Department of the Treasury

Return of Private Foundation >

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

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

		rnal Revenue Service Information about Form				Open to Public Inspection
	For	calendar year 2016 or tax year beginning JUN	1, 2016	, and ending	MAY 31, 2017	
	-	ame of foundation			A Employer identification	number
•		LEE-ANN AND MELVIN H. JACOB	SS FOUNDATION	V.		
		C/O LISA NEMEROFF			36-6080570	
		umber and street (or P O box number if mail is not delivered to street ac		Room/suite	B Telephone number	
	_1	1000 NORTH LAKE SHORE DRIVE	<u> </u>	2104	(773)-743-	<u>4968 </u>
	-	ty or town, state or province, country, and ZIP or foreign pos CHICAGO, IL 60611	stal code		C If exemption application is p	ending, check here
		Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	•	Final return	Amended return			
		Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test, mputation
	H C	Check type of organization: X Section 501(c)(3) exer	mpt private foundation	01/	E If private foundation state	tus was terminated
		Section 4947(a)(1) nonexempt charitable trust 0	ther taxable private founda	tion 04	under section 507(b)(1)	
	I Fa	Fair market value of all assets at end of year J Accounting	method: X Cash	Accrual	F If the foundation is in a (60-month termination
M	(fr	from Part II, col. (c), line 16)	er (specify)		under section 507(b)(1)	
7	_	\$ 5,125,582. (Part I, colum	n (d) must be on cash b	oasis)		
N	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc., received	4,260,665.		N/A	
		2 Check If the foundation is not required to attach Sch B				
		3 Interest on savings and temporary cash investments	7,683.	7,683.		STATEMENT 1
		4 Dividends and interest from securities	163,942.	163,942.		STATEMENT 2
•		5a Gross rents				
		b Net rental income or (loss)		<u> </u>		
	Φ	6a Net gain or (loss) from sale of assets not on line 10	85,048.			
₫	n n	b Gross sales price for all 3,150,411.			<u> </u>	
2	Revenue	7 Capital gain net income (from Part IV, line 2)		85,048.		
1.5 2019	u.	8 Net short-term capital gain				
-		9 Income modifications Gross sales less returns				
<u>مح</u>		10a Gross sales less returns and allowances				
4		b Less Cost of goods sold				
Э		c Gross profit or (loss) 11 Other income				
翌		12 Total Add lines 1 through 11	4,517,338.	256,673.		
ANNED APR		13 Compensation of officers, directors, trustees, etc	0.	0.		0.
3		14 Other employee salaries and wages				
Ø		15 Pension plans, employee benefits				
	ses	16a Legal fees				
	en	b Accounting fees		. 		
	Ä	c Other professional fees STMT 3	30,946.	30,946.		0.
	χe	17 Interest				· · · · · · · · · · · · · · · · · · ·
	trat	18 Taxes			H RECE	VED —
	INIS	19 Depreciation and depletion				9
	Ę	20 Occupancy			9 MAR 07	2019
	ďβ	21 Travel, conferences, and meetings			MAR 0 7	85
	an	22 Printing and publications		· · · · · · · · · · · · · · · · · · ·	00051	<u> </u>
	Operating and Administrative Expenses	23 Other expenses			L UGDEN	I. UT
	era	24 Total operating and administrative expenses Add lines 13 through 23	30,946.	30,946.		0.
	o	25 Contributions, gifts, grants paid	230,100.	30,740.		230,100.
		26 Total expenses and disbursements.	230,100.			230,100.
		Add lines 24 and 25	261,046.	30,946.		230,100.
		27 Subtract line 26 from line 12:	201,010.	00,510.		200,200
		a Excess of revenue over expenses and disbursements	4,256,292.			
		b Net investment income (if negative, enter -0-)		225,727.		
		c Adjusted net income (if negative, enter -0-)			N/A	

LEE ANN AND MELVIN H. JACOBS FOUNDATION 36-6080570 Form 990-PF (2016) C/O LISA NEMEROFF Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (c) Fair Market Value (b) Book Value (a) Book Value 186,129. 562,606. 568,219. 1 Cash - non-interest-bearing 35,015. 35,015. 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 7 Other notes and loans receivable Less' allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 673,890. 10a Investments - U.S. and state government obligations STMT 690,006. 1,874,135. STMT 5 0. 1,903,824. b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated degreciation 12 Investments - mortgage loans 1,957,637. 1,849,841. 583,325. 13 Investments - other STMT 6 14 Land, buildings, and equipment; basis Less accumulated depreciation 0. 570. 570. 15 Other assets (describe ► PREPAID TAX 16 Total assets (to be completed by all filers - see the 5,025,746. 5.125.582. 769,454. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Assets or Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0 27 Capital stock, trust principal, or current funds 0. 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 769,454. 5,025,746. 29 Retained earnings, accumulated income, endowment, or other funds 769,454 5,025,746 30 Total net assets or fund balances 769,454 5,025,746 31 Total liabilities and net assets/fund balances 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	769,454
2	Enter amount from Part I, line 27a	2	4,256,292
3	Other increases not included in line 2 (itemize)	3	0
4	Add lines 1, 2, and 3	4	5,025,746
5	Decreases not included in line 2 (itemize) ▶	5	0

