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Department of the Treasury

Internal Revenue Service

DLN: 93491133034156

OMB No 1545-0052

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 instructions is at <u>www.irs.gov/form990pf</u>.

— For	caler	ndar year 2015, or tax y	year beginning 01-0	1-2015	, and ending 1	2-31-2015				
	e of four				<u> </u>	entification numbe	<u> </u>			
JA	COBS FAI	MILY FOUNDATION INC			80-0304018					
Nicon	h	-tt (B.O. h		I Danier (south		mber (see instruction	 s)			
		street (or P O box number if mail is E ROUTE 22	not delivered to street address)	Room/suite		(724) 468-8232				
	or town, 10NT, PA	state or province, country, and ZIP of 15626	or foreign postal code		C If exemption	application is pendin	g, check here 🕨			
G Cl	neck all	that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign oi	ganizations, check he	ere 🕨 🦵			
		Final return Address chan	A mended return ge Name change			rganizations meeting				
H Ch	neck ty	pe of organization 🔽 Section	501(c)(3) exempt private	foundation	E If private for	k here and attach co Indation status was t	erminated			
		947(a)(1) nonexempt charita	ble trust 「Other taxable	private foundation		n 507(b)(1)(A), chec	k here ► 📙			
of	year <i>(fr</i>	t value of all assets at end rom Part II, col. (c), 1 1,061,249	JAccounting method Other (specify) (Part I, column (d) must	·	F II the lound	ation is in a 60-montl n 507(b)(1)(B), chec	. —			
_		. , .								
Ра	rt II	Analysis of Revenue a (The total of amounts in columns necessarily equal the amounts in c instructions))	(b), (c), and (d) may not column (a) (see	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)			
	1	Contributions, gifts, grants, e	· · · · · · · · · · · · · · · · · · ·							
		schedule)		100,000						
	2	Check ► ☐ If the foundation	is not required to attach							
	_	Sch B	norowy coch invoctments	3,931	3,931	3,931				
	3	Interest on savings and temporal Dividends and interest from the same of the s	· · · · •	3,931	3,931	3,931				
	5a	Gross rents								
	b	Net rental income or (loss)								
<u>Φ</u>	6a	Net gain or (loss) from sale of	of assets not on line 10							
Revenue	b	Gross sales price for all asse	ets on line 6a							
	7	Capital gain net income (fron	n Part IV, line 2)							
	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	b	Less Cost of goods sold .								
	С .	Gross profit or (loss) (attach	schedule)							
	11	Other income (attach schedu	ıle)							
	12	Total.Add lines 1 through 11		103,931	3,931	3,931				
	13	Compensation of officers, dir	ectors, trustees, etc							
	14	Other employee salaries and	ŀ							
φ̈́	15	Pension plans, employee ber	ŀ							
e S	16a	Legal fees (attach schedule)		o 5 7						
Expenses	b	Accounting fees (attach sch		1,137						
	C	Other professional fees (atta	·							
ů Ü	17	Interest		F3						
돌	18	Taxes (attach schedule) (see	· •	% 63						
Administrative	19	Depreciation (attach schedu								
₽ď	20	Occupancy	ŀ							
and	22	Printing and publications.	- I							
증	23	Other expenses (attach sche	ŀ							
atin.	24	Total operating and administ					_			
Operating		Add lines 13 through 23	-	1,200	0		0			
ਂ	25	Contributions, gifts, grants p	aid	73,470			73,470			
	26	Total expenses and disburser	ments.Add lines 24 and							
	27	25 Subtract line 26 from line 12		74,670	0		73,470			
	a	Excess of revenue over expe		29,261						
	ь	Net investment income (if ne	gatıve, enter -0-)		3,931					
	l c	Adjusted net income(if negation	tive, enter -0-)			3,931				

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	237,646	13,176	
	2	Savings and temporary cash investments	794,142	1,048,073	·
	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)			
		Less allowance for doubtful accounts 🟲			
_	8	Inventories for sale or use			
쁗	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	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)			
	16	Total assets(to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,031,788	1,061,249	1,061,249
	17	Accounts payable and accrued expenses		200	
	18	Grants payable			
ė\$	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
I	22	Other liabilities (describe •)			
	23	Total liabilities(add lines 17 through 22)		200	
		Foundations that follow SFAS 117, check here			
φ		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted			
<u> </u>	25	Temporarily restricted			
E .	26	Permanently restricted			
Fund	20	Foundations that do not follow SFAS 117, check here			
or F		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
AS	29	Retained earnings, accumulated income, endowment, or other funds	1,031,788	1,061,049	
Net		Total net assets or fund balances (see instructions)	1,031,788	1,061,049	
Ż	30	Total liabilities and net assets/fund balances(see instructions)	1,031,788	1,061,249	
	31		1,031,700	1,001,243	
	rt III		/	<u> </u>	
1		Total net assets or fund balances at beginning of year—Part II, column (· · · · -		4 004 700
_		with end-of-year figure reported on prior year's return)			1,031,788
2		Enter amount from Part I, line 27a			29,261
3		Other increases not included in line 2 (itemize)			
4		Add lines 1, 2, and 3			1,061,049
5		Decreases not included in line 2 (itemize)		_ 5	
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), lıı	ne 30 . 6	1,061,049

