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 2016

		· · · · · · · · · · · · · · · · · · ·	m 990-PF and its separate	instructions			Open to Public Inspection
		dar year 2016 or tax year beginning NOV	1, 2016	, and e	nding	<u>ост 31, 2017</u>	1
Nan	ne of	foundation				A Employer identification	n number
	_						
<u>M</u>	<u>AX</u>	& BELLE JACOBY FOUNDAT	ION	<del></del> ,	·	11-6006030	)
		nd street (or P O box number if mail is not delivered to street			Room/suite	<b>B</b> Telephone number	
		KLAVER 852 SCENIC HIL				410-571-86	511
		own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	pending, check here
		APOLIS, MD 21401					
G C	neck	all that apply: Initial return	Initial return of a fo	rmer public (	charity	D 1. Foreign organization	s, check here
		Final return	Amended return		,	2. Foreign organizations me	eating the 85% test
		Address change	Name change	<del></del>	$\overline{}$	2. Foreign organizations me check here and attach co	omputation
H C	1	type of organization. X Section 501(c)(3) e.		. [	)	E If private foundation sta	
		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		<del>/</del>	under section 507(b)(1	)(A), check here
			ing method: X Cash	Accr	ual	F If the foundation is in a	
(ire		Part II, col. (c), line 16) 0 276,391. (Part I, colu	ther (specify)			under section 507(b)(1	)(B), check here
Pa							(4)
Га	<u> </u>	(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	V-1	ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		Contributions, gifts, grants, etc., received				N/A	
) ,	2	Check \X if the foundation is not required to attach Sch. 8				,	
	3	Interest on savings and temporary cash investments					
<b>'</b>	4	Dividends and interest from securities	6,512.		6,512.		Statement 1
X	5a	Gross rents					
	b	Net rental income or (loss)					
e l	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	-3,141.				
e l	_ b	assets on line 6a 00,407.					<u> </u>
@ é		Capital gain net income (from Part IV, line 2)	ļ		0.		<del>                                     </del>
3		Net short-term capital gain	-		-		
3	9	Income modifications Gross sales less returns					
<u> </u>		and allowances					
CENNING SEVENUE  Revenue		Gross profit or (loss)		····	····		
g l		Other income				-	
	12	Total Add lines 1 through 11	3,371.		6,512.		
<b>∍</b>	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
∍	14	Other employee salaries and wages	<u>-</u>				
3	15	Pension plans, employee benefits		· · · · · · · · · · · · · · · · · · ·			
ses	16a	Legal fees					
Ë	b	Accounting fees Stmt 2	1,250.		750.	LYSUE INE	500.
Expenses	C	Other professional fees			<b>66</b>		
<u>Š</u>	17	Interest				DEC 27 2017	
trat	18	Taxes Stmt 3	149.		0,	2017	\ _\[ \] \  \( \text{U} \)
nis	19	Depreciation and depletion				OGDEN	
<u>Ē</u>	20	Occupancy					
Ϋ́	21	Travel, conferences, and meetings					
auc		Printing and publications					
Operating and Administrative		Other expenses Stmt 4	2,247.		1,947.		200.
řat	24	Total operating and administrative			0 60-		
ď		expenses Add lines 13 through 23	3,646.		2,697.		700.
-		Contributions, gifts, grants paid	11,850.			<del> </del>	11,850.
- 1	26	Total expenses and disbursements	15 400		2 607		10 550
$\dashv$	27	Add lines 24 and 25 Subtract line 26 from line 12:	15,496.		2,697.		12,550.
		· · · · · · · · · · · · · · · · · · ·	-12,125.				
		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	-14,145.		3,815.	<del> </del>	<del> </del>
		Adjusted net income (if negative, enter -0-)			٠,٥٢٥,	N/A	<del>                                     </del>
82250		-23-16 LHA For Paperwork Reduction Act Notice	e see instructions	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Form <b>990-PF</b> (2016)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

