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Form 990-PF

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. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

Department of the Treasury Internal Revenue Service For calendar year 2015 or tax year beginning and ending A Employer identification number Name of foundation JAMES & BETTY JACOBS FAMILY 01-0511399 CHARITABLE TRUST C/O JEFF JACOBS Number and street (or P O box number if mail is not delivered to street address) Room/suite **B** Telephone number (207) 989-0167 300 HOUGHTON POND RD. City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here WEST BATH, ME 04530 Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Initial return Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Name change Address change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here 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 Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 4,123,679. (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net Part I (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income Contributions, gifts, grants, etc., received 384,809 if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 898 898 898.STATEMENT 152,739 33,349. 152,739.STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 69,925 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 2,055,093. 69,925 7 Capital gain net income (from Part IV, line 2) N/A Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 104.172 153,637 608,371 Total, Add lines 1 through 11 37,500 37,500. 0 Compensation of officers, directors, trustees, etc Other employee salaries and wages Pension plans, employée benefits Operating and Administrative Expenses 16a Legal fees h Accounting fées 3,100 0 0 3,100. STMT 3 c Other professional fees 2016 STMT 14,095. 18,095. 14,095. 4,000. og S Interest **`**Ѕ̀Ж́МТ 5 800 800 800 0. Depreciation and depletion 18 19 20 Travel, conferences, and meetings Printing and publications 75 75. STMT 6 0 0 23 Other expenses 24 Total operating and administrative 59,570 14,895 14,895 44,675. expenses. Add lines 13 through 23 148,000 148,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 207,570 14,895 14,895 192,675. Add lines 24 and 25 27 Subtract line 26 from line 12: 400,801 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 89,277 138,742. c Adjusted net income (if negative, enter -0-)

Form **990-PF** (2015)

JAMES & BETTY JACOBS FAMILY
Form 990-PF (2015) CHARITABLE TRUST C/O JEFF JACOBS

<u>For</u>	m 99		EFF JACOBS		0511399 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
=	_	Column should be for that of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	•	Cash - non-interest-bearing			
	1	Savings and temporary cash investments	98,795.	227,324.	227,324.
	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	ŀ		
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ets	l	Inventories for sale or use	_		
Assets	ı	Prepaid expenses and deferred charges	0 446 044	1 000 006	4 005 504
•	l	Investments - U.S. and state government obligations STMT 7			1,885,791.
	,	Investments - corporate stock STMT 8	1,090,503.	1,980,319.	1,984,125.
	C	Investments - corporate bonds STMT 9	29,997.	26,471.	26,439.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
		Other assets (describe ►)			_
	16	Total assets (to be completed by all filers - see the	2 666 222	4 065 040	4 400 650
_		instructions. Also, see page 1, item I)	3,666,239.	4,067,040.	4,123,679.
	l	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons	·		
į	1	Mortgages and other notes payable			
_	22	Other liabilities (describe)	<u> </u>		
		T . 18 (189) (add as 47 through 00)	0	0	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	0.	0.	
		·			
S		and complete lines 24 through 26 and lines 30 and 31.	2 666 220	4 067 040	
ĕ	24	Unrestricted	3,666,239.	4,067,040.	
ala	25	Temporarily restricted			
or Fund Balances	26	Permanently restricted		-	
Ē		Foundations that do not follow SFAS 117, check here			
6	27	and complete lines 27 through 31. Capital stock, trust principal, or current funds			
Net Assets		Paid-in or capital surplus, or land, bldg., and equipment fund			
188	28	Retained earnings, accumulated income, endowment, or other funds			
et/	29	Total net assets or fund balances	3,666,239.	4,067,040.	
Ž	30	Total net assets of fund balances	3,000,233.	4,007,040.	
	21	Total liabilities and net assets/fund balances	3,666,239.	4,067,040.	
\equiv					
<u> P</u>	art	Analysis of Changes in Net Assets or Fund Ba	aiances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	3,666,239.
2	-	r amount from Part I, line 27a		2	400,801.
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	4,067,040.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	4,067,040.
					Form 990-PF (2015)