	the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation		Date acquired (mo , day, yr)	Date sold (d) (mo , day, yr)	
 1a			(2) 2 2 chiquion				
b							
				+			
d							
e				+			
	Danis author allaus	- I C	or other basis	1	C	(1)	
(e) Gross sales price	Depreciation allower (f) (or allowable)		expense of sale		Gain or (loss) (h) (e) plus (f) minus (g		
a				_			
b							
С							
d							
e							
Complete only for assets:	showing gain in column (h) and owne	ed by the foundation	on 12/31/69		Gains (Col	(h) gain minus	
	A djusted basis		ess of col (ı)		col (k), but no	ot less than -0-) or	
(i) F M V as of 12/31/69	(j) as of 12/31/69	(k) over	col (j), ıfany	(I)	Losses	(from col (h))	
а							
b							
c							
d							
e							
3 Net short-term capit	me or (net capital loss) al gain or (loss) as defined in section Part I, line 8, column (c) (see instru		, '		3		
Part V Qualification U	Jnder Section 4940(e) for R	educed Tax on	Net Investme	nt I	ncome		
(For optional use by domestic ¡ If section 4940(d)(2) applies,	private foundations subject to the se leave this part blank	ection 4940(a) tax	on net investment	inco	me)		
	e section 4942 tax on the distributa ot qualify under section 4940(e) Do			erıod	?	┌ Yes ┌ No	
$oldsymbol{1}$ Enter the appropriate amo	unt ın each column for each year, se	ee instructions befo	re making any ent	ries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchar	itable-use assets		(d) Distributio (col (b) divided	n ratio	
2014	53,364		860,303			0 062029	
2013	32,150		706,002			0 045538	
2012	44,855		633,823			0 070769	
2011	66,777		491,068			0 135983	
2010	47,476		351,129			0 135210	
2 Totalof line 1, columi	n (d)			2		0 449529	
	ratio for the 5-year base period—div the foundation has been in existence			3		0 089906	
4 Enter the net value o	f noncharitable-use assets for 2015	from Part X, line 5	[4		994,590	
5 Multiply line 4 by line	23		[5		89,420	
6 Enter 1% of net inve	stment income (1% of Part I, line 2	7b)	[6		39	
				7		89,459	

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

73,470

8

	990-PF (2015) *t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1940(e)	or 4948—s	ee nad	e 18 of	the inst	ructio		age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here		, 01 12 10 0	 բոց Կ					
10	and enter "N/A" on line 1	-							
	Date of ruling or determination letter			,					
	(attach copy of letter if necessary-see instructions)								
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V	, check		J	1				79
	here Fand enter 1% of Part I, line 27b								
С	All other domestic foundations enter 2% of line 27b Exempt foreign organize	ations	enter 4% of	1					
2	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Oth	ers					
	enter -0-)	naacion	13 01117 0 111	C13	2				
3	Add lines 1 and 2			•	3				79
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou	ındatıor	ns only Oth	ers	4				
5	enter - 0 -) Tax based on investment income. Subtract line 4 from line 3 If zero or less, 6	enter-C)-		5				 79
6	Credits/Payments	ciicci c	,	• •	3				7 9
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1						
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		<u> </u>		7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2				8				
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				 79
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount			•	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	•	11				
Par	t VII-A Statements Regarding Activities				1	·			
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	cal legislati	on or d	ıd			Yes	No
	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	politica	ıl purposes	(see Ir	structi	ons			
	for definition)?						1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	s and co	opies of any	materia	als				
	published or distributed by the foundation in connection with the activities.								
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) impo	sed du	rıng the yea	r					
	(1) On the foundation 🕨 \$ (2) On foundation managers								
е	Enter the reimbursement (if any) paid by the foundation during the year for pol	litical e	xpenditure	tax ımı	osed				
	on foundation managers 🕨 \$								
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in i	_	_	•		5			
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf						3	\vdash	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more of	_					4a	\vdash	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b	\vdash	
5	Was there a liquidation, termination, dissolution, or substantial contraction du If "Yes," attach the statement required by General Instruction T.	army th	e year '				5		No
•		14E) aa	tiofied eithi						
6	Are the requirements of section 508(e) (relating to sections 4941 through 49 • By language in the governing instrument, or	743)Sa	itisilea eitii	= 1					
	By state legislation that effectively amends the governing instrument so the state of the s	hat no r	mandatory c	lirectio	ns				
	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),			
	48.444						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered ((see ins	structions)						
	▶PA								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9	90-PF	to the Attor	ney					
	General (or designate) of each state as required by General Instruction G? $\it If$	"No," at	ttach explana	ation .			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the $% \left(1\right) =\left(1\right) \left(1\right) \left($	meanın	ng of section	14942	(յ)(3)				
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	see inst	tructions fo	r Part >	(IV)?				
	If "Yes," complete Part XIV						9	\sqcup	No
10	Did any persons become substantial contributors during the tax year? If "Yes,	," attacl	h a schedule	listing	their n	ames			
	and addresses.						10		No