Balance Sheets Attached sche	LLE JACOBY FOUNDA	Beginning of year	End of	<u>6006030 Pag</u> year
column shoul	d be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing		5,331.	849.	849
2 Savings and temporary cash investmen	nts	59,855.	85,553.	85,553
3 Accounts receivable ►				
Less, allowance for doubtful accounts	<b>&gt;</b>			_
4 Pledges receivable ►				
Less: allowance for doubtful accounts	<u> </u>			
5 Grants receivable				
6 Receivables due from officers, directors	s, trustees, and other			
disqualified persons				
7 Other notes and loans receivable	<b></b>			
Less: allowance for doubtful accounts	<u> </u>			
8 Inventories for sale or use				
9 Prepaid expenses and deferred charges				
10a Investments - U.S. and state government	<del></del>			
<b>b</b> Investments - corporate stock	Stmt 5	48,737.	50,907.	
c Investments - corporate bonds	Stmt 6	95,486.	59,975.	55,98
11 Investments - land, buildings, and equipment basis	<u> </u>			
Less accumulated depreciation	<b>-</b>			- <del></del>
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment basis				
Less accumulated depreciation	·			
15 Other assets (describe ►	) <del> </del>			
16 Total assets (to be completed by all file	ers - see the	200 400	107 004	00.0
instructions. Also, see page 1, item I)		209,409.	197,284.	276,39
17 Accounts payable and accrued expense	98 			
18 Grants payable				
19 Deferred revenue	<del> </del>		<del></del>	
20 Loans from officers, directors, trustees, and ot	her disqualified persons			
<ul><li>21 Mortgages and other notes payable</li><li>22 Other liabilities (describe</li></ul>	<u>,                                    </u>			
22 Other habilities (describe >				
23 Total liabilities (add lines 17 through 2	22)	0.	0.	
Foundations that follow SFAS 117, ch			<u> </u>	
and complete lines 24 through 26 and				
24 Unrestricted				
25 Temporarily restricted				
26 Permanently restricted				
Foundations that do not follow SFAS 1	I 17, check here ► X			
and complete lines 27 through 31				
27 Capital stock, trust principal, or current	funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg.	., and equipment fund	0.	0.	
29 Retained earnings, accumulated incom-	e, endowment, or other funds	209,409.	197,284.	
30 Total net assets or fund balances		209,409.	197,284.	
		209,409.	107 204	
31 Total liabilities and net assets/fund ba	alances	209,409	197,284.	
	alances n Net Assets or Fund Bala		197,284.	
art III Analysis of Changes in	า Net Assets or Fund Bala		197,204.	
art III Analysis of Changes in otal net assets or fund balances at beginnin	n Net Assets or Fund Bala g of year - Part II, column (a), line 30			200 40
Analysis of Changes in otal net assets or fund balances at beginnin must agree with end-of-year figure reported	n Net Assets or Fund Bala g of year - Part II, column (a), line 30		1	
Analysis of Changes in Total net assets or fund balances at beginnin must agree with end-of-year figure reported enter amount from Part I, line 27a	n Net Assets or Fund Bala g of year - Part II, column (a), line 30 on prior year's return)		1 2	209,409 -12,12
Total net assets or fund balances at beginning must agree with end-of-year figure reported enter amount from Part I, line 27a Other increases not included in line 2 (itemize	n Net Assets or Fund Bala g of year - Part II, column (a), line 30 on prior year's return)		1 2 3	-12,12
Analysis of Changes in Total net assets or fund balances at beginnin must agree with end-of-year figure reported enter amount from Part I, line 27a	n Net Assets or Fund Bala g of year - Part II, column (a), line 30 on prior year's return)		1 2	-12,12

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See the Part VI instructions.

