

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Intern	al Reve	of the Treasury nue Service Note. The foundation may be able		rn to satisfy sta	ate reporting	requirements	
			and ending				
G C	heck a		turn of a former public			Final return	
		Amended return Add	ress change	Name	change		
	the IR abel.	Name of foundation	A Employer identification number 80-0304018				nber
	abei. erwise	JACOBS FAMILY FOUNDATION,	INC.			ohone number (see page	10 of the instructions)
	rint	Number and street (or P O box number if mail is not delivere	· · · · · · · · · · · · · · · · · · ·	Room/suite	4	4-468-8232	to of alle mondodons,
•	type.	6608 ROUTE 22, PO BOX 300	a to street address;	1 toom saile		emption application is pen	ling check here
See :	Specif				1	oreign organizations, chec	· ·
Instr	uction	I -	15626		ł	oreign organizations meet	_
н с	heck t	ype of organization X Section 501(c)(3) exempt private	e foundation			5% test, check here and a	
_			le private foundation		E If priv	vate foundation status was	terminated under
I Fa	ıır mar	ket value of all assets at end J Accounting method	Cash X Acc	crual	secti	on 507(b)(1)(A), check he	re ▶ Ĺ
of	year (from Part II, col (c), Other (specify)			F ∦fthe	foundation is in a 60-mon	th termination
	e 16) l		be on cash basis)		unde	r section 507(b)(1)(B), che	eck here
Pa	art I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in		(c) Adjusted net	for charitable
		the amounts in column (a) (see page 11 of the instructions))	books	inco	ome	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	200,000)			, , , , , , , , , , , , , , , , , , ,
	2	Check ▶ ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	2,754		2,754	2,754	
	4	Dividends and interest from securities					
	5a	Gross rents					
a	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10					
Ş	b	Gross sales price for all assets on line 6a					
Re	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns & allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	202,754	l l	2,754	2,754	
Ś	13	Compensation of officers, directors, trustees, etc					
ıses	14	Other employee salaries and wages					
Je.	15	Pension plans, employee benefits		ļ			
Expen	16a	Legal fees (attach schedule)					
ē	b	Accounting fees (attach schedule)		1 1 1			
Administrative	С	Other professional fees (attach schedule)		8	NIC +	C 00:	
itra	17	Interest		181	AUG J	7 2010 3	
nj:	18	Taxes (attach schedule) (see page 14 of the instructions)		 	~ J-To (1-3)	1	
Ē	19	Depreciation (attach schedule) and depletion			1 63 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1/2-1 3/3 - 1 5/3	
Ad	20	Occupancy		ļ			
and	21	Travel, conferences, and meetings		 			· · · · · · · · · · · · · · · · · · ·
a	22	Printing and publications		 			
Operating	23	Other expenses (att sch)		 			
ati	24	Total operating and administrative expenses.	o	J	0		
Jer	25	Add lines 13 through 23	° 41,718		U		41,71
Õ	25	Contributions, gifts, grants paid			0	0	41,71
	26 27	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12.	41,718	<u>'</u>		0	41,/18
		Excess of revenue over expenses and disbursements	161,036				
	a b	Net investment income (if negative, enter -0-)	101,036	<u> </u>	2,754		
	C	Adjusted net income (if negative, enter -0-)		 	_,,,,,	2,754	
		riejestou net moonie (ii negativo, cittei "0")	1	(~ / · J=	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2009)

	Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of	year
_'		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1.	Cash—non-interest-bearing	100	213,382	213,382
ı	2	Savings and temporary cash investments	200,103	147,857	147,857
	3	Accounts receivable ▶			
l		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
ļ		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
A	10a	Investments—U S and state government obligations (attach schedule)			
-	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
-	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans			
İ	13	Investments—other (attach schedule)			
1	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶			
ı	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	200,203	361,239	361,239
7	17	Accounts payable and accrued expenses			
,,	18	Grants payable			
Liabilities	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>a</u>	21	Mortgages and other notes payable (attach schedule)			
ᅰ	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶			
S		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted			
ä	25	Temporarily restricted			
ĕ	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds			
Š	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
se	29	Retained earnings, accumulated income, endowment, or other funds	200,203	361,239	
As	30	Total net assets or fund balances (see page 17 of the			
t i		instructions)	200,203	361,239	
Ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	200,203	361,239	
_	Part I	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 (mus	st agree with		
	end-c	of-year figure reported on prior year's return)		1	200,203
2	Enter	amount from Part I, line 27a		2	161,036
3	Other	increases not included in line 2 (itemize)	· ·	3	
4	Add I	nes 1, 2, and 3	4	361,239	
5	Decre	eases not included in line 2 (itemize)	5		
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (t	o), line 30	. 6	361,239
			·-		5 000 PE (2000)