Form 990-PF (2015) 01-0511399 CHARITABLE TRUST C/O JEFF JACOBS Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired 2-story brick warehouse: or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) 1a SEE ATTACHED STATEMENT b C d e (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) b C d 2,055,093. 1,985,168 69,925 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any a b C d 69,925. е If gain, also enter in Part I, line 7 69,925. 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). <3,324.> If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years Calendar year (or tax year beginning in) (c) Adjusted qualifying distributions Net value of noncharitable-use assets 1,912,430. 120,000. .062747 2014 1,985. 31,856. .062312 2013 2,185. 31,727. .068869 2012 2,200. 33,118. .066429 2011 250 36,073. .062374 2010 .322731 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .064546 3 3,927,642. Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 253,514. Multiply line 4 by line 3 5 893. Enter 1% of net investment income (1% of Part I, line 27b) 6 254,407. 7 Add lines 5 and 6 7 192,675. 8 Enter qualifying distributions from Part XII, line 4 8 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

•	JAMES & BETTY JACOBS FAMILY		0544	200		
_	1990-PF (2015) CHARITABLE TRUST C/O JEFF JACOBS	<u>01-</u>	<u>0511</u>	399		Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see i	nstru	CTIOI	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		İ			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		İ			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1_	ļ		1,7	86.
	of Part I, line 27b	1	i			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		•			_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
	Add lines 1 and 2	3			1,7	86.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			1,7	86.
	Credits/Payments:	1				
a	2015 estimated tax payments and 2014 overpayment credited to 2015	4				
	Exempt foreign organizations - tax withheld at source	4				
C	Tax paid with application for extension of time to file (Form 8868)	_				
	Backup withholding erroneously withheld	-				_
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				9.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	_9_			<u>1,7</u>	<u>95.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		.		
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11				
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.	<u>-</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$0 .					:
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X_
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					İ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			:		
	● By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law				
	remain in the governing instrument?			6	Х	
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 X	V		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar				

year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

,	. JAMES & BETTY JACOBS FAMILY			
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Pa	art 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			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address NONE			
14	The books are in care of ▶ <u>JEFF JACOBS</u> Telephone no. ▶ <u>207-44</u>			
	Located at ► 300 HOUGHTON POND RD., BATH, ME ZIP+4 ► 04	<u> 1530</u>		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			\cdot
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country >			
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		T	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	a During the year did the foundation (either directly or indirectly):			
	(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)			
	a disqualified person?			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			1
	(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			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
t	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u> </u>
	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		ļ	
	before the first day of the tax year beginning in 2015?	10		X
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)):			
ä	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015? Yes X No			
	If "Yes," list the years \blacktriangleright			
ı	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			
	statement - see instructions.) N/A	2b		-
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	<u> </u>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	1	1	1

b If "Yes," did it have excess business holdings in 2015 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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

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X

3ь

4a

N/A

JAMES & BETTY JACOBS FAMILY Form 990-PF (2015) CHARITABLE TRUST 01-0511399 C/O JEFF JACOBS Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes 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 described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No. a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted (c) Compensation (e) Expense account, other (If not paid, enter -0-) (a) Name and address to position allowances JOHN R. JACOBS TRUSTEE 52 INDIAN POINT LANE 0. 1.00 12,500 0 HARBORSIDE, ME 04642 JEFFERY A. JACOBS TRUSTEE 300 HOUGHTON POND RD. 0. 0. 1.00 12,500 WEST BATH, ME 04530 TRUSTEE THOMAS M. JACOBS 15 CASTLE HILL DRIVE 1.00 0. BANGOR, ME 04401 12,500. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week (c) Compensation devoted to position allowances NONE

