,021,331 3,891,842 Net. 31 Total liabilities and net assets/fund balances (see instructions) 4,021,331 3,891,842 Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . 4,021,331 2 Enter amount from Part I, line 27a 2 -134,374 3 Other increases not included in line 2 (itemize) ► FEDERAL TAX REFUND 4,993 4 Add lines 1, 2, and 3 . 3,891,950 4 5 Decreases not included in line 2 (itemize) ▶ PY RETURN OF CAPITAL ADJUSTMENT 108 5 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 3,891,842

JACOB L REISS FOUNDATION 13-6064123 Form 990-PF (2016) Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold -Purchase 2-story brick warehouse, or common stock, 200 shs MLC Co) (mo, day, yr) (mo day, yr) D—Donation See Attached Statement b C d е (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales once (or allowable) plus expense of sale (e) plus (f) minus (g) а h C d e 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 (j) Adjusted basis (k) Excess of col (i) (i) F M V as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 30.620 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 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 X No If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries (a) Base period years (d) Distribution ratio Adjusted qualifying distributions Net value of nonchantable-use assets Calendar year (or tax year beginning in) (col (b) divided by col (c)) 273,108 2015 5.652.564 0 048316 2014 259,052 5,594,271 0 046307 2013 225,029 5,121,048 0 043942 2012 218,261 4,627,697 0 047164 2011 210.278 4,515,946 0 046563 2 Total of line 1, column (d) 0 232292 2 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 . . . 3 0 046458 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 5,413,493 5 Multiply line 4 by line 3 5 251,500 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 1,336 Add lines 5 and 6 252,836 7 Enter qualifying distributions from Part XII, line 4 274,448 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

JACOB L REISS FOUNDATION 13-6064123 Form 990-PF (2016) Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions) Part VI 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) Domestic foundations that meet the section 4940(e) requirements in Part V. check 1 1.336 here ▶ X and enter 1% 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) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 1,336 4 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . 5 1,336 6 а 2016 estimated tax payments and 2015 overpayment credited to 2016 6a Exempt foreign organizations—tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) 6c Backup withholding erroneously withheld 6d 7 3,000 Total credits and payments Add lines 6a through 6d 7 Enter any penalty for underpayment of estimated tax. Check here I 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 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 1.664 Enter the amount of line 10 to be: Credited to 2017 estimated tax 11 328 Part 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 Yes No participate or intervene in any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 1b . . 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? . d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year _____ (2) On foundation managers. ►\$ (1) On the foundation ►\$_ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶\$ Has the foundation engaged in any activities that have not previously been reported to the IRS? Х If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a Х N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . 6 Х Х 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 8a 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) of each state as required by General Instruction G? If "No," attach explanation 8b N/A Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 9 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . 10

Form 99	90-PF (2016) JACOB L REISS FOUNDATION	13-606412	23_	Page 5
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		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	1	1	<u> x</u>
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)	_1:	2	_ x _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1:	3 X	\mathbb{L}^{-}
	Website address ► N/A			
14	The books are in care of ► BNY MELLON, N A Telephone no. ► (2	212) 922-6	636	
	Located at ► P O BOX 185, PITTSBURGH, PA ZIP+4 ► 1			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.			\blacktriangleright
-		N/A		
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other author	rity	Yes	No
	over a bank, securities, or other financial account in a foreign country?	. 1	6	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If			
	"Yes," enter the name of the foreign country		1 4	1
Parl	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)			
		X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	<u> </u>		
		X No		
		X No	wite.	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . X Yes	No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			N.
		X No		
	<u> </u>			
	(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			
		X No	2.	
h	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	X R	\$	
บ	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1		Х
	Organizations relying on a current notice regarding disaster assistance check here			î
_		- Y		¥
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 2016?	1		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	 		Ĥ
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
u	6e, Part XIII) for tax year(s) beginning before 2016?	X No	ļ	
		۸. د.		
h	If "Yes," list the years 20, 20	(2)	ì	
U	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)((relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	all years listed, answer "No" and attach statement—see instructions)		b N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	}	J 14//	صاذ
·	► 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja		X No		
L	-			1
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation of			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(a)(7)) to dispuse of holdings acquired by off or boundary or (3) the lapse.		1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lap	ડ ૯		;
	of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the		h 11/4	
A -	foundation had excess business holdings in 2016)	3	-	-
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4	a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4	h	Ü
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?			X
		Form 3	ナソレーアト	(2016)