Par	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?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►TERRENCE S JACOBS Telephone no ►(724)	1468	-8232	
	Located at ►6247 LOUISE COVE DRIVE WINDERMERE FL ZIP+4 ►34786	/ 100	0202	
			<u> </u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here	• •		
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	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 🟲			
Par	t 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? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)? Yes $\overline{\lor}$ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
_	after termination of government service, if terminating within 90 days)			
Ь	If any answer is "Yes" to $1a(1)-(6)$, did any of the acts fail to qualify under the exceptions described in Regulations	41		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1-		
_	that were not corrected before the first day of the tax year beginning in 2015?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
а	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
a	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20			
ь	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 allyears listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015.).	3b		
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

Pa	rt VII-B	Statements Rega	rdii	ng Activities for	· Wh	ich Form 4720	May	Be Required (Cont	inue	d)
5a	During the	e year dıd the foundatıor	рау	or incur any amour	it to					
	(1) Carry	on propaganda, or other	wise	attempt to influenc	e leg	ıslatıon (section 49	45(e	:)) [?]	No	
	(2) Influe	nce the outcome of any	spe	ific public election	(see	section 4955), or to	car	ry		
	on, dıı	rectly or indirectly, any	vote	r registration drive?				┌ Yes ▽	No	
	(3) Provid	de a grant to an individu	al fo	travel, study, or ot	hers	ımılar purposes?		☐ Yes ☑	No	
	(4) Provid	de a grant to an organıza	tıon	other than a charita	ble,	etc , organization de	scrib	ped		
	ın sec	tion 4945(d)(4)(A)? (se	e in	structions)					No	
	(5) Provid	de for any purpose other	thar	n religious, charitabl	e, sc	ientific, literary, or				
	educa	tional purposes, or for t	ne pi	revention of cruelty	to ch	ıldren or anımals?.			No	
b	If any ans	swerıs "Yes" to 5a(1)-(5), d	ıd any of the transac	tions	fail to qualify under	the	exceptions described in		
	Regulatio	ns section 53 4945 or i	nac	urrent notice regard	ding d	lisaster assistance	(see	ınstructions)?		5b
	O rganızat	ions relying on a curren	t not	ice regarding disast	eras	ssistance check here	e		_	
c	If the ans	wer is "Yes" to question	5a(4), does the foundat	ion c	laım exemption from	the			
	tax becau	ise it maintained expend	ıture	responsibility for t	he gr	ant?		Yes	No	
	If "Yes," a	ttach the statement requi	red i	by Regulations section	n 53.	4945-5(d).				
6a	Did the fo	undation, during the yea	r, re	ceive any funds, dir	ectly	or indirectly, to pay	prer	miums on		
	a persona	l benefit contract?							No	
b	Did the fo	undation, during the yea	r, pa	y premiums, directl	y or ı	ndırectly, on a perso	nal	benefit contract?		6b No
	If "Yes" to	6b, file Form 8870.								
7a	At any tin	ne during the tax year, w	as t	he foundation a part	y to a	a prohibited tax shel	ter t	ransaction? TYes 🔽	No	
ь	If yes, dic	I the foundation receive	any	proceeds or have ar	ny ne	t income attributable	e to t	the transaction?		7b
Pa	rt VIII		: Of	ficers, Director	s, Tı	rustees, Founda	ıtio	n Managers, Highly	Paid	l Employees,
		and Contractors icers, directors, trustees		undation managers		hair commonantion (instructions)		
	LIST All OIT	icers, directors, trustees	, 10				See i	(d)		
	(a) Na	ne and address		Title, and average hours per week	(c)	Compensation(If not paid, enter		Contributions to	ı	Expense account
	(a) Ivai	ne and address	(b)	devoted to position		-0-)		mployee benefit plans	(e)	other allowances
TEDD	ENCE S JACO	RS		SIDENT		•	and	d deferred compensation 0		
		COVE DRIVE	1 0			0		U		
		FL 34786								
	YL M JACOBS		SECRETARY		0			0		
405	7 SABLE L	OOP DRIVE	1 00							
LAK	E WALES, F	L 33859								
DARR	YL M JACOBS	JR		ECTOR	0		0			
	8 STATE R		1 0	J						
	MONT, PA EW S JACOBS			A CURE	1					
			1 0	ASURER		0		0		
	8 STATE R MONT,PA			•						
			em	oloyees (other than	thos	e included on line 1—	-see	instructions). If none, er	iter "	NONE."
	-	(a)		Title, and aver				Contributions to		
Nai	ne and add	ress of each employee p	aıd	hours per we		(c) Compensatio	n	employee benefit		Expense account
	moı	re than \$50,000		(b) devoted to pos	ıtıon			plans and deferred (d) compensation	(e)	other allowances
NON	IE									
				1						
				1						
				1						
				1						
				-						
	1			<u> </u>		<u> </u>		<u> </u>		

Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, Hi	ghly Paid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NON	NE".
(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 re organizations and other beneficiaries served, conferences convened, research papers pro		er of 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	A mount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<u></u>

Form 990-PF (2015) Part X Minimum Investment Return

F.C.	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	0
b	A verage of monthly cash balances	1b	1,009,736
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,009,736
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,009,736
4	Cash deemed held for charitable activities Enter 1 $1/2\%$ of line 3 (for greater amount, see		
	ınstructions)	4	15,146
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	994,590
6	Minimum investment return. Enter 5% of line 5	6	49,730
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer	rtaın f	oreian organizations
	check here F and do not complete this part.)	tanii	oreign organizations
1	Minimum investment return from Part X, line 6	1	49,730
2a	Tax on investment income for 2015 from Part VI, line 5 2a 79		
ь	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	79
3	Distributable amount before adjustments Subtract line 2c from line 1	3	49,651
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	49,651
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	49,651
			· · ·
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	73,470
b	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
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	73,470
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	73,470
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	er the	foundation qualifies for

Ρ	art XIIII Undistributed Incor	ne (see instrud	ctions)			
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Pa	art XI, line 7				49,651
2	Undistributed income, if any, as of the	end of 2015				
а	Enter amount for 2014 only					
	Total for prior years 20, 20_					
	Excess distributions carryover, if any,					
	From 2010	30,004				
	From 2011	42,305				
c	From 2012	13,212				
d	From 2013	·				
	From 2014	10,412				
	Total of lines 3a through e		95,933			
	Qualifying distributions for 2015 from		·			
•	XII, line 4 > \$ 73,					
а	Applied to 2014, but not more than lin					
	Applied to undistributed income of price		-			
	(Election required—see instructions).	· .				
С	Treated as distributions out of corpus required—see instructions)					
d	Applied to 2015 distributable amount.					49,651
е	Remaining amount distributed out of c	orpus	23,819			
5	Excess distributions carryover applied	d to 2015				_
	(If an amount appears in column (d), the same amount must be shown in col					
6	Enter the net total of each column as indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subti	ract line 5	119,752			
	Prior years' undistributed income Subt					
	line 4b from line 2b					
c	Enter the amount of prior years' undist					
	income for which a notice of deficiency					
	been issued, or on which the section 4	• •				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable —see instructions					
е	Undistributed income for 2014 Subtra	ict line				
	4a from line 2a Taxable amount—see					
	instructions					
f	Undistributed income for 2016 Subtra					
	lines 4d and 5 from line 1 This amoun be distributed in 2015					0
7	Amounts treated as distributions out of					
•	corpus to satisfy requirements impose					
	section 170(b)(1)(F) or 4942(g)(3) (E	, , , , , , , , , , , , , , , , , , ,				
	be required - see instructions)					
8	Excess distributions carryover from 2		30,004			
	applied on line 5 or line 7 (see instruct	-	30,004			
9	Excess distributions carryover to 2016		89,748			
	Subtract lines 7 and 8 from line 6a.	🛌	05,740			
	Analysis of line 9	42 20E				
	Excess from 2011	42,305 13,212				
	Excess from 2012	13,212				
	Excess from 2013	10,412				
	Excess from 2014	23,819				
е	Excess from 2015	23,019				

- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 73,470 **b** Approved for future payment