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income		· · · · · · · · · · · · · · · · · · ·		
	pe the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acc (mo , day,		(d) Date sold (mo , day, yr)
1a N/A						
b						
С						
d		<u> </u>	<u></u>			
_e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis		(h) Gain or (lo e) plus (f) minu	
_a						
b				_		
С						
d						
<u>e</u>		10/24/				
Complete only for assets showing	ng gain in column (h) and owned by the fo	1			ıns (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any		, but not less to basses (from co	
_a						
b						
<u>c</u>						
_ d						
<u>e</u>	<u> </u>	<u> </u>				
2 Capital gain net income or (net o	capital loss) If gain, also enter in If (loss), enter -0- in			2		
3 Net short-term capital gain or (lo	ess) as defined in sections 1222(5) and (6	6)				
If gain, also enter in Part I, line 8	3, column (c) (see pages 13 and 17 of the	e instructions)				
If (loss), enter -0- in Part I, line 8		<u> </u>		3		
	nder Section 4940(e) for Reduc			ome		
(For optional use by domestic private	e foundations subject to the section 4940	O(a) tax on net inves	tment income)			
If section 4940(d)(2) applies, leave t	his part blank					
Mee the foundation hable for the go	otion 4042 toy on the distributable amoun	at of any year in the	hasa narada 🗍 V	es X No		
	ction 4942 tax on the distributable amour alify under section 4940(e) Do not comp		base period, [] T	62 [23] 140		
		•		-1		
	each column for each year, see page 18	3 of the instructions i		ntries	(d)	<u> </u>
(a) Base period years	(b) Adjusted qualifying distributio	ns Net value	(c) of noncharitable-use as	sats ,	Distribution	on ratio
Calendar year (or tax year beginning	j in) Adjusted qualifying distributio	TIS NEL Value			col (b) divided	d by col (c))
2008			65,	733		· -·
2007						
2006						
2005						
2004			· · · · · · · · · · · · · · · · · · ·	- 		
2 Total of line 1, column (d)		O b 5 b		2		
_	5-year base period—divide the total on		•			
number of years the foundation	has been in existence if less than 5 year	S	•	3		
4 Enter the net value of noncharite	able-use assets for 2009 from Part X, line	e 5		4		194,273
•						
5 Multiply line 4 by line 3				5		
	(40) (5 111 07)					28
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)		•	6		
7 Add has 5 and 6				_		28
7 Add lines 5 and 6	•			7		
O Enter qualifying distributions for	m Part VII. line 4			8		41,718
8 Enter qualifying distributions from	•	and complete that	nart using a 10/ tax			/
• =	an line 7, check the box in Part VI, line 1b	s, and complete that	partusing a 1% lax	iale See lile		
Part VI instructions on page 18						000 PE (0000

Form	990-PF (2009) JACOBS FAMILY FOUNDATION, INC. 80-0304018		Р	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			_28
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2			28
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			28
6	Credits/Payments*			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		-	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			28
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax			
	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
_	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c	1	х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	1		
•	(1) On the foundation > \$ (2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
٠	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
-	If "Yes," attach a detailed description of the activities	1		
•	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a	/m	4a 4b	i	
b		5	-	х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1-		-
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or By that the governing that effectively accorded to a construction of the con			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	ء ا	x	ĺ
_	conflict with the state law remain in the governing instrument?	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		1	-
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) PA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		v	•
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1	1
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	_		
	27)? If "Yes," complete Part XIV	9	-	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1		x
	names and addresses	10	1	1 1

11

12

13

14

15

all years listed, answer "No" and attach statement—see page 20 of the instructions) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here , 20 , 20

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

X 4h Form 990-PF (2009)