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

JAMES & BE'	TTY JACOBS FAMILY		
	TRUST C/O JEFF JAC		1-0511399 Page 7
Part VIII Information About Office Paid Employees, and C	cers, Directors, Trustees, Fou	ndation Managers, Highly	
3 Five highest-paid independent contractor	rs for professional services. If none,	enter "NONE."	
(a) Name and address of each p		(b) Type of service	e (c) Compensation
NONE			
			
Total number of others receiving over \$50,000 for p Part IX-A Summary of Direct Cha	rofessional services		▶ 0
<u></u>		Abbat and or forward and an abbat and an abbat and an abbat and an abbat and an abbat and abbat	<u> </u>
List the foundation's four largest direct charitable ac number of organizations and other beneficiaries serv			Expenses
1 N/A	-		
1 27/12			
2			
3			
4			
Part IX-B Summary of Program-R	tolated Investments	-	
Describe the two largest program-related investmen		ar on lines 1 and 2	Amount
1 N/A	its made by the foundation during the tax yes	ar off mice i and z.	7,11100111
1N/A		· -	
	, <u>, , , , , , , , , , , , , , , , , , </u>		
2			
All other program-related investments. See instructi	ions.		
3			

Total. Add lines 1 through 3

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CHARITABLE TRUST C/O JEFF JACOBS

<u>P</u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	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	0.
b	Average of monthly cash balances	1b	163,060.
C	Fair market value of all other assets	1c	3,824,394.
đ	Total (add lines 1a, b, and c)	1d	3,987,454.
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	3,987,454.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	59,812.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,927,642.
6	Minimum investment return Enter 5% of line 5	6	196,382.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	196,382.
2a	Tax on investment income for 2015 from Part VI, line 5		
Ь	Income tax for 2015. (This does not include the tax from Part VI.)	1	
		2c	1,786.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	194,596.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	194,596.
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	194,596.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		100 655
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u> 192,675.</u>
þ	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:		
	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	192,675.
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	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	192,675.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

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		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI,				104 506
_	line 7				194,596.
	Undistributed income, if any, as of the end of 2015			0.	
	a Enter amount for 2014 only b Total for prior years:				
١	of total for pitor years.		0.		
,	Excess distributions carryover, if any, to 2015:		U.		
-	a From 2010 446.				
	b From 2011 544.				
	From 2012 629.				
	d From 2013 422.				
	e From 2014 24,771.				
	f Total of lines 3a through e	26,812.			
	Qualifying distributions for 2015 from	20,012.			
4	Part XII, line 4: ► \$ 192,675.				
	a Applied to 2014, but not more than line 2a			0.	
	b Applied to 2014, but not more than mie za			<u></u>	
	years (Election required - see instructions)	İ	0.		
	c Treated as distributions out of corpus				
,	(Election required - see instructions)	0.			:
	d Applied to 2015 distributable amount				192,675.
	e Remaining amount distributed out of corpus	0.		<u>.</u>	132,013.
_	· '	1,921.			1,921.
J	Excess distributions carryover applied to 2015 (if an amount appears in column (d), the same amount must be shown in column (a))	1,921.			1,321.
6	Enter the net total of each column as indicated below:				
i	a Corpus Add lines 3f, 4c, and 4e Subtract line 5	24,891.			
1	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		_		
	assessed	,	0.		
	d Subtract line 6c from line 6b. Taxable				
	amount - see instructions		0.		
	e Undistributed income for 2014. Subtract line			_	
	4a from line 2a. Taxable amount - see instr.			0.	
1	f Undistributed income for 2015. Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2016				0.
7	Amounts treated as distributions out of]
	corpus to satisfy requirements imposed by				1
	section 170(b)(1)(F) or 4942(g)(3) (Election	_			•
	may be required - see instructions)	0.			
8	Excess distributions carryover from 2010	_			
_	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2016.	04 001			
	Subtract lines 7 and 8 from line 6a	24,891.			
	Analysis of line 9:				
	a Excess from 2011				
	b Excess from 2012				
	c Excess from 2013 120.	,			
	d Excess from 2014 24,771.				
	e Excess from 2015	l		L	1

