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Form 990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation RICHARD G JACOBUS FAMILY FOUNDATION		A Employer identification number 39-1555500	
Number and street (or P O box number if mail is not delivered to street address) 2323 N MAYFAIR RD		Room/suite	B Telephone number (see instructions) (414) 475-6565
City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53226		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 2,196,937		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>			Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b>	Contributions, gifts, grants, etc , received (attach schedule) . . . . .	25,000			
	<b>2</b>	Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b>	Interest on savings and temporary cash investments				
	<b>4</b>	Dividends and interest from securities . . . . .	42,610	42,610	42,610	
	<b>5a</b>	Gross rents . . . . .				
	<b>b</b>	Net rental income or (loss) _____				
	<b>6a</b>	Net gain or (loss) from sale of assets not on line 10	13,027			
	<b>b</b>	Gross sales price for all assets on line 6a 17,781				
	<b>7</b>	Capital gain net income (from Part IV, line 2) . . .		13,027		
	<b>8</b>	Net short-term capital gain . . . . .				
	<b>9</b>	Income modifications . . . . .				
	<b>10a</b>	Gross sales less returns and allowances				
	<b>b</b>	Less Cost of goods sold . . . . .				
	<b>c</b>	Gross profit or (loss) (attach schedule) . . . . .				
<b>11</b>	Other income (attach schedule) . . . . .	12				
<b>12</b>	<b>Total.</b> Add lines 1 through 11 . . . . .	80,649	55,637	42,610		
Operating and Administrative Expenses	<b>13</b>	Compensation of officers, directors, trustees, etc				
	<b>14</b>	Other employee salaries and wages . . . . .				
	<b>15</b>	Pension plans, employee benefits . . . . .				
	<b>16a</b>	Legal fees (attach schedule). . . . .				
	<b>b</b>	Accounting fees (attach schedule). . . . .	8,236			8,236
	<b>c</b>	Other professional fees (attach schedule) . . . . .	22,704	22,704		
	<b>17</b>	Interest . . . . .				
	<b>18</b>	Taxes (attach schedule) (see instructions) . . . . .	2,568	808		
	<b>19</b>	Depreciation (attach schedule) and depletion . . .				
	<b>20</b>	Occupancy . . . . .				
	<b>21</b>	Travel, conferences, and meetings. . . . .				
	<b>22</b>	Printing and publications . . . . .				
	<b>23</b>	Other expenses (attach schedule). . . . .	321			321
	<b>24</b>	<b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	33,829	23,512		8,557
<b>25</b>	Contributions, gifts, grants paid . . . . .	104,450			104,450	
<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	138,279	23,512		113,007	
	<b>27</b>	Subtract line 26 from line 12				
	<b>a</b>	<b>Excess of revenue over expenses and disbursements</b>	-57,630			
	<b>b</b>	<b>Net investment income</b> (if negative, enter -0- )		32,125		
	<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0- ) . . .			42,610	

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	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	11,062	25,400	25,400
	2	Savings and temporary cash investments . . . . .	757	2,813	2,813
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 5,071 Less allowance for doubtful accounts ▶ _____	11,762	5,071	5,071
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	392,031	364,663	364,663
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans. . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	☒ 1,978,148	☒ 1,798,990	☒ 1,798,990	
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	2,393,760	2,196,937	2,196,937	
Liabilities	17	Accounts payable and accrued expenses . . . . .	4,638		
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .	4,638	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .	2,389,122	2,196,937	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions) . . . . .	2,389,122	2,196,937	
31	Total liabilities and net assets/fund balances(see instructions) . . . . .	2,393,760	2,196,937		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	2,389,122
2	Enter amount from Part I, line 27a . . . . .	2	-57,630
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	2,331,492
5	Decreases not included in line 2 (itemize) ▶ _____	5	134,555
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	2,196,937

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	FROM JACO III PASSTHROUGH	P	2015-01-01	2015-12-31
b	FROM JACO III PASSTHROUGH	P	2000-01-01	2015-12-31
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a		4,754	-4,754
b	17,781		17,781
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			-4,754
b			17,781
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	13,027
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) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	-4,754

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	130,418	2,295,514	0 05681
2013	109,243	2,025,581	0 05393
2012	92,236	1,849,318	0 04988
2011	87,368	1,816,937	0 04809
2010	100,153	1,759,599	0 05692

2	Total of line 1, column (d). . . . .	2	0 265625
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 053125
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	2,313,160
5	Multiply line 4 by line 3. . . . .	5	122,887
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	321
7	Add lines 5 and 6. . . . .	7	123,208
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	113,007

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

Part 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 here ☐ and enter 1% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

3

Add lines 1 and 2. . . . .