Form 990-PF (2015) Part XVI-A Analysis of Income-Produc	ing Activitie	s			Page 1 2	
Enter gross amounts unless otherwise indicated		siness income	Excluded by section		(e) Related or exempt function income	
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See Instructions)	
a b						
c						
e						
 g Fees and contracts from government agencies 2 Membership dues and assessments. 3 Interest on savings and temporary cash investments. 					3,93	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate					0,50	
 a Debt-financed property. b Not debt-financed property. 						
6 Net rental income or (loss) from personal property						
7 Other investment income8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory						
b						
c						
e 12 Subtotal Add columns (b), (d), and (e) 3 Total.Add line 12, columns (b), (d), and (e)			1	3	3,93 3,931	
(See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to		olishment of I	Exempt Purpose	es		
Explain below how each activity for wh the accomplishment of the foundation instructions)						

Part	XVI	Information Re Noncharitable					sactions ar	nd Re	elationships	With			
		rganization directly or ii	ndırectly (engage ir	n any of t	he following wi						V	Nia.
		501(c) of the Code (othe	r than se	ction 501	1(c)(3) o	rganizations) c	r in section 5	27, re	lating to politic	al		Yes	No
_		tions?	dation to		. w.tabla a	.vomnt organia	ntion of						
		s from the reporting four h									1a(1)		No
		erassets								The state of the s	1a(1)		No
` '		insactions									14(2)		NO
		es of assets to a noncha	ritable ex	emnt ora	anızatıor	1					1h(1)		No
		chases of assets from a								-	1b(2)		No
		tal of facilities, equipme									1b(3)		No
		nbursement arrangemen									1b(4)		No
		ns or loan guarantees.								- I	1b(5)		No
		rmance of services or m								T	1b(6)		No
		of facilities, equipment, i								F	1c		No
	_	swer to any of the above	_								ket va	ue	
		ods, other assets, or se ansaction or sharing arr											
(a) Line	No	(b) Amount involved	(c) Name	of nonchai	rıtable exe	mpt organization	(d) Descrip	ption of	transfers, transact	ions, and shar	ing arra	ngemer	nts
des	crıbe	undation directly or indi d in section 501(c) of th complete the following : (a) Name of organization	ne Code (d schedule		n sectior		in section 52			otion of relation		s V	No
Sign	the	der penalties of perjury, best of my knowledge a ormation of which prepar	nd belief,	ıt ıs true	, correct	:, and complete				in taxpayer)		ed on	all
Here		*****				2016-05-16	• ***	***		return with the	e prepai		
		Signature of officer or t	rustee			Date	Title				str)? 🗸	Yes N	No
		Print/Type preparer's WARREN W KIPLIN		Prepare	er's Sign	ature	Date 2016-05-		Check if self- employed •	PTIN PO	00740	145	
Paid Prepa Use	arer		CO PC				•		Firm's EIN ► 2	3-2872380)		
Only		Firm's address ► 650 WASHINGTON R , PA 15228	OAD SUI	TE 407	PITTSBU	JRGH		-	Phone no (412)563-114	1		
		İ							ı				

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).

TERRENCE S JACOBS

DARRYL M JACOBS

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor			
a Paid during the year				
ALZHEIMER'S ASSOCIATION P O BOX 96011 WASHINGTON,DC 200906011	N/A	PUBLIC	OPERATING EXPENDITURES	450
THE AMERICAN CENTER FOR LAW & JUSTI P O BOX 90555 WASHINGTON, DC 200900555	N/A	PUBLIC	OPERATING EXPENDITURES	1,000
AMERICANS FOR PROSPERITY P O BOX 1827 MERRIFIELD,VA 221169901	N/A	PUBLIC	OPERATING EXPENDITURES	250
AMERICAN CENTER FOR LAW & P O BOX 90555 WASHINGTON, DC 200900555	N/A	PUBLIC	OPERATING EXPENDITURES	5,000
AMERICAN DIABETES ASSOCIATION P O BOX 1833 RAPID CITY,SD 577099979	N/A	PUBLIC	OPERATING EXPENDITURES	100
AMERICAN CIVIL RIGHTS UNION PO BOX 96189 WASHINGTON,DC 200906189	N/A	PUBLIC	OPERATING EXPENDITURES	750
AMERICAN HEART ASSOCIATION PO BOX 78851 PHOENIX,AZ 850628851	N/A	PUBLIC	OPERATING EXPENDITURES	500
AMERICAN FAMILY ASSOCIATION P O BOX 2440 TUPELO,MS 38803	N/A	PUBLIC	OPERATING EXPENDITURES	2,500
AMERICANS UNITED FOR LIFE 655 15TH ST NW WASHINGTON, DC 20005	N/A	PUBLIC	OPERATING EXPENDITURES	1,250
AMERICAN LEGION NATIONAL HDQTS P O BOX 21016 TULSA,OK 741211016	N/A	PUBLIC	OPERATING EXPENDITURES	700
BIBLE LEAGUE INTERNATIONAL 1 BIBLE LEAGUE PLAZA CRETE,IL 604179902	N/A	PUBLIC	OPERATING EXPENDITURES	2,000
CAB GROWTH FUND 194 DONOHOE ROAD GREENSBURG, PA 15601	N/A	PUBLIC	OPERATING EXPENDITURES	1,000
CATO INSTITUTE P O BOX 97128 WASHINGTON, DC 200777449	N/A	PUBLIC	OPERATING EXPENDITURES	500
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO,FL 32832	N/A	PUBLIC	OPERATING EXPENDITURES	1,500
CHRISTIAN APPALACHIAN PROJECT PO BOX 55911 LEXINGTON,KY 405555911	N/A	PUBLIC	OPERATING EXPENDITURES	1,250
Total			▶ 3a	73,470