		C/O JEFF JA			511 <u>399</u> Page 10
	· · · · · · · · · · · · · · · · · · ·	·	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		-	▶	 	
b Check box to indicate whether the found	· · ·	ig foundation described		4942(j)(3) or4	<u>1942(j)(5)</u>
2 a Enter the lesser of the adjusted net	Tax year	# N 0044	Prior 3 years	111 0010	-
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					<u> </u>
c 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:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				-	_
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5.000 or m	ore in assets
at any time during t				, , , , , , , , , , , , , , , , , , ,	
1 Information Regarding Foundation					
a List any managers of the foundation wh	•	than 2% of the total con	tributions received by th	e foundation before the cli	nse of any tay
year (but only if they have contributed n			andations received by th	c roundation before the ch	75c of any tax
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a cornoration	(or an equally large port	ion of the ownership of a	nartnership or
other entity) of which the foundation has			(or an equally large port	ion of the officeship of a	Jarthorship of
NONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. D	rograme:		
_ 		• • • •	•	not accept unsolicited req	weete for funde. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations (under other conditions.	complete items 2a. b. c. ar	id d.
a The name, address, and telephone num					
a The hame, address, and telephone hum	JCI OI C IIIali addices oi t	ne person to whom appr	ications should be addit		
SEE STATEMENT 10					
b The form in which applications should be	e submitted and informat	tion and materials they s	hould include:		
The form in which applications should be	e submitted and informat	non and materials they s	noula include.		
c Any submission deadlines:					
• Any Submission deadiffes.					
d Any restrictions or limitations on awards	e cuch as hy geographic	al argae, charitable fields	kinds of institutions of	other factors:	
u Any resultations of miniations of awards	i, such as by geographica	נו מו טמט, כוומו ונמטוכ ווכועט	, หมานจ บา มาอเมนเบมร์, ปา	outer lactors.	

Form 990-PF (2015) CHARITABLE TRUST C/O JEFF JACOBS

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Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or contribution Foundation **Amount** status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year 1ST CONGRETIONAL CHURCH BLUE HILL NONE PUBLIC DONATION 2,500. ALL SAINTS SCHOOL NONE PUBLIC SCHOLARSHIP 3,000. COASTAL CARE TEAM NONE PUBLIC DONATION 5,000. COMPASS PROJECT NONE PUBLIC DONATION 2,500. DEER ISLE SUNSET CONGRETIONAL CHURCH NONE PUBLIC DONATION 2 500. SEE CONTINUATION SHEET(S ➤ 3a 148 000 Total **b** Approved for future payment NONE **▶** 3b Total

Unrelated business income

(e)

Excluded by section 512, 513, or 514

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

Form 990-PF (2015)

Enter gross amounts unless otherwise indicated.

Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a b	-	,	\vdash		
C					
d	l l		<u> </u>		
e	_		 		
f	_				
g Fees and contracts from government agencies			+	-	
2 Membership dues and assessments3 Interest on savings and temporary cash			+ +		
investments					898.
4 Dividends and interest from securities			1 1		152,739.
5 Net rental income or (loss) from real estate:					1027,000
a Debt-financed property					
b Not debt-financed property		-			_
6 Net rental income or (loss) from personal		<u> </u>			
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					69,925.
9 Net income or (loss) from special events			1		
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
<u>a</u>	_		1		
b					
C					
d	_				
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	223,562.
13 Total. Add line 12, columns (b), (d), and (e)				13	223,562.
See worksheet in line 13 instructions to verify calculations.					
Part XVI-B Relationship of Activities	to the Accor	nplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which in			A contribut	ted importantly to the accomp	lishment of
the foundation's exempt purposes (other the			ZE DI	CMD T DUMT ON C	-
3 EARNINGS FROM INVESTM TO EXEMPT ORGANIZATION					ם זם
SCIENTIFIC, LITERARY					DUE,
SCIENTIFIC, LITERARI	OR EDUCAL	TONAL PURP	JOEG.		·
				· · · · · · · · · · · · · · · · · · ·	
				<u></u>	
	. 				Form 990-PF (2015)