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5,025,746. Form **990-PF** (2016)

CONTINUATION FOR 990-PF, PART IV 36-6080570 PAGE 1 OF 2

Part I	V Capital Gains and Lo	sses for Tax-on Investment Income		· · · · · · · · · · · · · · · · · · ·		
	(a) List and 2-story br	describe the kind(s) of property solorick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr.)
1a 12	9 SHS ROUSE	PROPERTIES		P	01/13/12	07/06/16
	GUST SCHWAB					08/31/16
	PT SCHWAB #2		· · · · · · · · · · · · · · · · · · ·	P		09/30/16
	PT SCHWAB #2					09/30/16
	TOBER SCHWAB					<u>10/31/16</u>
	V SCHWAB #28					<u>11/30/16</u>
	V SCHWAB #28				· · · · · · · · · · · · · · · · · · ·	11/30/16
	C SCHWAB #28				-	12/31/16
	C SCHWAB #28					12/31/16
	N SCHWAB #28					01/31/17
	B SCHWAB #28					02/28/17
	B SCHWAB #28					$\frac{02/28/17}{02/30/17}$
		2847-8839 2847-8839	· · · · · · · · · · · · · · · · · · ·			$\frac{03/30/17}{03/30/17}$
		2847-8839 2847-8839				03/30/17 04/30/17
0 AP	RIL SCHWAB #		(a) Coot or other house			04/30/17
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
<u>a</u>	2,354.		1,324.			1,030.
<u>b</u>	<u>√188,092.</u>		<u>√182,975.</u>			5,117.
C	<u>√ 78,266.</u>		<u> </u>			1,561.
d	8,789.		$\phantom{00000000000000000000000000000000000$			-1,529.
<u>e</u>	<u>-2,753.</u>		- 299,126.	·····		3. 16,993.
<u>f</u>	<u>-316,119.</u>		-25,873.			1,900.
<u>g</u>	$\frac{\sim 27,773.}{\sim 647,023}$		-634,518.			12,505.
<u>h</u>	√647,023. √19,990.		19,270.			720.
	-409,709.		403,099.			6,610.
<u> </u>	✓197,147.		<i>-</i> 191,672.			5,475.
<u>k</u>	~44,204.		43,458.			746.
m	√ 235,396.		~230,952.			4,444.
n	∠7,368.		<i>∟</i> 7,380.			-12.
0	235,686.		√ 232,119.		 ·	3,567.
		ng gain in column (h) and owned by t		(I) Los	ses (from col. (h))	
(1) F	.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (ı), ıf any		of col. (h) gain over ot less than "-0-")	col (k),
а						1,030.
b						5,117.
С	<u>-</u>					1,561.
d						<u>-1,529.</u>
е						3.
<u>f</u>				· · · · · · · · · · · · · · · · · · ·		16,993.
g	·					1,900.
h	·····					12,505.
1						720.
						6,610.
<u>k</u>			- "	· 		5,475.
						746.
m						4,444.
n						$\frac{-12.}{3,567.}$
0						3,301.
2 Capita	I gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-0	ın Part I, line 7 -" ın Part I, line 7	2		
If gain	ort-term capital gain or (los , also enter in Part I, line 8,		d (6):			

CONTINUATION FOR 990-PF, PART IV 36-6080570 PAGE 2 OF 2

Part IV Capital Gains and Los	sses for Tax on Investment Income	•	<u> </u>		
(a) List and 2-story br	describe the kind(s) of property solick warehouse; or common stock, 2	ld, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr.)
1a APRIL SCHWAB #	2847-8839			VARIOUS	04/30/17
b MAY SCHWAB #28				VARIOUS	05/31/17
c AMERITRADE #93	9-006964		P	VARIOUS	05/31/17
d JAN SCHWAB #28			P	VARIOUS	01/31/17
	847-8839		P	VARIOUS	06/30/16
	847-8839		P	VARIOUS	07/31/16
9					
h					
1					
<u>k</u>					
m		· · · · · · · · · · · · · · · · · · ·			
<u>n</u>		<u> </u>			
0				L	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) minus (g)	
a 30,600.		<u>30,228.</u>			372.
b ✓190,932.		182,776.			8,156.
<u>c</u> ∠228,573.		<i>⊢</i> 216,272.			12,301.
d ✓10,470.		9,635.			835.
e ~94,254.		92,337.			1,917.
1 -174,913.		<u> </u>			2,337.
9				-	
h					
					
<u>k</u>					
				<u>-</u>	
mn					
0				·	
	g gain in column (h) and owned by	the foundation on 12/31/69	(1) 00	ses (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	Gains (excess o	of col. (h) gain ove ot less than "-0-")	
a					372.
b					8,156.
<u>c</u>					12,301.
d					835.
е					1,917.
f					2,337.
g					
h					
1					
	· · · · · · · · · · · · · · · · · · ·				
k					
1					
m					
n				<u>-</u>	
0		L			
2 Capital gain net income or (net cap	pital loss) { If gain, also enter If (loss), enter "-0	r in Part I, line 7)-" in Part I, line 7	2	·	85,048.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, 6	s) as defined in sections 1222(5) an	<u> </u>			-
If (IOSS) enter "-0-" in Part I line 8		ſl	2	NT / A	