X

3b

4a

Yes

X No

N/A

		AMILY FOUNDATION, INC.		304018			Page 6
_Pa	rt VII-B Statements Re	garding Activities for Which Form	4720 May Be R	lequired (con	tinued)		
5a	During the year did the foundation	n pay or incur any amount to					
	(1) Carry on propaganda, or other	erwise attempt to influence legislation (section	1 4945(e))?	\Box ,	res X No		
	(2) Influence the outcome of any	specific public election (see section 4955), o	r to carry on,		_		
	directly or indirectly, any vote	•	•	П	res X No		
	•	ial for travel, study, or other similar purposes?)	П、	res X No		
		ation other than a charitable, etc , organization		ب			
	· · · · · · · · · · · · · · · · · · ·	or section 4940(d)(2)? (see page 22 of the in:		Π,	res X No		
		r than religious, charitable, scientific, literary,	· ·				
		on of cruelty to children or animals?	or oddoddona.	П	res X No		
b), did any of the transactions fall to qualify un	der the exceptions d		10		
D		n a current notice regarding disaster assistance			N/A	5b	
	=	it a current house regarding disaster assistant at notice regarding disaster assistance check		ie iristructions):	▶ □	35	
_							
С	· ·	5a(4), does the foundation claim exemption	nom me tax	n/a 🗌 ·	Yes No		
	because it maintained expenditur			м/д 🗌	res No		
٥-		quired by Regulations section 53 4945-5(d)					
6a	= :	ar, receive any funds, directly or indirectly, to	pay premiums	П.	, जि		
	on a personal benefit contract?				Yes X No	. 1	.,
b	• •	ar, pay premiums, directly or indirectly, on a p	ersonal benefit conti	ract?		6b	X
	If "Yes" to 6b, file Form 8870				.		
7a		vas the foundation a party to a prohibited tax		_	Yes X No		
		any proceeds or have any net income attribu			N/A	7b	
Pa		out Officers, Directors, Trustees, F	oundation Man	agers, Highly	Paid Employ	ees,	
	and Contractors						
1_	List all officers, directors, trustee	es, foundation managers and their compens	sation (see page 22	of the instruction	ıs).		
			(b) Title, and average	(c) Compensation	(d) Contributions to	/a) [
	(a) Na	ame and address	hours per week	(If not paid, enter	employee benefit plans and deferred		ense account, rallowances
			devoted to position	-0-)	compensation	<u> </u>	
TI	ERRENCE S. JACOBS	DELMONT .	PRESIDENT				
66	508 ROUTE 22, PO BOX 300	PA 15626	1 00	0	0	<u></u>	0
D2	ARRYL M. JACOBS	DELMONT	SECRETARY				
66	508 ROUTE 22, PO BOX 300	PA 15626	1.00	0	0	ļ	0
DZ	ARRYL M. JACOBS JR.	DELMONT	DIRECTOR				
66	508 ROUTE 22, PO BOX 300	PA 15626	1.00	0	0		0
	ATHEW S. JACOBS	DELMONT	TREASURER				
6	608 ROUTE 22, PO BOX 300	PA 15626	1.00	o	0		0
2		paid employees (other than those included		23 of the instruc	tions).		
	If none, enter "NONE."	. , ., .,			•		
			(h) Title, and everage		(d) Contributions to		
	(a) Name and address of ea	ach employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense account,
	• •		devoted to position	`	plans and deferred compensation	otner	rallowances
N/	ONE				<u> </u>	<u> </u>	
	5.1.2						
						 	
			- 			 	
							
			1				
			-			 	
				ĺ	ł		
				l	l	<u> </u>	т
Tota	al number of other employees paid	over \$50,000					
					For	տ 990)-PF (2009)

Form 990-PF (2009) JACOBS FAMILY FOUNDATION, INC.	80-0304018	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation		
• and Contractors (continued)	fabruaria and If and anter INON	
3 Five highest-paid independent contractors for professional services (see page 23 o		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		· · · · · · · · · · · · · · · · · · ·
•		
 		
•		
•		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	iformation such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A .		
2		
		
3		
•		
4		-
	•	
Part IX-B Summary of Program-Related Investments (see page 24	4 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A		
2		
All other program related investments. See page 24 of the instructions		
All other program-related investments See page 24 of the instructions 3		
·		
	·	

Form 990-PF (2009)

Total. Add lines 1 through 3

Form	990-PF(2009) JACOBS FAMILY FOUNDATION, INC. 80-0304018		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. For	eign fo	oundations,
	see page 24 of the instructions.)	Ū	•
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	197,231
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	197,231
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	197,231
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	2,958
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	194,273
6	Minimum investment return. Enter 5% of line 5	6	9,714
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	peratin	g
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	9,714
2a	Tax on investment income for 2009 from Part VI, line 5		
þ	Income tax for 2009 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	28
3	Distributable amount before adjustments Subtract line 2c from line 1	3	9,686
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	9,686
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	9,686
p.	art XII Qualifying Distributions (see page 25 of the instructions)		
	Qualifying distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	ľ	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	41,718
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	41,718
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	28
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	41,690
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ation	

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2009)