Form 9	90-PF (2016)	JACOB L REISS FOUNDATION	1						13-60	064123	Page 6
Part		Statements Regarding Activities f			720 Ma	y Be Req	uired (<i>continue</i>	ed)		
5a		year did the foundation pay or incur an on propaganda, or otherwise attempt to			(sectio	on 4945(e))	?	Yes	X No		
		ce the outcome of any specific public e		(see section	4955),	or to carry	on,	Πvas	X No		
	_	or indirectly, any voter registration drively a grant to an individual for travel, stud		her sımılar nı	imases	2		∐ Yes ☐ Yes	X No		
		e a grant to an organization other than			-		ed in	٠٠٠٠ ا	Z., 110		
		4945(d)(4)(A)? (see instructions)			J = 1			Yes	X No		
		e for any purpose other than religious, o es, or for the prevention of cruelty to ch			literary	, or educati	onal	Yes	X No) E	
b	•	wer is "Yes" to 5a(1)–(5), did any of the is section 53 4945 or in a current notice					•		bed in	5b	N/A
С	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax							▶ [
6a	Did the for	ttach the statement required by Regulai undation, during the year, receive any fi onal benefit contract?				o pay prem	iums	Yes	X No		
b	Did the for	undation, during the year, pay premium	s, dırec	tly or indirect	ly, on a	personal b	enefit o	contract?		6b	X
		6b, file Form 8870						_	_		
_		during the tax year, was the foundation a pa						Yes			. F.
b Pari		d the foundation receive any proceeds formation About Officers, Director									N/A
- 21		nd Contractors	J. 3, 11	ustoos, 1 o	unaaa	on manaç	,0,0,	g y	uiu	.p.oyco	.
1_	List all of	ficers, directors, trustees, foundation									
	<u>_</u>	(a) Name and address	hou	e, and average irs per week ted to position	(1f :	ompensation not paid, nter -0-)	emple	Contribution oyee benefit erred compo	pians		ise account, llowances
	Mellon, N A			TRUSTEE					l 		
	Mellon, N.A	sburgh, PA 15230-0185	SEE A	TTACHED	 	43,361	NONE			NONE	
		sburgh, PA 15230-0185		BURSEMENT		-32,240 N/A			N/A		
2	Compens "NONE."	ation of five highest-paid employees	(other	than those	include	ed on line	1—see	instructi	ions). I	f none, e	enter
	(a) Name and	address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to po	veek	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred		nse account, liowances
NON	Ī										
Total	number of	other employees paid over \$50,000			<u> </u>					NONE	
										Form 990	-PF (2016)

Form	990-PF (2016) JACOB L REISS FOUNDATION 13-60	64123 Page 7
Pai	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En	nployees,
	and Contractors (continued)	
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "I	NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
Tota	number of others receiving over \$50,000 for professional services	NONE
	rt IX-A Summary of Direct Charitable Activities	
	Cuminary of Direct Charlable Activities	
	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	NONE	
2		
3		
•		ļ
	•••••••••••••••••••••••••••••••••••••••	į
4		
		L
Pa	rt IX-B Summary of Program-Related Investments (see instructions)	<u></u>
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	
_		
2		
		ļ
All	other program-related investments. See instructions	
	NONE	1
		1
		L
Tota	I. Add lines 1 through 3 ▶	NONE
		Form 990-PF (2016)

Form 9	90-PF (2016) JACOB L REISS FOUNDATION	13-6064123	Page 8
Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations,	
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	, * .	
	purposes	17001	
а	Average monthly fair market value of securities	1a	5,301,669
b	Average of monthly cash balances	1b	194,263
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	5,495,932
е	Reduction claimed for blockage or other factors reported on lines 1a and	7.88	
	1c (attach detailed explanation) . 1e	ا يُسْدِ	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,495,932
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	82,439
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,413,493
6	Minimum investment return. Enter 5% of line 5	6	270,675
Part			
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	270,675
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI)	1	
С	Add lines 2a and 2b	2c	1,336
3	Distributable amount before adjustments Subtract line 2c from line 1	3	269,339
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	269,339
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	269,339
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	383.00 4 SA	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	274,448
b	Program-related investments—total from Part IX-B	1b NONE	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, 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, and Part XIII, line 4	4	274,448
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
-	Enter 1% of Part I, line 27b (see instructions)	5	1,336
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	273,112
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wi		
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2016)