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHILDREN'S CANCER RECOVERY 3710 INDIAN RIVER ROAD CHESAPEAKE,VA 23325	N/A	PUBLIC	OPERATING EXPENDITURES	1,000
COVENANT HOUSE PO BOX 1862 MERRIFIELD,VA 221168062	N/A	PUBLIC	OPERATING EXPENDITURES	100
COALITION TO SALUTE AMERICA'S PO BOX 96440 WASHINGTON,DC 200906440	N/A	PUBLIC	OPERATING EXPENDITURES	300
COMMONWEALTH FOUNDATION 225 STATE ST SUITE 302 HARRISBURG,PA 17101	N/A	PUBLIC	OPERATING EXPENDITURES	2,000
COMMEMORATIVE AIR FORCE P O BOX 1380 MERRIFIELD,VA 221161380	N/A	PUBLIC	OPERATING EXPENDITURES	100
COVENANT HOUSE P O BOX 96708 WASHINGTON, DC 200906708	N/A	PUBLIC	OPERATING EXPENDITURES	100
DISABLED AMERICAN VETERANS P O BOX 14301 CINCINNATI,OH 452500301	N/A	PUBLIC	OPERATING EXPENDITURES	500
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK,FL 330979004	N/A	PUBLIC	OPERATING EXPENDITURES	700
FOR THE TROOPS P O BOX 96873 WASHINGTON, DC 200906873	N/A	PUBLIC	OPERATING EXPENDITURES	140
FOLDS OF HONOR FOUNDATION 5800 N PATRIOT DRIVE OWASSO,OK 74055	N/A	PUBLIC	OPERATING EXPENDITURES	3,000
FRIENDS TO FRIENDS 6471 ITALY ROAD EXPORT,PA 15632	N/A	PUBLIC	OPERATING EXPENDITURES	500
GOD'S WORD TO THE NATIONS 4136 PEPSI PLACE CHANTILLY,VA 201519802	N/A	PUBLIC	OPERATING EXPENDITURES	250
BILLY GRAHAM EVANGELISTIC ASSO 1 BILLY GRAHAM PARKWAY CHARLOTTE,NC 282010001	N/A	PUBLIC	OPERATING EXPENDITURES	2,500
GUIDING EYES FOR THE BLIND INC P O BOX 97007 WASHINGTON,DC 200907007	N/A	PUBLIC	OPERATING EXPENDITURES	250
HELP HOSPITALIZED VETERANS PO BOX 5025 HAGERSTOWN,MD 217415025	N/A	PUBLIC	OPERATING EXPENDITURES	250
Total				73,470