Page 3

Part IV Capital Gains an	d Losses for Tax on In	vestmen	t Income					
(a) List and describe 2-story brick wareh	the kind(s) of property sold (e.g. ouse; or common stock, 200 shs	., real estate, s. MLC Co.)		(b) Ho P - D -	w acquired Purchase Donation		acquired day, yr.)	(d) Date sold (mo , day, yr)
1a								
b SEE ATTACHED S	TATEMENTS			ļ				
С	<u> </u>			ļ				
<u>d</u>				ļ				
_e		·		L				<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) s (f) minus (
a								
<u>b</u>				_				
С	· · · · · · · · · · · · · · · · · · ·							
d							 	
e 3,150,411.			<u>3,065,36</u>	3.				85,048.
Complete only for assets showing ga	ain in column (h) and owned by t	the foundation	on 12/31/69				Col. (h) gain	
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		С		not less that (from col. (
a							<u> </u>	
b			<u> </u>					
С								
d								
e								85,048.
	C If noun plan anton	un Dort Llung	7	$\overline{}$				
2 Capital gain net income or (net capita	, (",,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ın Part İ, line		<i></i>	2			85,048.
3 Net short-term capital gain or (loss) a		ıd (6):		٦				
If gain, also enter in Part I, line 8, colu	ımn (c).			}			3T / 7	
Part V Qualification Und	er Section 4940(e) for	Doducod	Tay on Not	Invo	stmont la		<u> N/A</u>	
	· · · · · · · · · · · · · · · · · · ·					Come		
(For optional use by domestic private fou	indations subject to the section 4	1940(a) tax on	net investment in	come.)				
If section 4940(d)(2) applies, leave this p	art blank							
in section 4940(d)(2) applies, leave this p	art blank.							
Was the foundation liable for the section	4942 tax on the distributable am	ount of any ye	ear in the base per	lods				Yes X No
If "Yes," the foundation does not qualify t	inder section 4940(e). Do not co	mplete this pa	rt.					
1 Enter the appropriate amount in each	column for each year; see the ir	estructions be	fore making any e	ntries.				
(a) Base period years	(b)			(c)			Dietrih	(d) ution ratio
Calendar year (or tax year beginning in	Adjusted qualifying dist	tributions	Net value of no	ncharita	able-use asset	s	(col. (b) div	ided by col. (c))
2015	2	6,637.			460,52	8.		.057840
2014		1,100.			220,64			.050308
2013		9,150.			190,03			.048150
2012		8,000.			173,08			.046219
2011		5,700.			193,68			.029429
		577001			_,,,,,			
2 Total of line 1, column (d)						2		.231946
• •	as base served. House the total of	an line O bu E	or butho number	of woor	•	-	·	. 231340
3 Average distribution ratio for the 5-ye	•	on line 2 by 5,	or by the number	or year	5	1.		046200
the foundation has been in existence	illess than 5 years					3		.046389
								4 206 014
4 Enter the net value of noncharitable-u	se assets for 2016 from Part X, I	line 5				4		<u>4,306,014.</u>
5 Multiply line 4 by line 3						5		<u> 199,752.</u>
6 Enter 1% of net investment income (1	% of Part I, line 27b)					6		<u>2,257.</u>
•	•							
7 Add lines 5 and 6						7		202,009.
8 Enter qualifying distributions from Pa	rt XII, line 4					8		230,100.
· • •	·	1h and some	late that part using	n a 10/	tav rate			
If line 8 is equal to or greater than line See the Part VI instructions.	, Greek the box in Part VI, line	io, and comp	iete tilat part usin	y a 1/0				