3

643

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

5

643

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

1,036

b

Exempt foreign organizations—tax withheld at source. . . . .

6b

c

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. . . . .

7

1,036

8

Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

8

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed. . . . .

9

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .

10

393

11

Enter the amount of line 10 to be Credited to 2015 estimated tax 393 Refunded

11

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
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.

1b

No

c

Did the foundation file Form 1120-POL for this year? . . . . .

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  
(1) On the foundation \$ \_\_\_\_\_ (2) On foundation managers \$ \_\_\_\_\_

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ \_\_\_\_\_

2

Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .  
If "Yes," attach a detailed description of the activities.

2

No

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. . . . .

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

4a

No

b

If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

4b

No

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .  
If "Yes," attach the statement required by General Instruction T.

5

No

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 law remain in the governing instrument? . . . . .

6

Yes

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. . . . .

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions):  
WI

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

Yes

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?  
If "Yes," complete Part XIV. . . . .

9

No

10

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

10

No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶JACOBUS WEALTH MANAGEMENT Telephone no ▶(414) 475-6565 Located at ▶2323 N MAYFAIR RD 240 MILWAUKEE WI ZIP+4 ▶53226			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? . . . . . <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <input type="checkbox"/>	2b		No
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> ) . . . . . <input type="checkbox"/>	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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 2015?	4b		No

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

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A )? (see instructions).

Yes

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

No

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 expenditure responsibility for the grant?

Yes

No

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 a personal benefit contract?

Yes

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

No

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RICHARD G JACOBUS 2323 N MAYFAIR RD 240 MILWAUKEE, WI 53226	Chairman 0 00	0		
CAROLYN R JACOBUS 2323 N MAYFAIR RD 240 MILWAUKEE, WI 53226	President 0 00	0		
NICHOLAS C WILSON 2323 N MAYFAIR RD 240 MILWAUKEE, WI 53226	Treasurer 0 00	0		
BARBARA J WELLS 2323 N MAYFAIR RD 240 MILWAUKEE, WI 53226	Secretary 0 00	0		

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

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

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(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. ▶

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. ▶	



Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	2,332,174
b	Average of monthly cash balances. . . . .	1b	16,212
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	2,348,386
e	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	
3	Subtract line 2 from line 1d. . . . .	3	2,348,386
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	35,226
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,313,160
6	Minimum investment return.Enter 5% of line 5. . . . .	6	115,658

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	115,658
2a	Tax on investment income for 2015 from Part VI, line 5. . . . .	2a	643
b	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	643
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	115,015
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	115,015
6	Deduction from distributable amount (see instructions). . . . .	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	115,015

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	113,007
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		
a	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	113,007
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	
6	Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .	6	113,007

**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 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				115,015
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2015				
a From 2010.	13,847			
b From 2011.				
c From 2012.	4,630			
d From 2013.	10,807			
e From 2014.	19,288			
f Total of lines 3a through e.	48,572			
4 Qualifying distributions for 2015 from Part XII, line 4	\$ 113,007			
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				113,007
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	2,008			2,008
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	46,564			
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions.				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	11,839			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	34,725			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.	4,630			
c Excess from 2013.	10,807			
d Excess from 2014.	19,288			
e Excess from 2015.				

## Part XIV

**b** Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

**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

## 1 Information Regarding Foundation Managers:

See Additional Data Table

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

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GRANTS AND CONTRIBUTIONS GENERALLY SUPPORTING, BUT NOT LIMITED TO, SOUTHEASTERN WISCONSIN

**Part XV**

**Supplementary Information**(continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	104,450
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
<b>1</b> Program service revenue						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments. . . . .						
<b>3</b> Interest on savings and temporary cash investments . . . . .						
<b>4</b> Dividends and interest from securities. . . . .			14	42,610		
<b>5</b> Net rental income or (loss) from real estate						
<b>a</b> Debt-financed property. . . . .						
<b>b</b> Not debt-financed property. . . . .						
<b>6</b> Net rental income or (loss) from personal property . . . . .						
<b>7</b> Other investment income. . . . .						
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	13,027		
<b>9</b> Net income or (loss) from special events						
<b>10</b> Gross profit or (loss) from sales of inventory . . . . .						
<b>11</b> Other revenue <b>a</b> <u>FROM JACO III</u>			14	12		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .				55,649		
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .						
(See worksheet in line 13 instructions to verify calculations )						

[illegible]