Form 990-PF (2015)

Form 990-PF (2015) CHARITABLE TRUST C/O JEFF JACOBS 01-0511399

[Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

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		Exempt Organ	izations							
1 Dı	d the org	ganization directly or indir	rectly engage in any	of the followin	g with any other organization	on described in secti	on 501(c) of		Yes	No
th	e Code (other than section 501(c))(3) organizations) o	r in section 52	7, relating to political organ	nizations?				
a Tr	ansfers t	from the reporting founda	ation to a noncharita	ble exempt or	ganızatıon of:					
(1) Cash							1a(1)		X
(2) Other	assets						1a(2)		_X_
b Ot	her trans	sactions:								
(1) Sales	of assets to a noncharital	ble exempt organiza	tion				1b(1)		X
(2) Purch	ases of assets from a noi	ncharitable exempt o	organization				1b(2)		X
(3) Renta	l of facilities, equipment,	or other assets					1b(3)		X
(4) Reimt	oursement arrangements						1b(4)		_X_
(5) Loans	or loan guarantees						1b(5)		_X_
(6) Perfor	rmance of services or me	mbership or fundrai	sıng solıcıtatıo	ns			1b(6)		_X_
c St	naring of	facilities, equipment, ma	iling lists, other asse	ets, or paid em	ployees			1c		_X_
d If	the answ	ver to any of the above is	"Yes," complete the	following sche	dule. Column (b) should alv	ways show the fair m	narket value of the good	s, other ass	ets,	
or	services	s given by the reporting fo	oundation. If the fou	ndation receive	ed less than fair market valu	ie in any transaction	or sharing arrangemen	t, show in		
CC) the value of the goods,								
a) Line	no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, a	nd sharing ar	rangeme	nts
				N/A						
								· · · · · · · · · · · · · · · · · · ·		
	_					- 				
										
		_			· =					
										
2a Is	the four	dation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
ın	section	501(c) of the Code (other	r than section 501(c)(3)) or in sect	tion 527?			Yes	X	No
b If	"Yes," co	implete the following sch	edule.							
		(a) Name of org	janization		(b) Type of organization		(c) Description of relation	inship		
		N/A_								
	1						h			
C:					ig accompanying schedules and n taxpayer) is based on all inforn			May the IRS return with th		
Sign Here		Achl Cons			15/6/16	mprigmi		shown below	(see ins	tr)?
		ature of officer or trustee				TRUSTE	<u> </u>	X Yes		」No
	Joigh	Print/Type preparer's na		Preparer's s	Date	Title Date	Check If PTI	Ň		
		Li min i she hi chaici 2 lla	ATTIC	1 Topalci 3 S	ignaturo -	Jan	self- employed	•		
Paid	l	STEVEN D C	ממגי	2000	No.	4/4/16	· · ·	00462	በደደ	
	arer	Firm's name ► HAV		STEV C	CURRAN LLC	, , , ,	Firm's EIN ▶ 01-			
	Only	i anii s name 📂 IIAV	LILLOCIT, E	OC	COMMITTEE		THIN SERVE VI	52,10		
	•	Firm's address ▶ 8	COMMERCE	COURT						
			MPDEN, ME		-1538		Phone no. 207-	945-5	695	
						- -	,	Form 99 0		

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

formation about Schedule B (Form 990, 990-EZ, or 990-PF) a its instructions is at www.irs.gov/form990 . OMB No 1545-0047