LEE ANN AND MELVIN H. JACOBS FOUNDATION

Form 9	OO-PF (2016) C/O LISA·NEMEROFF	•	_	t		6-608			Page 4	
Part	<u> </u>				or 49	48 - see	e instru	ction	15)	
	empt operating foundations described in section 4940(d)(2), check here 🕨 📖 and e									
D	ate of ruling or determination letter: (attach copy of letter if ne	cessary	-see ins	tructions)						
b D	omestic foundations that meet the section 4940(e) requirements in Part V, check here	► LX	and ent	er 1%		1		2,2	<u>57.</u>	
	Part I, line 27b					<i>'</i>				
	l other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			12, col. (b). ノ					_	
	ix under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers er	nter -0-)		-	2			<u>0.</u>	
	dd lines 1 and 2				<u> </u>	3		2,2		
	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others e	nter -0-)		-	4			0.	
	ex based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				_	5		2,2	57.	
	edits/Payments:	1.	ı	را _{گا}	20					
	116 estimated tax payments and 2015 overpayment credited to 2016	6a	 	<u> </u>	20.					
	tempt foreign organizations - tax withheld at source	6b		1 0	00					
	ex paid with application for extension of time to file (Form 8868)	6c	+	1,2	00.					
	ackup withholding erroneously withheld	<u>6d</u>				-,- -	•	1,3	30 ·	
	otal credits and payments. Add lines 6a through 6d	اممطم			-	7		1,3	5.	
	nter any penalty for underpayment of estimated tax. Check here X if Form 2220 is atta	acnea				8		0	$\frac{3.}{42.}$	
	ax due If the total of lines 5 and 8 is more than line 7, enter amount owed					9			44.	
	verpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			Refunde		10				
	nter the amount of line 10 to be. Credited to 2017 estimated tax ► VII-A Statements Regarding Activities			Relulide	<u>u </u>	!! 1				
	uring the tax year, did the foundation attempt to influence any national, state, or local legis	elation o	or did it r	articinate or inte	ervana in			Yes	No	
	offing the tax year, and the fourtoation attempt to influence any flational, state, or local legi-	siation o	/	articipate or inte	cr vene in		1a	•••	X	
	d it spend more than \$100 during the year (either directly or indirectly) for political purpo	CPC (CPE	e inetriio	tions for the def	finition\?		1b		X	
	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a					d or				
	stributed by the foundation in connection with the activities		J.05 0. (ing materials p		.				
	d the foundation file Form 1120-POL for this year?						1c		х	
	iter the amount (if any) of tax on political expenditures (section 4955) imposed during th	e vear:					1,4_			
) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers				0.					
	nter the reimbursement (if any) paid by the foundation during the year for political expend			ed on foundation						
	anagers. ►\$ 0.		•							
	as the foundation engaged in any activities that have not previously been reported to the	RS?					2		X	
	"Yes," attach a detailed description of the activities.									
3 H	as the foundation made any changes, not previously reported to the IRS, in its governing	ınstrum	ent, artı	cles of incorpora	ation, or					
	rlaws, or other similar instruments? If "Yes," attach a conformed copy of the chang						3		X	
4a D	d the foundation have unrelated business gross income of \$1,000 or more during the yea	ar?					4a		<u>X</u>	
b lf	"Yes," has it filed a tax return on Form 990-T for this year?					N/A	4b			
5 V	as there a liquidation, termination, dissolution, or substantial contraction during the year	?					5		<u>X</u>	
lf	"Yes," attach the statement required by General Instruction T									
6 A	re the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither:								
	By language in the governing instrument, or									
•	By state legislation that effectively amends the governing instrument so that no mandato	ry direct	tions tha	t conflict with th	ie state la	ıw				
	main in the governing instrument?						6	<u>X</u>		
7 D	d the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cou	mplete	Part II,	col. (c), and P	art XV		7	<u>X</u>		
	nter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨			-		-			
	IL '						-			
	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	attorney	Genera	(or designate)			_	v		
	each state as required by General Instruction G? If "No," attach explanation		0407370	\ a= 4040(\\E\ 4	or oclass	lor	8b	X		Λ
	the foundation claiming status as a private operating foundation within the meaning of si				or calend	ıdı	,		v	Y
	ear 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," o and any persons become substantial contributors during the tax year? If "Yes," attach a school						10	X		v
10 D	in any persons become substantial contributors during the tax year? If "Yes," attach a sched	uie listing	their nan	nes and addresses			Form 99 0		(2016)	
									(~0 10)	

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Form 990-PF (2016) Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of Х section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 X If "Yes." attach statement (see instructions) 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address N/A Telephone no. $\triangleright 773 - 743 - 4968$ 14 The books are in care of ▶ LISA NEMEROFF ZIP+4 ▶60611 Located at ▶ 1000 N. LAKESHORE DRIVE # 2104, CHICAGO 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A 15 and enter the amount of tax-exempt interest received or accrued during the year Yes No 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available 🗌 Yes 🕱 No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/Asection 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here 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 X 1c before the first day of the tax year beginning in 2016? 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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? If "Yes," list the years ▶ 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 N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time 🗌 Yes 🕱 No during the year? b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, N/A Form 4720, to determine if the foundation had excess business holdings in 2016) 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

LEE ANN AND MELVIN H. JA orm 990-PF (2016) C/O LISA NEMEROFF	COBS FOUNDATI	ON	36-60805	70 Page (
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	70 rage
	Citi Had May 20 1	Toqui ou (comm		
5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section).			es X No	
(2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive?	or to carry on, directly or indire	Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization		Y	es X No	
4945(d)(4)(A)? (see instructions)			es 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		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described			
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check has lift the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		
expenditure responsibility for the grant?		I/A Y	es 🔲 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?		Y	es X No	. ,,,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p if "Yes" to 6b, file Form 8870	personal benefit contract?			6b X
$\overline{\mbox{7a}}$ At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	\bot
b If "Yes," did the foundation receive any proceeds or have any net income attributed the foundation About Officers, Directors, Trust		nagers Highl		7b
Paid Employees, and Contractors			y 	
List all officers, directors, trustees, foundation managers and their	compensation.			
(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
	DIRECTOR, MAN	AGING		
1000 N. LAKE SHORE DRIVE				
CHICAGO, IL 60611	12.00	0.	0.	0.
Compensation of five highest-paid employees (other than those inc		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				<u> </u>
		-		
				

Form **990-PF** (2016)

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

LEE ANN AND MELVIN H. JACOBS		6000570	0 7
Form 990-PF (2016) C/O LISA: NEMEROFF Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	undation Managers, Highly	<u>-6080570</u>	Page 7
3 Five highest-paid independent contractors for professional services. If none,	- INONE II		
(a) Name and address of each person paid more than \$50,000		(0) (0	mpensation
	(b) Type of service	(6) 001	
NONE			
			