**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**


RICHARD G JACOBUS
CAROLYN R JACOBUS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
BEACON INTERFAITH HOUSING COLLABORA 2610 UNIVERISTY AVENUE WEST 100 ST PAUL,MN 55114	NONE	PUBLIC	OPERATING	500
CAMBRIDGE CAMPING ASSOCIATION 99 BISHOP ALLEN DRIVE CAMBRIDGE,MA 02139	NONE	PUBLIC	OPERATING	1,750
CAMBRIDGE FAMILY CHILDREN SERVICES 60 GORE STREET CAMBRIDGE,MA 02141	NONE	PUBLIC	OPERATING	500
CHAPEL HILL BREAST CANCER RESEARCH 1506 E FRANKLIN STREET SUITE 100 CHAPEL HILL,NC 27514	NONE	PUBLIC	OPERATING	1,000
CHILDRENS HOME SOCIETY OF TREASURE 590 NW PEACOCK BLVD SUITE 9 PORT ST LUCIE,FL 34986	NONE	PUBLIC	OPERATING	250
CONGREGATIONAL HOME 3150 LILLY ROAD BROOKFIELD,WI 53005	NONE	PUBLIC	OPERATING	1,500
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE,MA 02445	NONE	PUBLIC	OPERATING	500
DARDEN SCHOOL OF BUSINESS 100 DARDEN BLVD CHARLOTTESVILLE,VA 22903	NONE	PUBLIC	OPERATING	500
ELLIOT MUSEUM 825 NE OCEAN DR HUTCHINSON ISLAND STUART,FL 34996	NONE	PUBLIC	OPERATING	500
FIRST STAGE CHILDREN'S THEATER 325 WEST WALNUT STREET MILWAUKEE,WI 53212	NONE	PUBLIC	OPERATING	2,500
FRIENDS OF FROEDTERT 8701 WATERTOWN PLANK ROAD MILWAUKEE,WI 53226	NONE	PUBLIC	OPERATING	2,000
HABITAT FOR HUMANITY OF MARTIN COUN 2555 SE BONITA STREET STUART,FL 34997	NONE	PUBLIC	OPERATING	250
HARVARD SCHOOL OF PUBLIC HEALTH 90 SMITH STREET 4TH FLOOR BOSTON,MA 02120	NONE	PUBLIC	OPERATING	2,250
INREACH 4425 RANDOLF ROAD SUITE 400 CHARLOTTE,NC 28211	NONE	PUBLIC	OPERATING	500
JONI AND FRIENDS OF CHARLOTTE 616-A MATTHEWS-MINT HILL ROAD MATTHEWS,NC 28105	NONE	PUBLIC	OPERATING	250
<b>Total . . . . .</b>				104,450



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
LLOYD CENTER FOR THE ENVIRONMENT 420 POTOMSKA ROAD DARTMOUTH,MA 02748	NONE	PUBLIC	OPERATING	500
MAYO CLINIC 200 FIRST STREET SW ROCHESTER,MN 55905	NONE	PUBLIC	OPERATING	4,500
MEDICAL COLLEGE OF WISCONSIN  8701 W WATERTOWN PLANK ROAD MILWAUKEE,WI 53226	NONE	PUBLIC	OPERATING	3,000
MILWAUKEE ART MUSEUM 700 N ART MUSEUM DRIVE MILWAUKEE,WI 53202	NONE	PUBLIC	OPERATING	12,000
MILWAUKEE PUBLIC MUSEUM 800 W WELLS STREET MILWAUKEE,WI 53233	NONE	PUBLIC	OPERATING	2,000
MILWAUKEE SCHOOL OF ENGINEERING 1025 N BROADWAY MILWAUKEE,WI 53202	NONE	PUBLIC	SCHOLARSHIP	6,500
MILWAUKEE SYMPHONY ORCHESTRA 1101 N MARKET STREET SUITE 100 MILWAUKEE,WI 53202	NONE	PUBLIC	OPERATING	2,500
MINNENTONKA PUBLIC SCHOOLS FOUNDATI 5621 COUNTY ROAD 101 MINNENTONKA,MN 55345	NONE	PUBLIC	OPERATING	500
OUR SISTER'S SCHOOL 145 BROWNELL AVENUE NEW BEDFORD,MA 02740	NONE	PUBLIC	OPERATING	500
PENFIELD CHILDREN'S CENTER 833 N 26TH STREET MILWAUKEE,WI 53233	NONE	PUBLIC	OPERATING	500
PLAYING FOR OTHERS PO BOX 5494 CHARLOTTE,NC 28299	NONE	PUBLIC	OPERATING	150
SCIENCE CLUB FOR GIRLS PO BOX 390544 CAMBRIDGE,MA 02139	NONE	PUBLIC	OPERATING	500
TENACITY 38 EVERETT STREET SUITE 50 BOSTON,MA 02134	NONE	PUBLIC	OPERATING	500
THE GOOD FRIENDS OF CHARLOTTE 1307 W MOREHEAD STREET SUITE 207 CHARLOTTE,NC 28208	NONE	PUBLIC	OPERATING	500
THE PRAIRIE SCHOOL 4050 LIGHTHOUSE DRIVE RACINE,WI 53402	NONE	PUBLIC	OPERATING	2,000
<b>Total . . . . .</b>  <b>3a</b>				104,450