e Excess from 2016

JACOB L REISS FOUNDATION 13-6064123 Form 990-PF (2016) Page 9 Undistributed Income (see instructions) Part XIII (a) (b) (c) (d) Years prior to 2015 2015 2016 Corpus Distributable amount for 2016 from Part XI, 269,339 2 Undistributed income, if any, as of the end of 2016 262,507 a Enter amount for 2015 only **b** Total for prior years 20 , 20_ 3 Excess distributions carryover, if any, to 2016 a From 2011 . **b** From 2012 **c** From 2013 . . d From 2014 e From 2015 f Total of lines 3a through e Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 274,448 a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior years (Election required—see instructions) c Treated as distributions out of corpus (Election 4046 8 required—see instructions) d Applied to 2016 distributable amount 11.941 e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016. (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount-see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount-see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 257,398 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a . 10 Analysis of line 9. a Excess from 2012 b Excess from 2013 c Excess from 2014 . . d Excess from 2015

Form 9	90-PF (2016) JACOB L REISS FOU	NDATION			13-60	64123 Page 10
Part						N/A
1a	If the foundation has received a ruling of		•			
_	foundation, and the ruling is effective for					
b	Check box to indicate whether the foundation		ating foundation desc	cribed in section	4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	<u> </u>	Prior 3 years		(e) Total
	investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(-,
_	each year listed .		ļ	ļ		0
b	85% of line 2a .		 	ļ		0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed		 			0
d	Amounts included in line 2c not used directly				•	
	for active conduct of exempt activities		 			0
е	Qualifying distributions made directly					
	for active conduct of exempt activities				•	
_	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
_	alternative test relied upon "Assets" alternative test—enter					
а	(1) Value of all assets .					
	(2) Value of assets qualifying under		+	 		0
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					•
	of minimum investment return shown in					0
С	Part X, line 6 for each year listed "Support" alternative test—enter					Ť
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)	· · · · · · · · · · · · · · · · · · ·				0
	(3) Largest amount of support from					
	an exempt organization .			ļ		0
	(4) Gross investment income		1	<u> </u>		0
Part				e foundation had	d \$5,000 or mo	re in assets at
	any time during the year—s		IS.)	 		
1	Information Regarding Foundation N		ad mara than 20/ a	ef the total contribut		
а	List any managers of the foundation who before the close of any tax year (but on					ine roundation
NON		ily ii tiley have ot	minibuted more tha	iii ψ5,000) (Gee se	Clion 307 (d)(27)	
	List any managers of the foundation wh	10 0WD 10% or m	ore of the stock of	a corporation (or a	n equally large no	ution of the
	ownership of a partnership or other ent					intion of the
NON	• •	ity) or trinorrano	oundation naou n	o 70 or grouter intere		
2	Information Regarding Contribution,	Grant Gift Loa	ın. Scholarship. e	tc Programs:		
	Check here ► 🗓 if the foundation on				zations and does	not accept
	unsolicited requests for funds. If the fou	indation makes of	ufts, grants, etc (se	ee instructions) to i	ndıvıduals or orga	nizations
	under other conditions, complete items	2a, b, c, and d				
а	The name, address, and telephone nur	nber or e-mail ac	dress of the person	n to whom applicate	ons should be ad	dressed
	APPLICABLE					
b	The form in which applications should t	e submitted and	information and m	atenals they should	d include	
NOT	ADDI ICADI E					
	APPLICABLE Any submission deadlines:					
	APPLICABLE					
	Any restrictions or limitations on award	s, such as by ge	ographical areas c	haritable fields, kind	ds of institutions.	or other
·	factors:	, , go.	O	· ····································		
NOT.	APPLICABLE					

JACOB L REISS FOUNDATION

Form 990-PF (2016)

Part XV Supplementary Information (conti	nued)			
3 Grants and Contributions Paid During	the Year or Appro <u>ve</u>	d for Fut	ure Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient	Contribution	
a Paid during the year				
See Attached Statement				
	1	1		1
	1			
		1		
				-
		1	}	
		1		
	1			
		<u> </u>		
Total b Approved for future payment		· · · · ·	<u>▶</u> 3:	a 270,00
NONE				
				1
			ì	
	,		ļ	1
		Ì		
Total			3	NONE
			For	m 990-PF (201