Total number of others receiving over \$50,000 for professional services		•	
Part IX-A Summary of Direct Charitable Activities		1	
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research paper	statistical information such as the rs produced, etc.	Expens	es
1 N/A			
		4	
			
2		1	
		1	
3			
		4	
		- 	
4	-	1	
		<u> </u>	
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2.	Amoun	ı t
1N/A		-	
		1	
2			
		-	
All other program-related investments. See instructions.			
3		_	
		1	

Total. Add lines 1 through 3

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	in foundations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	3,449,112.
	Average of monthly cash balances	1b	922,476.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	4,371,588.
	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,371,588.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	65,574.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,306,014.
6	Minimum investment return Enter 5% of line 5	6	215,301.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations of foreign organizations check here and do not complete this part.)	ons and certain	
1	Minimum investment return from Part X, line 6	1	215,301.
2a	2.2	57.	
b			
C		2c	2,257.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	213,044.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	213,044.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	213,044.
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	<u>1a</u>	230,100.
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 charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	230,100.
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	5	2,257.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	227,843.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the found	lation qualifies for t	the section

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				213,044.
2 Undistributed income, if any, as of the end of 2016				,
a Enter amount for 2015 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2016:		0.		
a From 2011				
b From 2012				
c From 2013				
d From 2014 162.				
e From 2015 1,337.				
f Total of lines 3a through e	1,499.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 230,100.				
a Applied to 2015, 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 2016 distributable amount				213,044.
e Remaining amount distributed out of corpus	17,056.			
5 Excess distributions carryover applied to 2016 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	18,555.			
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		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		U.		
e Undistributed income for 2015. Subtract line			0.	
4a from line 2a Taxable amount - see instr. f Undistributed income for 2016. Subtract			<u> </u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017			,	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011		· · · · · · · · · · · · · · · · · · ·		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017				
Subtract lines 7 and 8 from line 6a	18,555.			
10 Analysis of line 9.				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014 162.				
d Excess from 2015 1,337.		,		
e Excess from 2016 17,056.				
623581 11-23-18				Form 990-PF (2016)

	AND MELVIN	H. JACOBS	FOUNDATION	36.60	80570 Page 10
Form 990-PF (2016) C/O LIS Part XIV Private Operating F	A · NEMEROFF	etructions and Part VIII-	A guestion 9)	N/A	80570 Page/10
			A, question a)	N/A	
1 a If the foundation has received a ruling of foundation, and the ruling is effective for					
b Check box to indicate whether the found			n section	4942(J)(3) or 49	142(1)(5)
	Tax year	ig iouiloation described ii	Prior 3 years	1 4342())(3) 01 43	r
2 a Enter the lesser of the adjusted net	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
income from Part I or the minimum investment return from Part X for	(4) 2010	(0) 20 10	(0, 20) .		
each year listed b 85% of line 2a					
• • • •	·				
 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:					
 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	<u> </u>	An Abin mank ambai	f the formulation	had \$5 000 ar m	ro in cocoto
Part XV Supplementary Info	rmation (Comple	te this part only i	it the foundation	i nad \$5,000 or me	ore in assets
at any time during t	ne year-see instr	uctions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh			ributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed r	nore man po,000). (See s	ection 307 (a)(2))			
LISA NEMEROFF					
b List any managers of the foundation wh			or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation ha	S a 10% of greater interes	ы.			
NONE					·
2 Information Regarding Contribut					
Check here > X if the foundation of	only makes contributions	to preselected charitable of	organizations and does	not accept unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc.					10.
a The name, address, and telephone num	ber or e-mail address of t	he person to whom apple	cations should be addre	ssed:	
					····
b The form in which applications should l	oe submitted and informa	tion and materials they sh	iould include:		
					
c Any submission deadlines					
d Any restrictions or limitations on award	e cuch as hy geographic	al areas, charitable fields	kinds of institutions or	other factors:	
a with restrictions of illilitations of award	s, such as by geographic	ar ar cas, criai habie licius,	minda or manianona, or	outor idotoro.	

LEE ANN AND MELVIN H. JACOBS FOUNDATION

C/O LISA NEMEROFF

36-6080570

Part XV Supplementary Information		•	, ,	
3 Grants and Contributions Paid During the Ye			· 	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CHILDREN'S DENTAL HEALTH CLINIC 455 EAST COLUMBIA STREET				
LONG BEACH, CA 90806				2,500
CHILDREN'S HOSPITAL OF LOS ANGELES BOX 842712	,			
LOS ANGELOS CA 90084				9,000
CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 WEST LA VETA AVE	,			
ORANGE CA 92868				6,000
Average Type				
CHILDREN'S INSTITUTE INC 2121 W TEMPE STREET				
LOS ANGELOS, CA 90026	•		<u>.</u>	5,000
•				
CITY OF HOPE				
PO BOX 513477 . LOS ANGELOS . CA 90051				5,000
<u> </u>				
			•	
CYSTIC FIBROSIS FOUNDATION				
6931 ARLINGTON ROAD BETHESDA MD 20814		•		9,500
BEIRESDA, MD 20014				
DOCTORS WITHOUT BORDERS				
333 7TH STREET			,	5,000
NEW YORK, NY 10001				3,000
DONORS CHOOSE, ORG				
134 WEST 37TH STREET				500
NEW YORK, NY 10018				500
GOLDEN HEART RANCH				
703 PIER AVE			,	1,000
HERMOSA BEACH, CA 90254				1,000
GOOD SHEPARD CENTER			,	
1650 ROCKWOOD STREET				4 500
LOS ANGELES, CA 90026 Total from continuation sheets			l	4,500 193,100