Pa	rt XIII Undistributed Income (see page	ge 26 of th	e instructions)		······	· · · · · · · · · · · · · · · · · · ·
1	Distributable amount for 2009 from Part XI,		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7					9,686
2	Undistributed income, if any, as of the end of 2009:		į			
а	Enter amount for 2008 only	<u>l</u>			566	
b	Total for prior years 20 , 20 , 20					
3	Excess distributions carryover, if any, to 2009					
а	From 2004			1		
b	From 2005					
С	From 2006					
d	From 2007					
e	From 2008					
f	Total of lines 3a through e					
4	Qualifying distributions for 2009 from Part XII,					
	line 4. ▶ \$41,718	:				
а	Applied to 2008, but not more than line 2a		1		566	
	Applied to undistributed income of prior years	ļ 				
J	(Election required—see page 26 of the instructions)	. 1				
_	Treated as distributions out of corpus (Election	′				
С						
	required—see page 26 of the instructions)					9,686
d	Applied to 2009 distributable amount		31,466			3,000
е -	Remaining amount distributed out of corpus	-	31,400			
5	Excess distributions carryover applied to 2009					······
	(If an amount appears in column (d), the same					
	amount must be shown in column (a))	1				
6	Enter the net total of each column as					
	indicated below:		24.66			
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	<u> </u>	31,466	<u></u>		·····
b	Prior years' undistributed income Subtract	l				
	line 4b from line 2b	ļ				
С	Enter the amount of prior years' undistributed	ļ				
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)					
	tax has been previously assessed					
d	Subtract line 6c from line 6b. Taxable					
	amount—see page 27 of the instructions					
е	Undistributed income for 2008 Subtract line					
	4a from line 2a Taxable amount—see page					
	27 of the instructions	L				
f	Undistributed income for 2009. Subtract lines					
	4d and 5 from line 1 This amount must be					
	distributed in 2010					
7	Amounts treated as distributions out of corpus	Γ				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the					
	instructions)					
8	Excess distributions carryover from 2004 not	<u> </u>				
J	applied on line 5 or line 7 (see page 27 of the					
	**					
0	instructions) Excess distributions carryover to 2010.		· - · · · · · · · · · · · · · · · · · ·			
9	-		31,466		-	
46	Subtract lines 7 and 8 from line 6a	-	31,400			
10	Analysis of line 9.				į	
а	Excess from 2005				1	
þ	Excess from 2006					
С	Excess from 2007					
d	Excess from 2008					
<u>e</u>	Excess from 2009	31,466				000 DF

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

N/A

Form 990-PF (2009) JACOBS FAMILY FOUNDATION, INC. 80-0304018 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 2 41,718 41,718 Total ▶ 3a b Approved for future payment N/A ▶ 3b Total

Part XVI-A	Analysis of Income-Producing Ac	tivities				
	ounts unless otherwise indicated	1	d business income	Exclude	d by section 512, 513, or 514	(e)
- ,		(5)	(%)	(c)	(4)	Related or exempt
		(a) Business code	(b) Amount	Exclusion	(d) Amount	function income (See page 28 of
1 Program se	ervice revenue			code		the instructions)
а						
				<u> </u>		
		·		ļ		
f				 		
	nd contracts from government agencies			-		
_	_	-	· - · · · · · · · · · · · · · · · · ·			
	p dues and assessments			1		2,75
	savings and temporary cash investments	-	-	1		2,13
	and interest from securities			-		
	ncome or (loss) from real estate					
	nanced property					 -
	ot-financed property			ļ		
	ncome or (loss) from personal property			 		
7 Other invest	stment income				<u> </u>	
8 Gain or (los	ss) from sales of assets other than inventory					
9 Net income	e or (loss) from special events					
10 Gross profi	t or (loss) from sales of inventory					
11 Other rever	nue a					
е						
	dd columns (b), (d), and (e))	0	2,75
	line 12, columns (b), (d), and (e)				13	2,75
	t in line 13 instructions on page 28 to verify calculate	ione)		٠	- · · · ·	
Part XVI-E			ent of Exempt F	urnose	26	
Line No. ▼	Explain below how each activity for which incom- accomplishment of the foundation's exempt purp					
•	instructions)	oses (other tha	in by providing failes it	or such p	urposes) (See page 2	of the
NT / 7	maddions)			-		
N/A						
			 			
						·
	<u> </u>		`			
		 				
			_			
		-				
						
				-		
	 					
						
						