13-6064123

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13-6064123 Page 12 JACOB L REISS FOUNDATION Form 990-PF (2016) Part XVI-A Analysis of Income-Producing Activities Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated. Unrelated business income (e) Related or exempt (d) (a) (b) (c) function income Business code Exclusion code **Amount Amount** (See instructions) 1 Program service revenue C g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 119,433 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property . 6 Net rental income or (loss) from personal property Other investment income 18 30,620 Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a 12 Subtotal Add columns (b), (d), and (e) 150.053 13 Total. Add line 12, columns (b), (d), and (e) 13 150,053 (See worksheet in line 13 instructions to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) Line No. ▼ NOT APPLICABLE

Shawn P. Hanlon

PRICEWATERHOUSECOOPERS LLP

Firm's address ▶ 600 GRANT STREET, PITTSBURGH, PA 15219

Preparer

Use Only

self-employed P00965923

(412) 355-6000

Firm's EIN > 13-4008324

4/7/2017

Phone no

JACOB L REISS FOUNDATION		_				1 of 5
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Conti	<u>ributions</u>	Paid During th	e Year
Recipient(s) paid during the year						
Name						
ST VINCENT'S NURSING HOME						
Street						
315 EAST LINDSEY ROAD						
City			Zip Code	Foreign	Country	
CEDAR GROVE Relationship	Foundation Status	NJ	07009			
NONE	PC					
Purpose of grant/contribution	Ir O				Amount	
GENERAL OPERATING PURPOSES						5,000
Name						
ST ANTHONY SCHOOL						
Street						
55 OAK STREET, PO BOX 808						
City		State	Zip Code	Foreign	Country	
WINSTED		CT	06098	!		
Relationship	Foundation Status					
NONE	PC				Amount	
Purpose of grant/contribution GENERAL OPERATING PURPOSES					Amount	5,000
						3,000
Name						
STUART COUNTRY DAY SCHOOL OF	THE SACRED HEAD	RISCH	OLARHIP FUND	<u> </u>		
Street 1200 STUART DRIVE						
City		State	Zip Code	Foreign	Country	
PRINCETON		NH	08540	1. 0.0.3		
Relationship	Foundation Status					
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING PURPOSES		_				10,000
Name						
THE JULIAN REISS FOUNDATION						
Street						
17 RIDGEWAY LANE		04-4-	7:- 0-d-	IFi	0	
City BOSTON		MA	Zip Code 02114	Foreign	Country	
Relationship	Foundation Status	I IVIA	102114			
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING PURPOSES						15,000
Name						
ST JOSEPH'S ADDICTION AND TREA	TMENT CENTERS					
Street						
159 GLENWOOD DRIVE P O BOX 470)					
City			Zip Code	Foreign	Country	
SARANAC LAKE	IF - 1.4' - 01.4	NY	12983			
Relationship NONE	Foundation Status					
Purpose of grant/contribution	IFC				Amount	
GENERAL OPERATING PURPOSES					Amount	25,000
Name						
FAMILIES FIRST Street						
196 WATER STREET						
City	_ 	State	Zip Code	Foreign	Country	
ELIZABETH TOWN		NY	19232			
Relationship	Foundation Status		<u> </u>			<u> </u>
NONE	PC		-			
Purpose of grant/contribution					Amount	45 000
GENERAL OPERATING PURPOSES					ł	15,000