LEE ANN AND MELVIN H. JACOBS FOUNDATION

C/O LISA NEMEROFF

Part XV | Supplementary Information | 36-6080570

Part XV Supplementary Information		•	•	1
3 Grants and Contributions Paid During the Y			 	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
GREATER CHICAGO FOOD DEPOSITORY				
PO BOX 5092 . ~				
CHICAGO, IL 60680				11,000
HEIFER FOUNDATION				
PO BOX 8058				
LITTLE ROCK, AK 72203				4,000
HOSHYAR FOUNDATION				
PO 28502				
AUSTIN TX 78755				5,000
HUNGER IS- ENTERTAINMENT INDUSTRY				
FOUNDATION				
1900 AVE OF THE STARS				
LOS ANGELES, CA 90067				2,000
INITIATIVE TO EDUCATE AFGHAN WOMEN				
PO BOX 603188				
PROVIDENCE, RI 02906				2,500
ISREAL CANCER RESEARCH				
295 MADISON AVE				•
NEW YORK, NY 10017				10,000
•				
JEWISH COMMUNITY CENTER				
300 REVERE DRIVE			,	
NORTHBROOK IL 60062				4,000
JEWISH COUNCIL FOR YOUTH SERVICES				
180 w WASHINGTON STREET				
CHICAGO, IL 60602		<u> </u>		12,500
JUNIOR BLIND OF AMERICA				
5300 ANGELES VISTA				10.000
LOS ANGELOS, CA 90046				10,000
				:
LAKEVIEW PANTRY				
3945 SHERIDAN ROAD				E 500
CHICAGO, IL 60613 Total from continuation sheets			<u> </u>	_5,500

LEE ANN AND MELVIN H. JACOBS FOUNDATION

C/O LISA NEMEROFF
Part XV | Supplementary Information |

36-6080570

Part XV Supplementary Information		•		
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	30	
LURIE CHILDRENS HOSPITAL OF CHICAGO				
225 E CHICAGO AVE				
CHICAGO, IL 60611				15,000.
MEMORIAL SLONE KETTERING CANCER				
CENTER 1275 YORK AVE				
NEW YORK, NY 10065				9,000.
MERCY SHIPS				
PO BOX 1930 LINDALE TX 75771				3,000,
HINDADE, IX 13111				3,000,
MPN RESEARCH FOUNDATION	·			
180 N MICHIGAN AVE				2,000,
CHICAGO, IL 60611				2,000,
NEW DIRECTION FOR YOUTH				
7315 LANKERSHIM BLVD				500
NORTH HOLLYWOOD, CA 91605				500,
PAINTED CHILDREN CAMP				
1300 4TH STREET				10.500
SANTA MONICA, CA 90401				13,500.
•				i
SAINT JOHNS HEALTH CENTER	7			
2121 SANTA MONICA BLVD				
SANTA MONICA, CA 90404				4,000,
SALVATION ARMY				
21375 ROSCOE BLVD				
CANOGA PARK, CA 91304				6,500,
SAVE THE CHILDREN				
501 KINGS HIGHWAY 400				
FAIRFIELD, CT 06825				10,500,
TEEN CANCER AMERICA				
11835 W OLYMPIC BLVD SUITE 265				
LOS ANGELES, CA 90064				2,000,
Total from continuation sheets				<u> </u>

LEE ANN AND MELVIN H. JACOBS FOUNDATION

C/O LISA NEMEROFF

36-6080570

Part XV Supplementary Information		•	·	
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
	•			
TOYS FOR TOTS				
PO BOX 4002036				•
DES MOINES, IA 50340-2036				600
	•			
UNITED NEGRO COLLEGE 1805 7TH STREET]			
WASHINGTON DC, DC 20001				7,000
VENICE FAMILY CLINIC 604 ROSE AVE				
VENICE CA 90291	<u></u>			2,000
			-	
ZIMMERS CHILDREN MUSEUM				
6505 WILSHIRE BLVD LOS ANGELES CA 90048				1,000
				-
ZIONS GROVE BAPTIST CHURCH				
231 EAST PERSHING ROAD CHICAGO, IL 60653				2,000
· · · · · · · · · · · · · · · · · · ·		•		
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•				
	•			
•				
Total from continuation sheets	<u> </u>	,	<u> </u>	

Form 990-PF (2016)

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3 Grants and Contributions Paid During the Ye		ayment		<u> </u>
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
MERICAN VETERINARY MEDICAL				
FOUNDATION .				
1931 MEACHAM ROAD				
SCHAUMBURG IL 60173				500
•				
ASSOCIATES INC- LOS ANGELES JEWISH HOME				
7150 TAMPA AVE ,				
RESEDA CA 90046				7,500
				•
AVIVA FAMILY AND CHILDREN				
7120 FRANKLIN AVE	,	İ		
LOS ANGELOS CA 90046				3,500
			<i>'</i>	
CAREERS THROUGH CULINARY ARTS PROGRAM				
505 8TH AVE				
NEW YORK NY 10018				20,500
,				
,				
CASA OF LOS ANGELES				
201 CENTER PLAZA				5,000
MONTEREY PARK CA 91754 Total SEE CON	TINUATION SHEE	T(S)	▶ 3a	230_100
b Approved for future payment		2 (0)		230,100
NONE				
•				
•				
			1	
				·-··
•				
			•	
•				
Tabel			▶ 3b	
Total			39	o m 990-PF (2016