Form 990-F <b>Part VI</b>		, 4940(e), or	11-60 4948 - se	06030 e instru		age 4
Date	inpt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line of ruling or determination letter: (attach copy of letter if necessary-see instru	uctions)				7.6
	estic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter	1%	1			<u>76.</u>
	rt I, line 27b	1 (%)				
	her domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12,	(col. (b). )				0.
	inder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) ines 1 and 2		3			76.
	tle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			0.
	pased on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			76.
	ts/Payments:			<del></del>		<u> </u>
	estimated tax payments and 2015 overpayment credited to 2016					
	opt foreign organizations - tax withheld at source	<del></del>	7			
	aid with application for extension of time to file (Form 8868)  6c		7			
	up withholding erroneously withheld 6d		7			
	credits and payments. Add lines 6a through 6d		7 7			0.
	any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8			
	lue If the total of lines 5 and 8 is more than line 7, enter amount owed	•	. 9			76.
	payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10			
-	the amount of line 10 to be. Credited to 2017 estimated tax	Refunded >	- 11			
Part VI	II-A Statements Regarding Activities					
1a Durin	g the tax year, did the foundation attempt to influence any national, state, or local legislation or did it pa	ticipate or interve	ne in		Yes	
any p	political campaign?			1a		X
<b>b</b> Did it	spend more than \$100 during the year (either directly or indirectly) for political purposes (see instruction	ons for the definition	on)?	1b_		X
If the	e answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of an	y matenals publ	ished or			
dıstrı	buted by the foundation in connection with the activities					
c Did th	he foundation file Form 1120-POL for this year?			1c		X
	the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				ļ	l
	On the foundation. > \$ 0 . (2) On foundation managers. > \$		•		ļ	
<b>e</b> Enter	the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	on foundation				
	agers. ▶ \$0.					
	he foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	es," attach a detailed description of the activities.					ĺ
	he foundation made any changes, not previously reported to the IRS, in its governing instrument, article	s of incorporation	i, or		}	1,,
	vs, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		X
	the foundation have unrelated business gross income of \$1,000 or more during the year?		37/3	4a_	-	X
	s," has it filed a tax return on Form 990-T for this year?		N/A			X
	there a liquidation, termination, dissolution, or substantial contraction during the year?			5	}	
	es," attach the statement required by General Instruction T					
	he requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			Ì		
-	language in the governing instrument, or state legislation that effectively amends the governing instrument so that no mandatory directions that	nonfliet with the ct	ata law	ļ	ļ	ļ
	state registation that enectively affectors the governing instrument so that no mandatory directions that in the governing instrument?	COMMICT WITH THE ST	ate law	6	х	
	he foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, c	ol (c) and Part	<b>Y</b> 1/	7	X	_
, Dia ti	ine tournoation have at least \$5,000 in assets at any time outling the year. It is, complete Fart II, c	or (c), and Fart.	^•	<del>'</del>	1	_
8a Enter	the states to which the foundation reports or with which it is registered (see instructions)			_		
	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (	or designate)		_		
	ch state as required by General Instruction G? If "No," attach explanation	3		8b	X	
	e foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	or 4942(j)(5) for c	alendar			
	2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes, " complete Part X			9		<u>  X</u> ′ ,
	iny persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their name			10		X
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had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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orm 990-PF (2016) MAX & BELLE JACOBY FOUND			<u> 11-60060</u>	30 Page 6
Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	C Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		
any voter registration drive?		☐ Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7	☐ Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described i			
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 h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		//A □ Ye	s 🔲 No	1 1
		1/15		1 1
If "Yes," attach the statement required by Regulations section 53 4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	} }
a personal benefit contract?		Ye		a.   V
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870		Γ	[TT]	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	inagers, riigniy	/	
		<del></del>		
1 List all officers, directors, trustees, foundation managers and their	· · · · · · · · · · · · · · · · · · ·	(c) Compensation	(d) Contributions to	(a) Evnence
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	employee benefit plans and deferred	(e) Expense account, other
	to position	`enter'-0-)	compensation	allowances
	PRESIDENT			
852 SCENIC HILLS WAY				
ANNAPOLIS, MD 21401	5.00	0.	0.	0.
<del></del>		ļ <u>.                                    </u>	····	<u> </u>
			<b>)</b>	
				<u></u>
2 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	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and dodiess of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
		l		_
······································				
	1	1		
	1			
				<del>                                     </del>
	†	1		
	<del> </del>	<del> </del>	-	<del> </del>
	†		1	
Tetal number of other amalovees paid over \$50,000	<u> </u>	_ <del></del>		
Total number of other employees paid over \$50,000			Earm	990-PF (2016)
			FUIII	UUU     (2010)

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Part VIII Information About Officers, Directors, Trustees, Foundation Manager Paid Employees, and Contractors (continued)	s, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b)	Type of service	(c) Compensation
NONE		
<del> </del>		
<del> </del>		
		<del></del>
<del></del>		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information suc	h as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
3		
4		
D-+IV DIO		
Part IX-B Summary of Program-Related Investments		A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  1 N/A		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b></b>	0.
	<u> </u>	Form <b>990-PF</b> (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	202,121.
Ь	Average of monthly cash balances	1b	69,689.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	271,810.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	271,810.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,077.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	267,733.
6_	Minimum investment return Enter 5% of line 5	6	13,387.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	id certain	
	foreign organizations check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	13,387.
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.)		
C	Add lines 2a and 2b	2c	<u>76.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,311.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13,311.
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	13,311.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		10 550
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	12,550.
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	Cash distribution test (attach the required schedule)	3b	12,550.
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	14,550.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	Λ
c	Income. Enter 1% of Part I, line 27b	6	12,550.
6	Adjusted qualifying distributions Subtract line 5 from line 4	<del></del>	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	quaimes 10	r the section