Employer identification number

2015

Name of the organization

JAMES & BETTY JACOBS FAMILY CHARITABLE TRUST _C/O_JEFF JACOBS

01-0511399

Organiza	90 or 990-EZ										
Filers of:		Section	on:								
Form 990	or 990-EZ		501(c)() (enter number) orç	janization						
			4947(a)(1) r	onexempt charitabl	e trust not tre	ated as a priv	vate founda	tion			
			527 politica	lorganization							
Form 990)-PF	X	501(c)(3) ex	empt private founda	ation						
			4947(a)(1) r	onexempt charitabl	e trust treated	as a private	foundation				-
			501(c)(3) ta	xable private founda	ition						
Note. On General	lly a section 501(c)(7 Rule For an organization	7), (8), (filing F	or (10) orga Form 990, 9	nization can check b	oxes for both	iring the year	, contributio	ns totaling \$5	5,000 or mo	ore (in money	or
Special I	Rules										
	For an organization sections 509(a)(1) a any one contributor or (ii) Form 990-EZ, l	ind 170 r, durin	0(b)(1)(A)(vi) g the year,	that checked Sche	dule A (Form 9	990 or 990-EZ	Z), Part II, lin	e 13, 16a, or	16b, and th	nat received t	from
	For an organization year, total contribut the prevention of cr	ions of	f more than	\$1,000 exclusively for	or religious, ch	narıtable, scie		-		-	į the
	For an organization year, contributions or is checked, enter he purpose Do not correligious, charitable	<i>exclusi</i> ere the mplete	vely for relige total contri any of the	nous, charitable, etc butions that were re parts unless the Ge l	, purposes, b ceived during neral Rule ap	ut no such co the year for a plies to this o	ontributions an <i>exclusive</i>	totaled more	than \$1,00 naritable, et	00. If this box	
but it mu	An organization the ist answer "No" on fat it does not meet t	Part IV	, line 2, of it	s Form 990, or chec	k the box on i	ine H of its Fo	orm 990-EZ				

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) (2015)

Name of organization

JAMES & BETTY JACOBS FAMILY

CHARITABLE TRUST C/O JEFF JACOBS

Employer identification number

01-0511399

raiti	Contributors (see instructions) Ose duplicate copies of Part Fir a	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES JACOBS MARITAL TRUST 300 HOUGHTON POND ROAD WEST BATH, ME 04530	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onnocash Complete Part II for noncash contributions)

Name of organization

JAMES & BETTY JACOBS FAMILY

CHARITABLE TRUST C/O JEFF JACOBS

Employer identification number

01-0511399

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions) Use duplicate copies of Part II	i it additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	VARIOUS SHARES OF STOCKS AND BONDS		
			01/12/15
(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
(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

AME OT OT GANIZ	BETTY JACOBS FAMILY			Employer identification number	
	BLE TRUST C/O JEFF JAC	OBS		01-0511399	
Part III	Exclusively religious, charitable, etc., contribut the year from any one contributor. Complete column completing Part III, enter the total of exclusively religious, charitable.	ions to organizations described nns (a) through (e) and the follow uritable, etc., contributions of \$1,000 or	ving line entry. For organization	r (10) that total more than \$1,000 for	
(a) No.	Use duplicate copies of Part III if additional sp	bace is needed	- 		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
_		(e) Transfer of gift			
	Transferee's name, address, and Z	IP + 4	Relationship of tra	ansferor to transferee	
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Part I					
_		(e) Transfer of gift			
	Transferee's name, address, and Z	IIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, and Z	(IP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
_		(e) Transfer of gift	<u> </u>		
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
-				-	

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. 1a CITIGROUP FUNDING INC. P P b CONROE TEX INDPT SCH DIST BLDG PRIMARY P c MAINE ST TPK AUTH TPK STREET P d TECUMSEH MICH PUB SCHS REF BDS PRI/SEC EDUCATION e UTAH WTR FIN AGY LN FING PG LOAN P f AS REPORTED BY RBC CAPITAL MARKETS #316-52225 P g AS REPORTED BY RBC CAPITAL MARKETS #316-52225 P P h AS REPORTED BY RBC CAPITAL MARKETS #317-31575 CAPITAL GAINS DIVIDENDS 1 m n 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 30,000. 29,997 0. 150,000. 150,000. þ 0. 300,000. 300,000. C 0. 100,000. 100,000. d 150,000. 0. 150,000. е 3,8<u>49.</u> 193,518. 189,669. f 1,063,350. 991,102. 72,248. g 74,400. <7,173.> 67,227. h 998. 998. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 0. 0. C 0. d 0. * * 3,849. 72,248. g <7,173.> h 998. m n $\{\begin{array}{l} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$ 2 Capital gain net income or (net capital loss) 69,925. Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter *-0-* in Part I, line 8 <3,324.>