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
`a					
b	<u> </u>				
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	ļ <u> </u>			· · · · · · · · · · · · · · · · · · ·	
3 Interest on savings and temporary cash			1 4	7 (02	
investments	ļ		14 14	7,683. 163,942.	
4 Dividends and interest from securities			14	163,942.	
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 7. Other reportment income					
7 Other investment income		·			
8 Gain or (loss) from sales of assets other			18	85,048.	
than inventory 9 Net income or (loss) from special events		-	10	03,040.	
10 Gross profit or (loss) from sales of inventory		·			
11 Other revenue.				· · · · · · · · · · · · · · · ·	***************************************
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		, 0.		256,673.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	256,673.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	(emp	t Purposes	
		·			
Line No Explain below how each activity for which inco			contrib	uted importantly to the accon	nplishment of
▼ the foundation's exempt purposes (other than	by providing tune	is for such purposes).			
					
		· · · · · · · · · · · · · · · · · · ·			
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Page 13

C/O LISA NEMEROFF Form 990-PF (2016) Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

i Diu trie di	garnzanon unecny or mun	ectly ellyage ill ally	of the following	y with any other organizatio	ii ucaciibea iii acc	11011 30 1(0) 01		
the Code ((other than section 501(c)	(3) organizations)	or in section 52	7, relating to political organi	izations?			
a Transfers	from the reporting founda	ation to a noncharit	able exempt orç	ganization of:				
(1) Cash							1a(1)	X
(2) Other	assets						1a(2)	. X
b Other tran	sactions:							
(1) Sales	of assets to a noncharitat	ole exempt organiza	ation				16(1)	X
	nases of assets from a nor						1b(2)	X X
• •	al of facilities, equipment, o						1b(3)	X
. ,	bursement arrangements						1b(4)	X
· ,	s or loan guarantees						1b(5)	X
	rmance of services or mei	mhership or fundra	usina solicitatio	ns			15(6)	Х
	f facilities, equipment, mai						1c	Х
				dule. Column (b) should alv	vavs show the fair	market value of the goods		
	=			ed less than fair market valu				•,
	i) the value of the goods, o			ou loss than lan market valu	o iii ariy transaotio	in or onaring arrangement,	3.1.011 1.1.	
	(b) Amount involved			exempt organization	(d) Description	on of transfers, transactions, an	d sharing arr	rangements
70.110 110	(b) / will daily involved	(b) Hamo C	N/A	oxompt organization	(0) 5000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			N/A		-			
					-			
								_
				- · · · · · · · · · · · · · · · · · · ·			-	
						***************************************		_
		-						
a le the four	ndation directly or indirect	tly affiliated with or	related to one	or more tax-exempt organia	zations described			
	501(c) of the Code (other	•			Editoria acaoribea		Yes	X No
			(3)) or in sect	1011 327 !		'	103	L23.110
b ii yes, co	omplete the following sche (a) Name of org			(b) Type of organization		(c) Description of relation	ishin	
		amzation		(b) Type of organization		(c) Description of relation	Sinp .	
	N/A							
								
								
0.00	penalties of perjury i declare to elief, it is true, correct, and com	that I have examined the	his beturn, includin	g accompanying schedules and n taxpayer) is based on all inform	statements, and to the	e best of my knowledge er has any knowledge	lay the IRS d	discuss this
Sign 🛴	(-//- 6 -)	I A L D a D A A	Japaner (Ottier tila	. A 1 - 19		(). A	eturn with the	s preparer (see instr.)?
Here	Mesa IVVV	weggs		g-1-11	ele,	4 / Island	X Yes	L No
Sigr	ajure of officer of trustee	7/10		Date	Title			
•	Print/Type preparer's na	ime	Preparer's s	gnature	Date	Check If PTIN	ĺ	
				/	1/d1/	self- employed		
Paid	DENNIS SAV	IANO	Mem	MA Sarrano	1/19	P(00064	335
Preparer	Firm's name ► DEN					Firm's EIN ► 36-3		
Use Only	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		, 01	,				- -
	Firm's address ▶ 7,8	7 אורויים יי	משסוזמעם	IAL DRIVE				
	1 '		INDUSTR IL 6012			Phone no. (847)	970	-1040_
	1 <u>ET</u>	MITUROT, .	TT 0017	0-1130)-PF (2016)
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization