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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,		Total opinion to 2010	20.0	
line 7				13,311.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			12,541.	
b Total for prior years:		_		
3 Excess distributions carryover, if any, to 2016:		0.		
a From 2011				
b From 2012			1	
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from		<del> </del>	<u></u>	
Part XII, line 4: ► \$ 12,550.				
a Applied to 2015, but not more than line 2a			12,541.	
b Applied to undistributed income of prior		<del></del>	12,341.	
years (Election required - see instructions)		0.		·
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			1
d Applied to 2016 distributable amount		<del> </del>		9.
e Remaining amount distributed out of corpus	0.	<del> </del>		<del></del>
5 Excess distributions carryover applied to 2018	0.		<del> </del>	0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u></u>
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		i
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	<del></del>	0.	L	<u></u>
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	<del></del>	0.		<u> </u>
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				40.000
be distributed in 2017		ļ		13,302.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.		<del></del>	
8 Excess distributions carryover from 2011	. 0.			
not applied on line 5 or line 7  9 Excess distributions carryover to 2017		<del> </del>	<del> </del>	<del></del>
Subtract lines 7 and 8 from line 6a	0.	[		
10 Analysis of line 9:	<del>`</del>	<del> </del>	<del></del>	
a Excess from 2012				
b Excess from 2013				
c Excess from 2014		}	}	
d Excess from 2015		Ì		
e Excess from 2016				
				5 000 PE (0010)

Form 990-PF (2016) MAX & B Part XIV   Private Operating F	ELLE JACOBY	FOUNDATION			006030 Page 10
			A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling	•				/
foundation, and the ruling is effective fo			▶ └	1010(1)(0) == []	101011/51
b Check box to indicate whether the found		ng toundation described in	Prior 3 years	4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Fax year (a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	12/2/10	(0)2010	(6) 23 11	(6) 20.0	(0) 10.01
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			11		
d Amounts included in line 2c not	<del></del>				<del></del>
used directly for active conduct of	1				
exempt activities	ę				}
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(1)(3)(B)(1)					
<b>b</b> "Endowment" alternative test - enter				<u> </u>	<del> </del>
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	İ				
(2) Support from general public and 5 or more exempt					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)			L		
(3) Largest amount of support from					
an exempt organization				<u> </u>	
(4) Gross investment income	<u> </u>		<u>L</u>		
Part XV Supplementary Info			if the foundation	ı had \$5,000 or r	nore in assets
at any time during t	he year-see insti	ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh			ributions received by the	foundation before the c	lose of any tax
year (but only if they have contributed in	nore man 45,000). (See S	ection 507(0)(2).)			
None					
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large porti	on of the ownership of a	partnership or
None	o a veve ev greater mile				
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarchin etc. Pr	ograme:		
Check here ► if the foundation of				not accept unsolicited re	quests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	iber or e-mail address of t	the person to whom appli	cations should be addre	ssed:	
IRENE KLAVER		<b>, .</b>		,	
852 SCENIC HILLS WAY	, ANNAPOLIS	, MD 21401			
b The form in which applications should be			nould include;		
LETTER					
c Any submission deadlines:			-		
NONE			<del></del>	·	
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
NONE					
823801 11-22-16					Form 990-PF (2016)

3 Grants and Contributions Paid During the		Payment	-,	<del> </del>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Paid duning the year				
ANDRE ADDRODE MEDICAL COMMOD			ORVERAL BIRTHS	
ANNE ARUNDEL MEDICAL CENTER MARYLAND		II.	GENERAL FUNDS	10,000
CHESAPEAKE BAY FOUNDATION			GENERAL FUNDS	
				250
COAST GUARD FOUNDATION			GENERAL FUNDS	
				250
RUDE RANCH ANIMAL RESCUE			GENERAL FUNDS	250
				250
SALVATION ARMY			GENERAL FUNDS	
				250
	ontinuation shee	t(s)	<u>▶ 3a</u>	11 850
b Approved for future payment				i
None				
		L		
Total			<u>▶ 3b</u>	orm <b>990-PF</b> (201