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor			
a Paid during the year				
THE HERITAGE FOUNDATION P O BOX 97057 WASHINGTON,DC 200907057	N/A	PUBLIC	OPERATING EXPENDITURES	750
HEROBOX POBOX 17458 WASHINGTON,DC 200410458	N/A	PUBLIC	OPERATING EXPENDITURES	100
HOMES FOR VETERANS P O BOX 1217 MERRIFIELD,VA 221169637	N/A	PUBLIC	OPERATING EXPENDITURES	200
DAVID HOROWITZ FREEDOM CENTER P O BOX 130707 HOUSTON,TX 772190707	N/A	PUBLIC	OPERATING EXPENDITURES	100
INDIANA COUNTY HUMANE SOCIETY 65 HAVEN DRIVE INDIANA,PA 15701	N/A	PUBLIC	OPERATING EXPENDITURES	1,000
JEWS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO,CA 941025895	N/A	PUBLIC	OPERATING EXPENDITURES	350
JUDICIAL WATCH P O BOX 96234 WASHINGTON,DC 200777480	N/A	PUBLIC	OPERATING EXPENDITURES	2,500
SUSAN G KOMEN FOR THE CURE P O BOX 96216 WASHINGTON,DC 200906216	N/A	PUBLIC	OPERATING EXPENDITURES	500
THE LEUKEMIA & LYMPHOMA SOCIETY P O BOX 9031 PITTSFIELD,MA 012029031	N/A	PUBLIC	OPERATING EXPENDITURES	2,500
LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND ST ARLINGTON,VA 22201	N/A	PUBLIC	OPERATING EXPENDITURES	250
THE LIGHTHOUSE FOUNDATION BOX 366 BAKERSTOWN,PA 15007	N/A	PUBLIC	OPERATING EXPENDITURES	200
MAKE-A-WISH PO BOX 97104 WASHINGTON,DC 200907104	N/A	PUBLIC	OPERATING EXPENDITURES	750
MARINE TOYS FOR TOTS FOUNDATN P O BOX 25845 LEHIGH VALLEY,PA 180025845	N/A	PUBLIC	OPERATING EXPENDITURES	250
MACULAR DEGENERATION ASSOC P O BOX 96162 WASHINGTON,DC 200906162	N/A	PUBLIC	OPERATING EXPENDITURES	100
MOTHERS AGAINST DRUNK DRIVERS P O BOX 758522 TOPEKA,KS 666758522	N/A	PUBLIC	OPERATING EXPENDITURES	200
Total			▶ 3a	73,470

Recipient Name and address (home or business) a Paid during the year MEMORIAL SLOAN-KETTERING	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor	recipient		
- '	N/A		 	,
MEMORIAL SLOAN-KETTERING	N/A			
P O BOX 5028 HAGERSTOWN, MD 217415028		PUBLIC	OPERATING EXPENDITURES	500
MEDIA RESEARCH CENTER P O BOX 97040 WASHINGTON,DC 200777370	N/A	PUBLIC	OPERATING EXPENDITURES	130
MOUNTAIN STATES LEGAL 2596 S LEWIS WAY LAKEWOOD,CO 802279944	N/A	PUBLIC	OPERATING EXPENDITURES	500
MSAA P O BOX 96219 WASHINGTON,DC 200906219	N/A	PUBLIC	OPERATING EXPENDITURES	100
NATIONAL CANCER RESEARCH CNTR PO BOX 8915 TOPEKA,KS 666089935	N/A	PUBLIC	OPERATING EXPENDITURES	200
PAWS FOR PURPLE HEARTS P O BOX 9288 PUEBLO,CO 810089288	N/A	PUBLIC	OPERATING EXPENDITURES	100
PARALYZED VETERANS OF AMERICA P O BOX 758532 TOPEKA,KS 666759910	N/A	PUBLIC	OPERATING EXPENDITURES	500
PITCAIRN CAMP B 213 CENTER AVENUE PITCAIRN,PA 15140	N/A	PUBLIC	OPERATING EXPENDITURES	2,500
PRAY IN JESUS NAME MINISTRIES P O BOX 96959 WASHINGTON, DC 200777238	N/A	PUBLIC	OPERATING EXPENDITURES	100
PRISON FELLOWSHIP P O BOX 1550 MERRIFIELD,VA 221169880	N/A	PUBLIC	OPERATING EXPENDITURES	100
SAMARITAN'S PURSE P O BOX 3000 BOONE,NC 28607	N/A	PUBLIC	OPERATING EXPENDITURES	6,000
THE SALVATION ARMY PO BOX 607866 ORLANDO,FL 328607866	N/A	PUBLIC	OPERATING EXPENDITURES	500
THE SALVATION ARMY 9 FREEPORT STREET DELMONT,PA 15626	N/A	PUBLIC	OPERATING EXPENDITURES	5,000
SAT-7 P O BOX 2770 EASTON,MD 216018952	N/A	PUBLIC	OPERATING EXPENDITURES	300
SAVE JERUSALEM P O BOX 527 FOREST,VA 245510527	N/A	PUBLIC	OPERATING EXPENDITURES	200
Total			▶ 3a	73,470