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient DOWNEAST RAIL HERITAGE PRESERVATION NONE PUBLIC DONATION 2,500. TRUST EASTERN AGENCY ON AGING NONE PUBLIC DONATION 3,000. FRIENDS OF HOLBROOK ISLAND SANCTUARY NONE PUBLIC DONATION 5,000. NONE PUBLIC DONATION HABITAT FOR HUMANITY 5,000. HYDE SCHOOL NONE PUBLIC DONATION 2,500. NONE PUBLIC ISLAND COMMUNITY CENTER DONATION 2,500. NONE PUBLIC DONATION ISLAND NURSING HOME 2,500. NONE PUBLIC DONATION ISLAND PANTRY 2,500. MAINE ISLAND TRAILS ASSOCIATION NONE PUBLIC DONATION 2,500. NONE MAINE PUBLIC BROADCASTING NETWORK PUBLIC DONATION 5,000. Total from continuation sheets 132,500.

JAMES & BETTY JACOBS FAMILY CHARITABLE TRUST C/O JEFF JACOBS 01-0511399 Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient NONE MAKE A WISH FOUNDATION PUBLIC DONATION 5,000. MANNA MINISTRIES NONE PUBLIC DONATION 2,500. NEW ENGLAND STEAM CO. NONE PUBLIC DONATION 5,000. NONE PUBLIC DONATION NNE SECTION AM SOC NAVAL ENGRS 1,500. PRESENCE RADIO STATION NONE PUBLIC DONATION 3,000. RED CROSS NONE PUBLIC DONATION 500. NONE SARAH'S HOUSE PUBLIC DONATION 5,000. SARAH'S HOUSE NONE PUBLIC DONATION

PUBLIC

PUBLIC

DONATION

DONATION

NONE

NONE

5,000.

3,000.

8,500.

ST PAULS APOSTLE PARISH

ST PAULS APOSTLE PARISH

Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of recipient Amount any foundation manager Name and address (home or business) or substantial contributor ST PAULS APOSTLE PARISH NONE PUBLIC DONATION 7,000. THE APPRENCTICESHOP NONE PUBLIC DONATION 2,500. TREE OF LIFE NONE PUBLIC DONATION 2,500. NONE PUBLIC DONATION TRI COUNTY LITERACY VOLUNTEERS 5,000. PUBLIC DONATION UNIVERSITY OF MAINE MEN'S HOCKEY NONE 2,500. NONE PUBLIC DONATION NORTHPORT FOOD PANTRY 1,000. MIDCOAST ME COMMUNITY ACTION NONE PUBLIC DONATION 2,500. BUCKSPORT BAY HEALTHY COMMUNITIES NONE PUBLIC DONATION 2,500. COALITION BATH MUNICIPAL BAND NONE PUBLIC DONATION 1,000. NONE BROOKS PRESERVATION SOCIETY PUBLIC DONATION 500. Total from continuation sheets

CHARITABLE TRUST C/O JEFF JACOBS 01-0511399 **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor NONE PUBLIC DONATION HONOR FLIGHTS OF MAINE 1,000. BUCKSPORT HISTORICAL SOCIETY NONE PUBLIC DONATION 5,000. BROOKSVILLE EDUCATION FUND - MARY-ANN PUBLIC DONATION BATES 5,000. TREE OF LIFE NONE PUBLIC DONATION 5,000. NONE PUBLIC UNITED MID-COAST CHARITIES DONATION 5,000. USA NORTHEAST PROVINCE OF JESUS NONE PUBLIC DONATION 5,000. BREWER HIGH SCHOOL NONE PUBLIC DONATION 2,000. NONE PUBLIC DIXMONT SCHOLARSHIP ASSN, INC. DONATION 2,500. BANGOR SYMPHONY ORCHESTRA NONE PUBLIC DONATION 500. BOWDOIN NONE PUBLIC DONATION 2,500. Total from continuation sheets