JACOB L REISS FOUNDATION				13-606		
Continuation of Part XV, Lin	<u>ie 3a (990-PF) -</u>	Gran	ts and Conti	ributions Paic	d During th	e Year
Recipient(s) paid during the year					-	
Name						
SOCIETY OF THE HOLY CHILD JESU	S					
Street						
1341 MONTGOMERY AVENYE City		CARAR	7:- 0-4-	F	.4	
ROSEMONT		State PA	Zip Code 19010	Foreign Coun	itry	
Relationship	Foundation Status		113010			
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING PURPOSES						5,000
Name						
WINCHESTER YOUTH SERVICE BUR	EAU					
Street						
480 MAIN STREET			T=- 0 .			
City WINSTED				Foreign Coun	itry	
Relationship	Foundation Status	CT	06098			
NONE	PC					
Purpose of grant/contribution	<u> </u>		-		Amount	_
GENERAL OPERATING PURPOSES						4,000
Name						
ALZHEIMER'S ASSOCIATION						
Street						
360 LEXINGTON AVENUE						
City		State	Zip Code	Foreign Coun	itry	
NEW YORK		NY	10017			
Relationship	Foundation Status					
NONE Purpose of grant/contribution	PC				12	
GENERAL OPERATING PURPOSES					Amount	5,000
					_1	3,000
Name						
MERCY CARE OF THE ADIRONDACK Street	<u>.S</u>					
184 OLD MILITARY ROAD						
City		State	Zip Code	Foreign Coun	itry	
LAKE PLACID_		NY	12946	. o.o.g oou	ici y	
Relationship	Foundation Status			•		
NONE	PC		_			
Purpose of grant/contribution					Amount	
GENERAL OPERATING PURPOSES						25,000
Name						
FAIRFIELD UNIVERSITY ANNUAL GIV	/ING					
Street						
1073 NORTH BENSON ROAD City	-	CATAT	7:- 0.4	[F	4	
FAIRFIELD		CT	Zip Code 06824-5195	Foreign Coun	itry	
Relationship	Foundation Status		100024-3193			
NONE	PC					
Purpose of grant/contribution	<u></u>				Amount	
GENERAL OPERATING PURPOSES					_1	6,000
Name				<u> </u>		
CATHOLIC CHARITIES ARCHDIOCES	E OF HARTFORD					
Street				· · · · · · · · · · · · · · · · · · ·		
839-841 ASYLUM AVENUE						
City			Zip Code	Foreign Coun	itry	
HARTFORD	In	СТ	06105			
Relationship	Foundation Status					
NONE Purpose of grant/contribution	PC	-			IA married	
GENERAL OPERATING PURPOSES					Amount	5,000
						J.000

JACOB L REISS FOUNDATION				13-6064		
Continuation of Part XV, Lin	<u>e 3a (990-PF) -</u>	Gran	ts and Conti	<u>ributions Paid</u>	During the	e Year
Recipient(s) paid during the year						
Name MARYKNOLL SISTERS						
Street						
P O BOX 331 City		State	Zip Code	Foreign Count	·	
NARTJBIKK		TN	10545-0311	Foreign Count	.ry	
Relationship	Foundation Status		1.00.000			
NONE	PC				T	
Purpose of grant/contribution GENERAL OPERATING PURPOSES	·				Amount	5,000
Name						
MARYKNOLL FATHERS ATTN FR LEC	SHEA					
Street						
P O BOX 302 City		State	Zip Code	Foreign Count	rv	
MARYKNOLL		NY	10545-0311			
Relationship NONE	Foundation Status					
Purpose of grant/contribution	<u> </u>				Amount	
GENERAL OPERATING PURPOSES					<u></u>	5,000
Name						
THE SHRINERS HOSPITAL FOR CHIL	DREN					
Street 2425 STOCKTON BLVD						
City		State	Zip Code	Foreign Count	rv	
SACRAMENTO		CA	95817	, orongin oouni		
Relationship	Foundation Status					_
NONE Purpose of grant/contribution	PC				Amount	
GENERAL OPERATING PURPOSES					Amount	5,000
Name						
ALISA ANN RUCH BURN FOUNDATIO	N					
Street						
2501 WEST BURBANK BLVD SUITE 2	01					
City			Zip Code	Foreign Count	try	
BURBANK Relationship	Foundation Status	CA	91505			
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING PURPOSES					<u> </u>	<u>5,000</u>
Name						
BASCOM PALMER EYE INSTITUTE O Street	F THE PALM BEACH	IES				
7101 FARWAY DRIVE						
City		State	Zip Code	Foreign Count	try	
PALM BEACH GARDENS		_FL	33418		<u> </u>	
Relationship	Foundation Status					
NONE Purpose of grant/contribution	IPC		 	- <u></u>	Amount	
GENERAL OPERATING PURPOSES					Amount	10,000
						10,000
Name MONMOUTH MEDICAL CENTER FOU	ΝΠΑΤΙΩΝ					
Street	NDATION					
300 2ND AVENUE			· 			
City			Zip Code	Foreign Count	try	
LONG BRANCH Relationship	Foundation Status	<u>NJ</u>	07740			
NONE	PC					
Purpose of grant/contribution	· · · · · · · · · · · · · · · · · · ·				Amount	
GENERAL OPERATING PURPOSES					<u> </u>	30,000