LEE ANN AND MELVIN H. JACOBS FOUNDATION

C/O LISA NEMEROFF

Employer identification number

36-6080570

Organiz	ation type (check of	10)										
Filers of	:	Section	on:									
Form 99	0 or 990 EZ		501(c)() (enter number) or	ganization							
			4947(a)(1) r	nonexempt charitabl	e trust not t	reated as a	private fo	oundation				
			527 politica	l organization								
Form 99	0-PF	X	501(c)(3) ex	empt private found	ation							
			4947(a)(1) r	nonexempt charitabl	e trust treate	ed as a priva	ate found	ation				
			501(c)(3) ta	xable private founda	ation							
	your organization is nly a section 501(c)(-			th the Gene	ral Rule a	nd a Spec	cial Rule S	Gee instru	ctions	
General	Rule											
X	For an organization property) from any	-		90-EZ, or 990-PF tha omplete Parts I and								y or
Special	Rules											
	sections 509(a)(1) a	and 170 r, durin	O(b)(1)(A)(vi) ig the year,	on 501(c)(3) filing Fo that checked Sche total contributions o arts I and II.	dule A (Form	n 990 or 990)-EZ), Parl	t II, line 13	3, 16a, or 1	6b, and t	that received	from
	year, total contribut	tions o	f more than	on 501(c)(7), (8), or (\$1,000 <i>exclusively</i> for r animals Complete	or religious, o	charitable, s						g the
	year, contributions is checked, enter h purpose Don't con	exclusivere the nplete :	vely for relige total contri any of the p	on 501(c)(7), (8), or one on 501(c)(7), (8), or one of the or of the or one of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or of the or	; , purposes, ceived durin eral Rule ap	but no sucl g the year f plies to this	n contribu or an <i>exc</i>	utions tota <i>lusively</i> re	aled more t ligious, cha	than \$1,00 aritable, e ived <i>none</i>	100. If this bo etc ,	
but it mi	: An organization tha ust answer "No" on nat it doesn't meet th	Part IV	, line 2, of it	s Form 990, or chec	k the box on	line H of its	Form 99					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

LEE ANN AND MELVIN H. JACOBS FOUNDATION

C/O LISA NEMEROFF

Employer identification number

36-6080570

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 1 ESTATE OF L A JACOBS Person Payroll 1000 N. LAKE SHORE DRIVE 2104 4,255,665. Noncash (Complete Part II for noncash contributions) CHICAGO, IL 60611 (c) (d) (a) (b) Name, address, and ZIP + 4 No. Total contributions Type of contribution 2 KIMBERLY GREISSENGER Person Payroll 5,000. Noncash 317 SCAIFE ROAD (Complete Part II for noncash contributions) SEWICKLEY, PA 15143 (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (b) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for

noncash contributions)

Name of organization

Employer identification number

LEE ANN AND MELVIN H. JACOBS FOUNDATION

C/O LISA NEMEROFF

36-6080570

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Employer identification number

ırt III	the year from any one contributor Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,00 wing line entry. For organizations less for the year (Enter this into once)
	Use duplicate copies of Part III if addition	al space is needed	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
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rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	
rom	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gif	
Part I		(e) Transfer of gif	t
rom lart I	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
a) No. From Sart I	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee (d) Description of how gift is held

FORM 990-PF INTERES	T ON SAVIN	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE PER B	NUE		(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME
					15.	
CHASE MORGAN STANLEY SCHWAB			15. 27. 7,641.		27. 7,641.	
TOTAL TO PART I, LIN	E 3		7,683.		7,683.	
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	
AMERITRADE CHARLES SCHWAB MORGAN STANLEY	44,445 66,973 52,524	•	0. 0. 0.	44,445. 66,973. 52,524.	66,97	73.
TO PART I, LINE 4 =	163,942		0.	163,942.	163,94	42.
FORM 990-PF	. O'	THER PROFES	SIONAL	FEES		STATEMENT 3
DESCRIPTION ·		(A) EXPENSES PER BOOKS	NET II	B) NVEST- INCOME	(C) ADJUSTEI NET INCON	
PROFESSIONAL FEES OFFICE EXPENSE	_	28,579. 2,367.		28,579.		0.
TO FORM 990-PF, PG 1	, LN 16C	30,946.	:	30,946.		0.

FORM 990-PF U.S. AND STATE	/CITY GOV	ERNMENT	OBLIGATIONS ·	STATEMENT 4
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
TD AMERITRADE FIXED		X	673,890.	690,006.
TOTAL U.S. GOVERNMENT OBLIGATIONS		-	•	
TOTAL STATE AND MUNICIPAL GOVERNM	ENT OBLIG	ATIONS	673,890.	690,006.
TOTAL TO FORM 990-PF, PART II, LI	NE 10A	=	673,890.	690,006.
FORM 990-PF C	ORPORATE	STOCK		STATEMENT 5
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
TD AMERITRADE STOCKS CHARLES SCHWAB EQUITIES CHARLES SCHWAB ETF		-	323,937. 1,540,480. 39,407.	307,799. 1,527,296. 39,040.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	=	1,903,824.	1,874,135.
FORM 990-PF OT	HER INVES	TMENTS		STATEMENT 6
DESCRIPTION	VALU MET	ATION HOD	BOOK VALUE	FAIR MARKET VALUE
TD AMERITRADE OTHER CHARLES SCHWAB OTHER ASSETS AMERIPRISE EQUITIES MORGAN STANLEY	CO	ST ST ST ST	0. 449,418. 1,400,423. 0.	60,912. 432,863. 1,463,862.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	-	1,849,841.	1,957,637.