				_		
	<u> </u>					
	1					

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

		Exempt Organize	ations								
1	Did the o	rganization directly or ind	rectly engag	e in any of the followi	ng with any o	other organization descri	bed			Yes	No
	ın section	501(c) of the Code (other	er than section	on 501(c)(3) organizati	ions) or in se	ction 527, relating to pol	ıtıcal				
	organızat	ions?									
а	Transfers	from the reporting found	ation to a no	ncharitable exempt or	ganızatıon o	f					
	(1) Cash								1a(1)		X
	(2) Othe	r assets							1a(2)		X
b	Other tra	nsactions									
	• •	s of assets to a nonchant	•	-					1b(1)		<u>X</u>
	• •	nases of assets from a no		· •		•			1b(2)		X
		al of facilities, equipment,		ets					1b(3)		X
	` '	bursement arrangements	6						1b(4)		X
		s or loan guarantees							1b(5)		X
		ormance of services or me	-	-					1b(6)		X
	-	of facilities, equipment, m	-	· · · · · · · · · · · · · · · · · · ·		ana (h) abasild absorta ab	a Ma a £a		1c		
a		wer to any of the above		·							
		he goods, other assets, o	_	- · · · · -							
	(a) Line no	(b) Amount involved		of noncharitable exempt of		(d) Description of tra			hanno arranos	ments	
1/	<u> </u>	(b) Amount involved	(c) Name	or nonchantable exempt c	ngamzation	(d) Description of the	ilisieis, ualisac	ions, and s			
1/	<u> </u>		<u></u>			<u> </u>					
										·	
-											
									 ,		
		-		.=				-			
							-				
										-	
2a	Is the fou	indation directly or indirec	tly affiliated	with, or related to, one	e or more tax	-exempt organizations	· · · · · · · · · · · · · · · · · · ·				
		d in section 501(c) of the	-							s X	No
b	If "Yes,"	complete the following so	hedule								
		(a) Name of organization		(b) Type of organ	nization	(0	c) Description o	f relationsh	ip		
	N/A							<u> </u>			
								_			
	Under pen	alties of perjury, I declare tha	t I have exami	ned this return, including a	accompanying	schedules and statements,	and to the best	of my know	rledge and		
	belief, it is	true, correct, and complete t	seciaration of	oreparer (other than taxpa	•	_	of which prepa	rer nas any -	r knowleage		
					8-12		Muste	<u> </u>			
5	Signa	ture of officer or toustee			Date	<u> </u>	tle				
Sign Here	ļ	. 0	O			Date	Check If		Preparer's identify number (see Sign		วก
۾	ج ≥	Preparer's	Hell	CPA		07.09.10	self-employed		page 30 of the ins	tructions	s)
ຮັ	o gagi	signature .	1 5 9		· · · · · · · · · · · · · · · · · · ·	1	L		P00090	<u>512</u>	<u>:</u>
	Paid Preparer's Use Only	Firm's name (or yours if		D F. POLK			}				_
1	₫ ⊃	self-employed), address,		SHINGTON R		UITE 407			<u>23-287</u>		
		and ZIP code	PITTS	BURGH, PA	15228			Phone no	412-56	_	
									Form 99 0)-PF	(2009)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization

Employer identification number

Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation					
Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF \$\overline{\textbf{X}}\$ 501(c)(3) exempt private foundation					
527 political organization Form 990-PF \$\overline{\textbf{X}}\$ 501(c)(3) exempt private foundation					
Form 990-PF					
4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation					
Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions					
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II					
Special Rules					
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

Name of organization

JACOBS FAMILY FOUNDATION, INC.

Employer identification number

80-0304018

Part I'	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TERRENCE S. JACOBS 6608 ROUTE 22, PO BOX 300 DELMONT PA 15626	\$ 100,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DARRYL M. JACOBS 6608 ROUTE 22, PO BOX 300 DELMONT PA 15626	\$ 100,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	·	\$.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

JAGOBSFOUND JACOBS FAMILY FOUNDATION, INC. 80-0304018 Federal Statements

80-0304018

FYE: 12/31/2009

Statement 1 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	<u></u>	Amount
TERRENCE S. JACOBS DARRYL M. JACOBS	\$	100,000 100,000
TOTAL	\$	200,000 •