JACOB L REISS FOUNDATION				13	<u>-6064123</u>	Page 4	<u>of 5</u>
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Contri	butions F	Paid Durii	ng the	Year
Recipient(s) paid during the year							
Name							
HOSPITAL FOR SPECIAL SURGERY							
Street							
535 E 70TH ST, 7TH FL							
City	· ·	State	Zip Code	Foreign C	Country		
NEW YORK		NY	10021	1. 5.5.3	, ,		
Relationship	Foundation Status		1				
NONE	PC						
Purpose of grant/contribution					Amou	nt	
GENERAL OPERATING PURPOSES							10,000
Name							
GEORGETOWN UNIVERSITY							
Street							
P.O BOX 571253							
City		State	Zip Code	Foreign C	Country		
WASHINGTON		DC	20057-1253		•		
Relationship	Foundation Status						
NONE	PC						
Purpose of grant/contribution					Amou	nt	
GENERAL OPERATING PURPOSES		_			<u> </u>	_	25,000
Name							
COMMUNITY SOLUTIONS							
Street							
12 EAST 28TH STREET							
City		State	Zip Code	Foreign C	Country		
NEW YORK		NY	10016	0.0.5	, ,		
Relationship	Foundation Status		1100.0		 -		
NONE	PC						
Purpose of grant/contribution					Amou	nt	-
GENERAL OPERATING PURPOSES							10,000
Name	-						
ST FRANCIS INN							
Street							
279 ST GEORGE ST							
City		State	Zip Code	Foreign C	Country		
ST AUGUSTINE		FL	32084	. 0.0.g	, ou,		
Relationship	Foundation Status	<u></u>	102004				
NONE	PC						
Purpose of grant/contribution					Amou	nt	
GENERAL OPERATING PURPOSES							5,000
Name							
SISTERS OF ST JOSEPH							
Street							
3, 1725 BRENTWOOD RD							
City		State	Zip Code	Foreign C	Country		
BRENTWOOD		NY	11717		- Cunay		
Relationship	Foundation Status		111111111111111111111111111111111111111				-
NONE	PC						
Purpose of grant/contribution	<u>,ı</u>				Amou	nt	
GENERAL OPERATING PURPOSES							5,000
		-			<u> </u>		
Name	ION						
CAPE COD HEALTHCARE FOUNDATI	UN						
Street							
PO BOX 370 City		Chata	7in Code	E! (
HYANNIS		State MA	Zip Code 02601	Foreign (Jountry		
Relationship	Foundation Status		JU20U I				
NONE	PC						
Purpose of grant/contribution	<u> </u>	_			Amou	nt	
GENERAL OPERATING PURPOSES							5 000

JACOB L REISS FOUNDATION				13-606	04123 Page	<u>5 of 5</u>
Continuation of Part XV, Lir	<u>ie 3a (990-PF) -</u>	Gran	ts and Cor	ntributions Pai	d During th	e Year
Recipient(s) paid during the year						
Name						
OCEANIC PUBLIC LIBRARY TRUST Street						
1 NEWARK CTR			T			
City NEWARK			Zip Code 07102	Foreign Cou	ntry	
Relationship	Foundation Status	143	107 102			
NONE	PC					
Purpose of grant/contribution GENERAL OPERATING PURPOSES					Amount	10,000
Name	 -	_	 · · · · · · · · · · · · · · · · · ·			
CALIFORNIA SCHOOL FOR THE DEA	F					
Street						
3044 HORACE ST City		Ctata	Zip Code	Foreign Cou	ntm.	
RIVERSIDE			92506	roreign Coul	nuy	
Relationship	Foundation Status		10=000			
NONE	PC					
Purpose of grant/contribution GENERAL OPERATING PURPOSES					Amount	15,000
Name						
Street						
City		State	Zip Code	Foreign Cou	ntrv	
Relationship	Foundation Status					
Purpose of grant/contribution					Amount	
Name						
Street						
olieet						
City		State	Zip Code	Foreign Cou	ntry	
Relationship	Foundation Status	<u> </u>	L	<u>_</u>		
Relationship	Foundation Status					
Purpose of grant/contribution				<u> </u>	Amount	
	 -				l	
Name						
Street						
City		State	Zip Code	Foreign Cou	ntry	
Relationship	Foundation Status	l	L			
	<u> </u>					
Purpose of grant/contribution					Amount	
Name						
Street					· · · · ·	
City		State	Zip Code	Foreign Cou	ntry	
		Late	Lip Code		y	
Relationship	Foundation Status					
Purpose of grant/contribution	1				Amount	
					Amount	