FORM 990-PF INTERES	ST ON SAVIN	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STA	ATEMENT	1
SOURCE		(A REVEI PER BO	NUE		(B) VESTMENT COME		(C) ADJUSTED ET INCOME	3
RBC WEALTH MANAGEMENT RBC WEALTH MANAGEMENT RBC WEALTH MANAGEMENT	NT - 52225		96. 4. 798.		96. 4. 798.			96. 4. 98.
TOTAL TO PART I, LI	NE 3	<u></u>	898.		898.		89	98.
FORM 990-PF	DIVIDENDS	S AND INTER	EST FR	OM SECUR	ITIES	STA	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTE NET INCO	
RBC WEALTH MANAGEMENT - 31575 RBC WEALTH	8,100.	. 7:	2.	8,028.	7,90)4.	8,02	28.
MANAGEMENT - 52225 RBC WEALTH MANAGEMENT - 78271	27,773. 117,864.			26,847. 117,864.		58. 77.	26,84 117,86	
TO PART I, LINE 4	153,737.			152,739.			152,73	
FORM 990-PF		ACCOUNTI	NG FEE	S		ST	ATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCOM		(D) CHARITAI PURPOSI	
ACCOUNTING FEES	_	3,100.	_	0.		0.	3,10	00.
TO FORM 990-PF, PG	 1, LN 16B	3,100.		0.		0.	3,10	00.

FORM 990-PF C	THER PROFES	SIONAL FEES	Si	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
INVESTMENT FEES ADMINISTRATIVE FEES	14,095. 4,000.		14,095.	4,000.
TO FORM 990-PF, PG 1, LN 16C	18,095.	14,095.	14,095.	4,000.
FORM 990-PF	TAX	ES	rs	CATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
EXCISE TAX FOREIGN TAX PAID	393. 407.		393. 407.	0.
TO FORM 990-PF, PG 1, LN 18 =	800.	800.	800.	0.
ORM 990-PF OTHER EXPENSES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
POSTAGE & OFFICE EXPENSES	75.	0.	0.	75.
TO FORM 990-PF, PG 1, LN 23	75.	0.	0.	75.

	OTHER GOV'T BOOK VALUE	FAIR MARKET VALUE
GOVERNMENT BONDS	X 1,832,926.	1,885,791.
TOTAL U.S. GOVERNMENT OBLIGATIONS		
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATION	TIONS 1,832,926.	1,885,791.
TOTAL TO FORM 990-PF, PART II, LINE 10A	1,832,926.	1,885,791.
FORM 990-PF CORPORATE ST	POCK	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	1,980,319.	1,984,125.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,980,319.	1,984,125.
FORM 990-PF CORPORATE BO	ONDS	STATEMENT 9
	BOOK VALUE	FAIR MARKET VALUE
DESCRIPTION		
CORPORATE BONDS	26,471.	26,439.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JEFF JACOBS 300 HOUGHTON POND RD. BATH, ME 04530

TELEPHONE NUMBER

207-449-1250

FORM AND CONTENT OF APPLICATIONS

N/A

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

AWARDS WILL BE LIMITED TO STATES, TERRITORIES, OR POSSESSIONS OF THE U.S. ANY POLITICAL SUBDIVISION OF ANY OF THE FOREGOING, OR TO THE U.S. OR THE DISTRICT OF COLUMBIA. IT SHALL ALSO BE LIMITED TO CHARITABLE PURPOSES WHICH SHALL INCLUDE ONLY RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES WITHIN THE MEANING OF IRC SECTION 501 (C) (3).