Part XVI-A Analysis of Income-Producing Activities

noi givaa		l Oniciat	ed business income	Exclu	ded by section 512, 513, or 514	/al
Program	amounts unless otherwise indicated.  Service revenue:	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
		code		code	7	1011011011110
		<del></del>	<del> </del>	+		
_		1				<u> </u>
`				+		<del></del>
		ſ		+ -		<del></del>
·		·		<del> </del>		<del></del>
g Feesa	and contracts from government agencies	·		<del> </del>		<del></del>
-	ship dues and assessments	ļ		<del> </del>		<del></del>
	on savings and temporary cash				<del></del>	<del></del>
investme			1			
	s and interest from securities			14	6,512.	
	I income or (loss) from real estate:			<del>  -</del> -	<u></u>	<del> </del>
	financed property			+		
	ebt-financed property					<del></del>
	I income or (loss) from personal		<del>                                     </del>	<del> </del>		
property						
	estment income			<del>                                     </del>	<del></del>	
	loss) from sales of assets other			<del>                                     </del>		<del></del>
than inve				18	-3,141.	
	me or (loss) from special events			- <u>-</u>		
	ofit or (loss) from sales of inventory			1		
Other rev	-					
_						1
				T		
				1		
			ł			
		-		<del> </del>		
d e	Add columns (b), (d), and (e)		0	•	3,371.	
d e Subtotal.	- <del></del>		0		3,371.	3,37
d E Subtotal. Fotal. Ac	Add columns (b), (d), and (e)		0	•		3,37
d e Subtotal. Total. Ace worksh	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
d e Subtotal. Total. Ace worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculations.)  Relationship of Activities	to the Acc	omplishment of E	xemp	13 _	3,37
d e Subtotal. Total. Ace worksh art XV	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
Subtotal.  Fotal. Ace worksh	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
d e Subtotal. Total. Ace worksh art XV	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
d e Subtotal. Total. Ace worksh art XV	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
d e Subtotal. Total. Ace worksh art XV	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
Subtotal.  Fotal. Ace worksh	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
Subtotal.  Fotal. Ace worksh	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
Subtotal.  Fotal. Ace worksh	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
Subtotal.  Fotal. Ace worksh	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
Subtotal.  Fotal. Ace worksh	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
d e Subtotal. Total. Ace worksh art XV	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
d e Subtotal. Total. Ace worksh art XV	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
Subtotal.  Fotal. Ace worksh	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
Subtotal.  Fotal. Ace worksh	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
d e Subtotal. Total. Ace worksh art XV	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
d e Subtotal. Total. Ace worksh art XV	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37
de Subtotal. Total. Ace worksh art XV	Add columns (b), (d), and (e)  Id line 12, columns (b), (d), and (e)  Id line 13 instructions to verify calculations.)  I-B Relationship of Activities  Explain below how each activity for which inc	to the Acc	omplishment of E	xemp	13 _	3,37

MAX & BELLE JACOBY FOUNDATION 11-6006030 Page 13 Part XVII 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 the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash Х 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization X 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship ed on all information of which pre Sign return with the prepare shown below (see instr.)? Here X Yes Signature of officer or trustee Date Title Check [ Print/Type preparer's name Date Preparer's signature self- employed Paid P00005585 Leonard Schwartz 12/13/17 Leonard Schwartz **Preparer** Firm's EIN ► 27-0288171 Firm's name ► Schwartz & Ginsberg CPA's P.C. **Use Only** 

Form **990-PF** (2016)