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Attachment to Form 990PF Part VIII, Column (b) Title and Average Hours Per Week Devoted To Position

The compensation reported in column (b) paid to BNY Mellon, N.A. as Corporate Trustee is calculated based on market value and current fee schedule. It is not determined on an hourly basis. Corporate Trustee services include administrative responsibilities, grant requirements, recordkeeping, investment management, income collection, statement and accounting services, and regulatory reporting.

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Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

									Totals	Gr	085	Cost or Other Basis Expenses		Net Gain	
	_	Amount								Sa	les	Depreciation as	nd Adjustments	or t	.088
	Long Term CG Distributions	18,229							Capital Gains/Losses		120,531		89,911		30,820
_	Short Term CG Distributions	0	_						Other sales		0				0
ſ					Check "X" if										
- 1			Check "X"	1	Purchaser	}	,		į.	ļ		Expense of Sale			l .
- 1	1		to include		18 0	Acquisition	Date	Date	Gross Sales	Cost or	Valuation	and Cost of			Net Gam
Ĺ	Description	CUSIP #	in Part IV	Purchaser	Business	Method	Acquired	Sold	Price	Other Bases	Method	Improvements	Deprecuation	Adjustments	or Loss
- [1 JOHNSON CONTROLS CORP	478366107	×.				7/29/2011	9/2/2016	39,045	31,602					7,443
- [2 SHIRE PLC	82481R106	X			l	7/29/2011	11/4/2016	33,089	20,826				0	
[3 ADIENT PLC	G0084W101	. X.				10/31/2016	11/4/2016	3,164	3,308				0	-144
- [4 JOHNSON CTLS INTL PLC	G51502105	X			I	9/2/2016	9/15/2016	15	17				0	-2
į	8 JOHNSON CTLS INTL PLC	G51502105	X		1		_9/2/2016	11/4/2016	28,989	34,158					-5,169

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Part I, Line 18 (990-PF) - Taxes

		3,306	1,806		0 0
1		Revenue			Disbursements
1		and Expenses	Net Investment	Adjusted	for Charitable
	Description	per Books	Income	Net Income	_ Purposes
_1	FOREIGN TAX WITHHELD	1,806	1,806		
2	ESTIMATED EXCISE TAX PAYMENTS	1,500			