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
THOMPSON CENTER FOR AUTISM NEURO DI 205 PORTLAND STREET COLUMBIA,MO 65211	NONE	PUBLIC	OPERATING	1,500
TYKES AND TEENS 3577 SW CORPORATE PARKWAY PALM CITY,FL 34990	NONE	PUBLIC	OPERATING	1,000
UNITED PERFORMING ARTS FUND 301 W WISCONSIN AVE SUITE 600 MILWAUKEE,WI 53202	NONE	PUBLIC	OPERATING	7,500
UNIVERSITY OF FLORIDA GAINESVILLE PO BOX 115703 GAINESVILLE,FL 32611	NONE	PUBLIC	OPERATING	750
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 738 COLUMBIA,SC 29208	NONE	PUBLIC	OPERATING	2,850
UNIVERSITY SCHOOL OF MILWAUKEE 2100 WEST FAIRY CHASM ROAD MILWAUKEE,WI 53217	NONE	PUBLIC	OPERATING	750
UW FOUNDATION - SCHOOL OF HUMAN ECO PO BOX 78807 MILWAUKEE,WI 53278	NONE	PUBLIC	SCHOLARSHIP	7,000
UWM FOUNDATION 2311 E HARTFORD AVE MILWAUKEE,WI 53211	NONE	PUBLIC	OPERATING	500
VOLUNTEERS IN MEDICINE 417 SE BALBOA AVENUE STUART,FL 34994	NONE	PUBLIC	OPERATING	1,500
WAYZATA COMMUNITY CHURCH 125 WAYZATA BLVD E WAYZATA,MN 55391	NONE	PUBLIC	OPERATING	1,000
WING HAVEN 248 RIDGEWOOD AVENUE CHARLOTTE,NC 28209	NONE	PUBLIC	OPERATING	400
WISCONSIN HISTORICAL FOUNDATION 816 STATE STREET MADISON,WI 53706	NONE	PUBLIC	OPERATING	2,250
AUTISM SOCIETY OF SE WI 3720 N 124TH STREET SUITE O WAUWATOSA,WI 53222	NONE	PUBLIC	OPERATING	1,500
MILWAUKEE CENTER FOR INDEPENDENCE 2020 W WELLS STREET MILWAUKEE,WI 53233	NONE	PUBLIC	OPERATING	500
UNIVERSITY OF MISSOURI - COLUMBIA 54 MEMORIAL UNION COLUMBIA,MO 65211	NONE	PUBLIC	OPERATING	500
<b>Total . . . . .</b>				104,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY OF MARTIN C 621 CLEARWATER PARK RD WEST PALM BEACH,FL 33401	NONE	PUBLIC	OPERATING	500
THE LIBRARY FOUNDATION OF MARTIN CO 2351 SE MONTEREY ROAD STUART,FL 34996		PUBLIC	OPERATING	500
MENTAL HEALTH PARTNERS 1333 IRIS AVENUE BOULDER,CO 80304	NONE	PUBLIC	OPERATING	750
HARRIS YMCA 5899 QUAIL HOLLOW ROAD CHARLOTTE,NC 28210	NONE	PUBLIC	OPERATING	500
URBAN MINISTRY 945 N COLLEGE STREET CHARLOTTE,NC 28206	NONE	PUBLIC	OPERATING	500
MYERS PARK HIGH SCHOOL FOUNDATION 2400 COLONY ROAD CHARLOTTE,NC 28209	NONE	PUBLIC	OPERATING	1,500
OPEN HANDS FOUNDATION 3121 WESTWOOD DRIVE EXCELSIOR,MN 55331	NONE	PUBLIC	OPERATING	1,000
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS,CO 80921	NONE	PUBLIC	OPERATING	300
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK,NY 10010	NONE	PUBLIC	OPERATING	300
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST FAIRFIELD,CT 06825	NONE	PUBLIC	OPERATING	300
WORLD VISION PO BOX 9716 FEDERAL WAY,WA 98063	NONE	PUBLIC	OPERATING	300
BLOOD CENTER OF WISCONSIN PO BOX 2178 MILWAUKEE,WI 53201	NONE	PUBLIC	OPERATING	1,000
FRIENDS OF HORICON MARSH N7725 HIGHWAY 28 HORICON,WI 53032	NONE	PUBLIC	OPERATING	1,000
RIDGEVIEW FOUNDATION 500 S MAPLE ST WACONIA,MN 55387	NONE	PUBLIC	OPERATING	1,500
AURORA ST LUKE'S MEDICAL CENTER 950 N 12TH STREET BUILDING A511 MILWAUKEE,WI 53233	NONE	PUBLIC	OPERATING	1,500
<b>Total . . . . .</b>			<b>3a</b>	104,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF MILWAUKEE WAUKESHA CN 225 WEST VINE STREET MILWAUKEE,WI 53212	NONE	PUBLIC	OPERATING	7,000
SECU FAMILY HOUSE 123 OLD MASON FARM ROAD CHAPEL HILL,NC 27517	NONE	PUBLIC	OPERATING	500
THE UNIVERSITY OF CHICAGO 5807 SOUTH WOODLAWN AVE CHICAGO,IL 60637	NONE	PUBLIC	OPERATING	500
BEST BUDDIES WISCONSIN 10425 W NORTH AVE 340 WAUWATOSA,WI 53226	NONE	PUBLIC	OPERATING	1,500
COLLEGE OF CHARLESTON 66 GEORGE STREET CHARLESTON,SC 29424	NONE	PUBLIC	OPERATING	1,000
MINT MUSEUM 2730 RANDOLPH ROAD CHARLOTTE,NC 28207	NONE	PUBLIC	OPERATING	600
CAMBRIDGE COMMUNITY SERVICES 99 BISHOP ALLEN DRIVE 1 CAMBRIDGE,MA 02139	NONE	PUBLIC	OPERATING	500
HAMILTON COLLEGE 198 COLLEGE HILL RD CLINTON,NY 13323	NONE	PUBLIC	OPERATING	500
SPECIAL OLYMPICS MINNESOTA 100 WASHINGTON AVE SOUTH SUITE 550 MINNEAPOLIS,MN 55401	NONE	PUBLIC	OPERATING	500
<b>Total.</b> . . . . .  <b>3a</b>				104,450