212-468-4915

Firm's address ► 1740 Broadway

New York, NY 10019-4315

Part IV   Capital Gains and L	osses for Tax on Investment Income				
(a) List an	nd describe the kind(s) of property sol brick warehouse; or common stock, 2	ld, e.g., real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a COLGATE PALMOI	<del></del>		P	08/29/13	
b 20 SHARES TIME	E WADNED THE		P	08/11/14	
c CONOCO PHILLI			P	06/06/14	
d 20 SHARES TIME			P	08/11/14	
e BRISTOL MYERS			P	08/20/13	
f CONOCO PHILLIE	PS 5.75%		P	06/06/14	
g					
h					
					·
<u> </u>					
k		. <del> </del>			
<u> </u>					
<u>m</u>	<del></del>				
n	<del></del>			ļ	
0	<del></del>			11	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (f) minus (g)	
a 15,000	· <del> </del>	16,926.			-1,926.
b 1,887		1,479.			408.
c 19,136		21,008.			-1,872.
d 2,036		1,479.			557.
e 15,000		14,546.			454.
f 7,408		8,170.	<del></del>		-762.
g					
h				<u> </u>	
1					
1					
k					
<u> </u>					
m					
n					
0					
Complete only for assets show	ving gain in column (h) and owned by	<del></del>	(I) Lo	sses (from col. (h))	- aal (la)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess but i	of col. (h) gain over not less than "-0-")	r col. (K),
(1)	as of 12/31/69	over col. (j), if any			1 005
a	<del> </del>				-1,926.
b	<del></del>	<del> </del>			408. -1,872.
<u>c                                     </u>	<del> </del>	<del>                                     </del>			557.
d	<del></del>	<del> </del>			454
<u>e</u>		<del> </del>	<del></del>		-762.
<u>f</u>	+	<del>                                     </del>		<del></del>	- 102
<u>g</u> h	<del> </del>	<del>                                     </del>			
<u> </u>	<del> </del>	<del> </del>			
<u>'</u>		<del>                                     </del>			
k	<del> </del>			<del></del>	
<u></u>	<del> </del>	1	<del> </del>		
m					
n	T				
0					
	. If any also	or in Port Lline 7			
2 Capital gain net income or (net	capital loss) { if (loss), enter "-	er in Part I, line 7 0-" in Part I, line 7	2		<u>-3,141</u>
3 Net short-term capital gain or (1	loss) as defined in sections 1222(5) a	, i	1		
If gain, also enter in Part I, line	8, column (c).	<b>}</b>	}	NT / A	
it (loce) onter "-()-" in Dart Lline	A W	1 1	n 1	N:/7	

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor SIMON WEISENTHAL CENTER GENERAL FUNDS 250, SPCA OF ANNE ARUNDEL COUNTY GENERAL FUNDS 350. USO GENERAL FUNDS 250, 850. Total from continuation sheets

Form 990-PF Dividend	ls and Inter	est from Secur	ities St	atement 1
Gross Source Amount	Capital Gains Dividend	Revenue	(b) Net Invest- ment Income	_
CHARLES SCHWAB 6,512	2.	0. 6,512.	6,512.	
To Part I, line 4 6,512	2.	0. 6,512.	6,512.	
Form 990-PF	Accounti	ng Fees	St	catement 2
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
SCHWARTZ & GINSBERG CPA'S PC	1,250.	750.		500.
To Form 990-PF, Pg 1, ln 16b	1,250.	750.		500.
Form 990-PF	Tax	es	St	catement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
TAX ON INV.INC. F/Y/E 10-31-15	149.	0.		0.
To Form 990-PF, Pg 1, ln 18	149.	0.		0.
Form 990-PF	Other E	xpenses	St	catement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
BANK FEES NYS FILING FEE INVESTMENT MANAGEMENT FEES	133. 100. 2,014.	0.		0. 0. 200.
To Form 990-PF, Pg 1, ln 23	2,247.	·		200.

Form 990-PF	Corporate Stock	· · · · · · · · · · · · · · · · · · ·	Statement	5
Description		Book Value	Fair Market Value	
300 SHARES EOG RESOURCES 200 SHARES MICROSOFT 200 SHARES COLGATE PALMOLIVE 100 SHARES PRAXAIR INC. 100 SHARES PROCTER & GAMBLE 100 SHARES JOHNSON & JOHNSON 100 SHARES PEPSICO 215 SHARES AMER.WATER WORKS CO. 30 SHARES ONE GAS INC. 40 SHARES TIME WARNER INC. 195 SHARES GENERAL ELECTRIC Total to Form 990-PF, Part II,	line 10b	3,539. 5,492. 6,724. 6,335. 6,501. 5,684. 5,658. 5,497. 349. 0. 5,128.	29,96 16,63 14,09 14,61 8,63 13,94 11,02 18,86 2,30 3,93	6. 0. 2. 4. 1. 3. 8. 9. 1.
Form 990-PF			Statement	6
	Corporate Bonds		Fair Market	
Description		Book Value	Value	
15,000 BRISTOL MYERS 8.75% 15,000 COLGATE PALMOLIVE 5.2% 25,000 CONOCO PHILIPS 5.75% 15000 KIMBERLY CLARK 6.25% 15,000 DUPONT EI 6% 10.000 AMERICAN EXPRESS 1.55% 15000 BERKSHIRE HATHAWAY 2.1%		0. 0. 0. 17,739. 17,097. 9,995. 15,144.		3. 7.
Total to Form 990-PF, Part II,	line 10c	59,975.	55,98	4.