Part II, Line 13 (990-PF) - Investments - Other

	Line to (000-11) - investments -	<u> </u>	3.843.460	3,798,232	5,419,425
		Basis of	Book Value	Book Value	FMV
- 1	Asset Description	Valuation	Beg of Year	End of Year	End of Year
1	Asset Description	valuation	Deg or rear	O Control	Liid of Tear
2	MUN OPPORTUNITIES FD CL M		- 0	90,000	96,176
3	BNY MELLON MID CAP STK FD CL M		 	275,000	396,176
4	BNY MELLON INTL APPR FD CL M		Ŏ	152,404	154,668
5	BNY MELLON S/T US GVT SECS FD CL M		0	199,498	194,353
6	ALLERGAN PLC		Ö	50,404	73,504
7	DREYFUS STRATEGIC VALUE F-Y		o	207,951	207,780
8	ALPHABET INC		0	46,580	115,773
9	ALPHABET INC/CA		0	46,586	118,868
10	APPLE COMPUTER INC COM		0	15,076	136,088
11	BNY MELLON INCOME STK FD CL M		0	186,800	268,046
12	BNY MELLON CORP BOND-M		0	275,000	267,655
	BNY MELLON SMALL CAP STK FD CL M S		0	111,387	169,668
	BNY MELLON EMERGING MKTS FD CL M		0	176,502	163,441
	CELGENE CORP		0	27,044	208,350
	CISCO SYS INC		0	4,148	60,440
	COSTCO WHSL CORP NEW		0	44,631	120,082
	DISNEY (WALT) COMPANY HOLDING CO		. 0	48,747	156,330
	DREYFUS YIELD ENH STRA T-Y	···	0	300,000	288,258
	DREYFUS ALTERN DIVERS STR-Y		0	250,000	242,217
	DREYFUS INFL TN ADJ SEC-Y		0	75,000	65,287
	DREYFUS PREMILT TRM HIYLD-R		0	65,482	65,690
	DREYFUS GLOBAL REAL ES SEC-Y		0	414,510	329,049
	DREYFUS DIVERSIFIED EM MK-Y		0	60,000	58,581
	DREYFUS/NEWTON INTERN EQTY-Y		0	100,000	108,022
	EXXON MOBIL CORP		0	1,217	108,312
27	HOME DEPOT INC USD 0 05		0	38,588	214,528
	INTEL CORPORATION		0	38,688	72,540
29			0	52,112	138,064
	JOHNSON & JOHNSON COM		0	54,070	115,210
31	PFIZER INC COM		0	427	146,160
	PROCTER & GAMBLE CO COM		0	42,953	109,304
	DREYFUS SELECT MGER S/C GR-Y		0	75,000	91,234
	DREYFUS INTENATION STOCK-Y		0	100,000	109,089
	DREYFUS SELECT MGER S/C VL-Y		0	75,000	90,424
	TCW EMERGING MARKETS INCOME FUN		0	44,012	41,054
	YUM BRANDS INC		0	13,279	22,166
_ 38	YUM CHINA HOLDINGS INC		0	5,259	9,142
39	UNITED TECHNOLOGIES CORP		0	34,877	87,696

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Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	Long Term CG Distributions		i											
	Short Term CG Distributions	0				104,302	0	0	89,911	14,391	0			14,391
									Cost or Other		FMV	Adjusted Basis	Excess of FMV	Gains Minus
- 1			Acquisition	Date	Date	Gross	Depreciation		Basis Plus		as of	ss of	Over	Excess FMV Over
	Description of Property Sold	CUSIP#	Method	Acquired	Sold	Sales Price	Allowed	Adjustments	Expense of Sale	Gain or Loss	12/31/69	12/31/69	Adjusted Basis	Adj Basis or Losses
	HINSON CONTROLS CORP			7/29/2011	9/2/2016	39,045		0	31,602	7,443	C	0		7,443
	HIRE PLC	82481R108		7/29/2011	11/4/2016	33,089		0	20,826	12,283	C	0		12,263
	DIENT PLC	G0084W101		10/31/2016	11/4/2016	3,164		0	3,308	-144	C	0		-144
	HNSON CTLS INTL PLC	G51502105		9/2/2018	9/15/2016	15		0	17	-2		0	·	
_ 5_JO	HINSON CTLS INTL PLC	G51502105		9/2/2016	11/4/2016	28,989		0	34,158	-5,169		Ó	0	-5,169

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Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										11,121	0	
- [-		Check "X"		1	, —				Avg Hrs			Expense
ᆫ	Name	if Business	Street	Crty	State	Zip Code	Foreign Country	Title	Per Week	Compensation	Benefits	Account
- [BNY Melion N.A.	X	P O Box 185	Prttsburgh	PA	15230-0185		TRUSTEE	SEE ATTAC	43 381	NONE	NONE
	1			1	ľ	ŀ						
]			l .
	BNY Mellon, N.A.	X	P O Box 185	Pittsburgh	PA	15230-0185		FEE	REIMBURS	-32,240	N/A	N/A
	1	į.	1	1 -	l	1		l '	1			
- 1 :									I .			

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Part VI, Line 6a (990-PF) - Estimated Tax Payments

-				 Date	Amount
1	Credit from prior year return			1	1,500
2	First quarter estimated tax payment .			2	
3	Second quarter estimated tax payment			3	
4	Third quarter estimated tax payment			4	
5	Fourth quarter estimated tax payment			 12/8/2016 5	1,500
6	Other payments	•		 6	
7	Total			 	3,000

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income								
1 Distributable amounts for 2015 that remained undistributed at the beginning of the 2016 tax year	. 1	262,507						
2	2							
3	3							
4	4							
5	5							
6	6							
7	7	 						
8	8							
9	9							
10 Total	10	262 507						