JACOBSFOUND JACOBS FAMILY FOUNDATION, INC. 80-0304018 FYE: 12/31/2009

Statement 2 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

SOCIETY FL WE 15650	Name	Address			
FL WEST SECOND AVE	Address	Relationship	Status	Purpose	Amount
BOX 1828 BOX 1828 NVA PUBLIC POERATING EXPENDITURES N/A PUBLIC PROVIDE BIBLES TO NEEDY BOX 26845 PUBLIC OPERATING EXPENDITURES N/A PUBLIC OPERATING EXPENDITURES	AN CANCER SOCIETY TROBE PA 15650	FL WEST N/A	AVE PUBLIC		100
HOX 26815 NAM BOX 26845 NAM BOX 26845 NAM NAM BOX 7004 NAM NAM NAM NAM NAM NAM NAM NAM NAM NA	_	BOX N/A	PUBLIC		700
N/A	AN BIBLE SOCIETY ASHINGTON DC 20090-6	BOX N/P	PUBLIC	BIBLES	100
N/A BOX 78851 N/A BOX 78851 N/A BOX 78851 N/A LAKE HART DRIVE N/A LAKE HART DRIVE N/A LAKE HART DRIVE N/A BOX 55911 N/A	CAN BORDER PATROL UCSON AZ 85726-6845	X 26845 V/A	PUBLIC		100
BOX 78891 N/A N/A N/A N/A N/A N/A N/A BOX 55911 N/A BOX 96440 N/A BOX 1301 N/A BOX 14301 N	٠.	KT 30 STE N/A	PUBLIC	& STROKE BALL	1,000
BOX /004 N/A N/A N/A N/A N/A N/A DUBLIC OPERATING EXPENDITURES N/A N/A N/A DUBLIC OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES N/A N/A N/A DUBLIC OPERATING EXPENDITURES N/A OLD SALEM ROAD N/A N/A N/A DUBLIC OPERATING EXPENDITURES OPERATING EXPENDITURES N/A N/A OPERATING EXPENDITURES N/A BOX 430 N/A BOX 14301 N/A BOX 14401 DERATING EXPENDITURES 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	CAN HEART ASSOC HOENIX AZ 85062-8851	FO BOX /8851 N/A	PUBLIC	OPERATING EXPENDITURES	200
LAKE HART DRIVE N/A N/A BOX 55911 N/A N/A BOX 96440 N/A BOX 96440 N/A BOX 430 N/A N/A BOX 430 N/A BOX 14301 N/A N/A BOX 14301 N/A N/A BOX 14301 N/A BOX 14301 N/A N/A BOX 14301 N/A BOX 367 PUBLIC OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES N/A BOX 367 N/A BOX 367 N/A PUBLIC OPERATING EXPENDITURES	CAN LUNG ASSOCIATION LEBERT LEA MN 56007	Э	PUBLIC		100
N/A BOX 95911 N/A BOX 96440 N/A BOX 14301 N/A BOX 367 N/A BOX 367 N/A BOX 367 N/A BOX 367	⁷ 0R 328.				200
BOX 55911 N/A N/A OCENTERVILLE TPKE BOX 96440 N/A BOX 96440 N/A N/A PUBLIC OPERATING EXPENDITURES OLD SALEM ROAD N/A BOX 430 N/A BOX 14301 N/A FORBES AVENUE N/A BOX 367 PUBLIC OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES N/A FORBES AVENUE N/A BOX 367 PUBLIC OPERATING EXPENDITURES 1,,	R RECOVERY FOUND. HESAPEAKE VA 23325	3710 INDIAN RIVER RI N/A			1,500
N/A PUBLIC OPERATING EXPENDITURES N/A PUBLIC OPERATING EXPENDITURES N/A PUBLIC OPERATING EXPENDITURES N/A PUBLIC OPERATING EXPENDITURES	TIAN APPALACHIAN EXINGTON KY 40555-59	O BOX 55911 N/A	PUBLIC		350
BOX 96440 N/A N/A OLD SALEM ROAD N/A N/A BOX 430 N/A GREENSBURG STREET N/A BOX 14301 N/A BOX 14301 N/A BOX 14301 N/A BOX 367 N/A BOX 367 N/A BOX 96440 1,0 PUBLIC OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES 1,0 CLOBAL CONSORTIUM ENTREPRENEURSHIP 1,1	HOOD DISEASE RES. IRGINIA BEACH VA 234	O CENTERVILLE N/A	E PUBLIC		250
MLD 951 OLD SALEM ROAD 1 N/A PO BOX 430 430 N/A 77 GREENSBURG STREET N/A PO BOX 14301 O-0301 N/A PO BOX 367 PUBLIC OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES OPERATING EXPENDITURES 61 OPERATING EXPENDITURES 62 N/A PUBLIC OPERATING EXPENDITURES 63 OPERATING EXPENDITURES 64 OPERATING EXPENDITURES 65 OPERATING EXPENDITURES 66 OPERATING EXPENDITURES 67 OPERATING EXPENDITURES 67 OPERATING EXPENDITURES 67 OPERATING EXPENDITURES 67 OPERATING EXPENDITURES	TION SALUTE AMERICA ASHINGTON DC 20090-6	BOX 9 N/A	PUBLIC		1,700
W PO BOX 430 430 N/A 77 GREENSBURG STREET N/A PO BOX 14301 0-0301 N/A PO BOX 14301 CONSORTING EXPENDITURES 600 FORBES AVENUE PO BOX 367 PO BOX 367 PO BOX 367 PUBLIC OPERATING EXPENDITURES 1,		OLD N/A	PUBLIC		500
77 GREENSBURG STREET N/A PO BOX 14301 0-0301 N/A 600 FORBES AVENUE 2 N/A PO BOX 367 OPERATING EXPENDITURES 11,	•	PO BOX 430 N/A			200
PO BOX 14301 -0-0301 N/A 600 FORBES AVENUE 2 N/A GLOBAL CONSORTIUM ENTREPRENEURSHIP 1,0 PO BOX 367 N/A PUBLIC OPERATING EXPENDITURES	NT PUBLIC LIBRARY ELMONT PA 15626	GREENSBURG N/A			100
600 FORBES AVENUE 2 N/A GLOBAL CONSORTIUM ENTREPRENEURSHIP 1,0 PO BOX 367 N/A PUBLIC OPERATING EXPENDITURES	LED AMERICAN VETS INCINNATI OH 45250-0	Д,	PUBLIC		50
FO BOX 36/ N/A PUBLIC OPERATING EXPENDITURES			PUBLIC	GLOBAL CONSORTIUM ENTREPRENEURSHIP	1,000
	CON VOL FIRE DEPT LDERTON PA 15736	N/N	PUBLIC	OPERATING EXPENDITURES	50