**TY 2015 Accounting Fees Schedule****Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 15000324**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
JACO III	7,036	0	0	7,036
JACOBUS WEALTH MANAGEMENT	1,200	0	0	1,200

TY 2015 Other Assets Schedule

**Name:** RICHARD G JACOBUS FAMILY FOUNDATION

**EIN:** 39-1555500

**Software ID:** 15000324

**Software Version:** 2015v2.0

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
JACO III	1,978,148	1,798,990	1,798,990

**TY 2015 Other Decreases Schedule****Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 15000324**Software Version:** 2015v2.0

Description	Amount
JACO III BOOK TO TAX ADJUSTMENT	1
UNREALIZED LOSS	134,554

TY 2015 Other Expenses Schedule

**Name:** RICHARD G JACOBUS FAMILY FOUNDATION

**EIN:** 39-1555500

**Software ID:** 15000324

**Software Version:** 2015v2.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	321			321



TY 2015 Other Income Schedule

**Name:** RICHARD G JACOBUS FAMILY FOUNDATION

**EIN:** 39-1555500

**Software ID:** 15000324

**Software Version:** 2015v2.0

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FROM JACO III	12		

**TY 2015 Other Professional Fees Schedule****Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 15000324**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FROM JACO III	17,230	17,230	0	0
MANAGEMENT FEES	5,474	5,474	0	0

**TY 2015 Taxes Schedule****Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 15000324**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	1,760			
FOREIGN TAX PAID - JACO III	808	808		

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>RICHARD G JACOBUS FAMILY FOUNDATION</div>	<div>Employer identification number</div> <div>39-1555500</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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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, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 totaling \$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 on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> RICHARD G JACOBUS FAMILY FOUNDATION	<b>Employer identification number</b> 39-1555500
--	---

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person <input checked="" type="checkbox"/>
	RICHARD G JACOBUS	\$ 25,000	Payroll <input type="checkbox"/>
	6867 SE MOURNING DOVE WAY		Noncash <input type="checkbox"/>
	HOBE SOUND, FL 33455		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )

<b>Name of organization</b> RICHARD G JACOBUS FAMILY FOUNDATION	<b>Employer identification number</b> 39-1555500
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**Part II** **Noncash Property**  
(see instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization RICHARD G JACOBUS FAMILY FOUNDATION	Employer identification number 39-1555500
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Part III

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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