JACOBSFOUND JACOBS FAMILY FOUNDATION, INC. 80-0304018 FYE: 12/31/2009

Statement 2 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

N	Address			
Address	Relationship	Status	Purpose	Amount
EVANS SCHOLARS FOUNDATION GOLF II, 60029-0301	1 BRIAR ROAD N/A	PUBLIC	OPERATING EXPENDITURES	200
	PO BOX 8229			•
		PUBLIC	PROVIDE FOOD TO NEEDY	100
FLIGHT 93 NAT'L MEMORIAL	PO BOX 96149	() () () () () () () () () ()		001
WASHINGTON DC 20090-6149	49 N/A GA71 TTATY DOAD	PUBLIC	BUILD WIL MEMORIAL	001
22	N/A	PUBLIC	OPERATING EXPENDITURES	1,200
DEMY	884 KENNETH AVENUE			
NEW KENSINGTON PA 1506	N	PUBLIC	GOLF HOLE SPONSORSHIP	1,000
	PO BOX 97057	7. TO!!O	SHOULD TO BE OF SHOULD FROM SH	100
MASHINGION DO 20002	N/A PO ROX 131567	FODFIC)) H
HOUSTON TX 77219-1567	N/A	PUBLIC	OPERATING EXPENDITURES	100
	960 PENN AVENUE	STE 1000		
I PA 15222	N/A	PUBLIC	OPERATING EXPENDITURES	5,000
JUDICIAL WATCH	PO BOX 96234			1
WASHINGTON DC 20077-7480	80 N/A	PUBLIC	OPERATING EXPENDITURES	100
\MP	887 JUMONVILLE ROAD			
	N/A	PUBLIC	GOLF HOLE SPONSORSHIP	275
	333 E CARSON ST	STE 441		1
PITTSBURGH PA 15219			POLO FOR THE CURE	1,000
	333 E CARSON ST	STE 441		,
5219	N/A	PUBLIC	OPERATING EXPENDITURES	200
	223 GREEN COURT			(
	A/N	PUBLIC	OPERATING EXPENDITURES	200
LIBERTY U. SCHOOL OF LAW	VERSITY	BLVD		((r
		PUBLIC	OPERATING EXPENDITURES	OOT
	GANTOWN	INDUS PK		,
01	N/A	PUBLIC	OPERATING EXPENDITURES	1,000
DATION	PO BOX 819012	4		000
TORFOCK CA 95381-99/0	N/A DO BOY 98219	FOBLIC	OFERATING EXFENDITORES	000
7-45		PIJRI,T.C.	OPERATING EXPENDITURES	100
NAT'L MULTIPLE SCLEROSIS	щ			
ω		PUBLIC	OPERATING EXPENDITURES	100

JACOBSFOUND JACOBS FAMILY FOUNDATION, INC.

Federal Statements

FYE: 12/31/2009

Statement 2 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Address Name

Name	Address			
Address	Relationship	Status	Purpose	Amount
	BOX 96021	() () () () () () () () () ()		6
1709-	N/A	PUBLIC	OPERATING EXPENDITURES	DOT
	BOX 96851	() + 1 disq.		
NEW HODISONS VOITH MIN 1002	N/A 2 SOUTHH-350 FAST	FUBLIC	OFERALING EXFENDITORES	000
MARTON IN 44953-9562	300 HT 330	PIIRLIC	OPERATING EXPENDITURES	1.000
PO	BOX 5017)		
MD 21741-9716	N/A	PUBLIC	STOCK AN OPERATING ROOM	620
OF				
WASHINGTON DC 20077-2890	N/A	PUBLIC .	OPERATING EXPENDITURES	200
THE PITTSBURGH FOUNDATION 6002	2 DEER RUN DRIVE			
TRAFFORD PA 15085	_	PUBLIC	GOLF HOLE SPONSORSHIP	100
PINK STEEL DRAGON BOAT 1177	7 OSTRICH LANE			
VANDERGRIFT PA 15690	N/A	PUBLIC	OPERATING EXPENDITURES	200
	BOX 97005			
WASHINGTON DC 20009-7005	N/A	PUBLIC	OPERATING EXPENDITURES	200
PULMONARY HYPERTENSION 801	ROEDER ROAD STE	400		
SILVER SPRING MD 20910	N/A	PUBLIC	OPERATING EXPENDITURES	250
A-K PULSER, INC. 1301	1 CARLISLE STREET			
EIGHTS PA 15065	N/A	PUBLIC	ALLE-KISKI MED CNTR GOLF SPONSOR	R 250
PO	BOX 96848			
WASHINGTON DC 20090-6848	N/A	PUBLIC	OPERATING EXPENDITURES	200
PO	BOX 642158			
PITTSBURGH PA 15264-2157	N/A	PUBLIC	OPERATING EXPENDITURES	1,000
THE SALVATION ARMY 700	NORTH BELL AVENU	r ₊1		
CARNEGIE PA 15106		PUBLIC	OPERATING EXPENDITURES	3,000
GO RENEGADES	15332 CREEK HILLS ROAD	ΑD		
EL CAJON CA 92021	N/A	PUBLIC	OPERATING EXPENDITURES	300
	BOX 97207			
1 DC 20090-72	N/A	PUBLIC	OPERATING EXPENDITURES	100
SHEKINAH RANCH 371	CRACKERJACK ROAD			
		PUBLIC	OPERATING EXPENDITURES	4,500
SHADYSIDE HOSP FOUNDATION 532				
PITTSBURGH PA 15232-9936	N/A	PUBLIC	OPERATING EXPENDITURES	1,000
SLICKVILLE PA 15684	N/A	PUBLIC	OPERATING EXPENDITURES	100

~

JACOBSFOUND JACOBS FAMILY FOUNDATION, INC. 80-0304018 FYE: 12/31/2009

Statement 2 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	84	1,789	200	009	250	250	200	750	2,500	100	200	41,718
	Purpose	HOLIDAY GIFTS FOR TROOPS	OPERATING EXPENDITURES	OPERATING EXPENDITURES	NEWSPAPER IN EDUC SCHOOL LITERACY	OPERATING EXPENDITURES	OPERATING EXPENDITURES	GOLF SPONSORSHIP	SPONSOR BOY SCOUT FND RAISING DINNER	OPERATING EXPENDITURES	OPERATING EXPENDITURES	OPERATING EXPENDITURES	11
	Status	PUBLIC	PUBLIC	BLVD PUBLIC	PUBLIC	PUBLIC	PUBLIC	AD PUBLIC	DRIVE PUBLIC	232 PUBLIC	PUBLIC	RIVE PUBLIC	
Address	Relationship	PO BOX 758513 N/A	293 RICH ROAD N/A	1919 S BRAESWOOD N/A	622 CABIN HILL DRIVE N/A	FO BOX 131/28 N/A		301 CAMP MEETING ROP N/A		102 N MAIN ST STE 232 N/A PU	110 ELDEN STREET N/A	604 MCKNIGHT PARK N/A	
Name	Address	SOLDIERS' ANGELS TOPEKA KS 66675-8513	TEEN QUEST SOMERSET PA 15501	TX CHILDREN'S CANCER CNTR HOUSTON TX 77030	TRIBUNE-REVIEW GREENSBURG PA 15601	U S JUSTICE FOUNDATION HOUSTON TX 77219-1728	VIETNAM VETERANS MEMORIAL PO BOX 96764 WASHINGTON DC 20090-6764 N/A	THE WATSON INSTITUTE SEWICKLEY PA 15143	WESTMORELAND-FAYETTE CNCL 2 GARDEN CENTER GREENSBURG PA 15601 N/A	WESTMORELAND CUL. TRUST GREENSBURG PA 15601	YOUNG AMERICA'S FOUND. HERNDON VA 20170	YOUNG LIFE - STEEL VALLEY PITTSBURGH PA 15237	TOTAL

,