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SECOND HARVEST FOOD BANK OF 411 MERCY DRIVE ORLANDO,FL 328051019	N/A	PUBLIC	OPERATING EXPENDITURES	100
TEEN QUEST 293 RICH ROAD SOMERSET,PA 15501	N/A	PUBLIC	OPERATING EXPENDITURES	5,000
TROOPS FIRST FOUNDATION 535 MAIN ST SUITE 211 LAUREL,MD 20707	N/A	PUBLIC	OPERATING EXPENDITURES	2,000
202020 P O BOX 96669 WASHINGTON,DC 200906669	N/A	PUBLIC	OPERATING EXPENDITURES	450
UNITED AMERICAN PATRIOTS P O BOX 96565 WASHINGTON,DC 200777620	N/A	PUBLIC	OPERATING EXPENDITURES	250
THE USO POBOX 96860 WASHINGTON,DC 200777677	N/A	PUBLIC	OPERATING EXPENDITURES	750
UNITED STATES JUSTICE FOUND P O BOX 131637 HOUSTON,TX 772191637	N/A	PUBLIC	OPERATING EXPENDITURES	250
VETERANS OF FOREIGN WARS OF US P O BOX 8958 TOPEKA,KS 666088958	N/A	PUBLIC	OPERATING EXPENDITURES	1,250
THE VOICE OF THE MARTYRS P O BOX 443 BARTLESVILLE,OK 740059934	N/A	PUBLIC	OPERATING EXPENDITURES	250
WESTMORELAND CULTURAL TRUST 102 N MAIN ST SUITE 232 GREENSBURG,PA 15601	N/A	PUBLIC	OPERATING EXPENDITURES	2,500
WOUNDED WARRIOR PROJECT PO BOX 758541 TOPEKA,KS 666758541	N/A	PUBLIC	OPERATING EXPENDITURES	3,000
WOMENS CENTER & SHELTER OF PGH P O BOX 9024 PITTSBURGH,PA 152240024	N/A	PUBLIC	OPERATING EXPENDITURES	250
WYCLIFFE ASSOCIATES P O BOX 620368 ORLANDO,FL 328629913	N/A	PUBLIC	OPERATING EXPENDITURES	500
Total			▶ 3a	73,470

TY 2015 Accounting Fees Schedule

Name: JACOBS FAMILY FOUNDATION INC

EIN: 80-0304018

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE	1,137			

TY 2015 Taxes Schedule

Name: JACOBS FAMILY FOUNDATION INC

EIN: 80-0304018

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FED EXCISE TAX ON INV INCOME	63			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491133034156

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

JACOBS FAMILY FOUNDATION INC

Schedule of Contributors

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

OMB No 1545-0047

2015

Employer identification number

	80-0304018
Organization type	(check one)
Filers of:	Section:
Form 990 or 990-EZ	□ 501(c)() (enter number) organization
	√ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
Form 990-PF	√ 501(c)(3) exempt private foundation
	√ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	□ 501(c)(3) taxable private foundation
General Rule ✓ For an org	n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or serty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
under section received fro	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations ons 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 om 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, 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
during the y	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or ention of cruelty to children or animals. Complete Parts I, II, and III
during the ye this box is c purpose Do	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, ear, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If hecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., o not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively aritable, etc., contributions totaling \$5,000 or more during the year

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

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), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization
JACOBS FAMILY FOUNDATION INC

Employer identification number 80-0304018

Part I	Contributors (see instructions) Use duplicate copies of Part I r	f additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
1	TERRENCE S JACOBS 6247 LOUISE COVE DRIVE WINDERMERE, FL34786	\$ 50,000	Person Payroll Noncash (Complete Part II for contributions)	「□ 「□ or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
2	DARRYL M JACOBS 4057 SABLE LOOP DRIVE LAKE WALES, FL33859	\$ 50,000	Person Payroll Noncash (Complete Part II fo	「 「 □ or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
		\$	Person Payroll Noncash (Complete Part II fo	┌ ┌ or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
		\$	Person Payroll Noncash (Complete Part II for contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
		\$	Payroll Noncash (Complete Part II for contributions)	r r or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
		\$	Payroll Noncash (Complete Part II for contributions)	or noncash

Schedule B (Form	990, 990-EZ, or 990-PF) (2015)		Page 3	
Name of organizat	ion FOUNDATION INC	Employer identification number		
		80-0304018		
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	
		<u> </u>		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)

ne of organization		Emp	Page 4 ployer identification number
OBS FAMILY FOU	JNDATIONING	80-	0304018
total more line entry. of \$1,000 c	y religious, charitable, etc., contribute than \$1,000 for the year from any or For organizations completing Part I or less for the year. (Enter this informate copies of Part III if additional space is recopies.	ne contributor. Complete column II, enter the total of <i>exclusively</i> re mation once. See instructions.) >	ns (a) through (e) and the following eligious, charitable, etc., contributions
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· -			
-	Transferee's name, address, and	(e) Transfer of gift IZIP4 Rel	lationship of transferor to transferee
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· -	Transferee's name, address, and	(e) Transfer of gift	lationship of transferor to transferee
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· -			
-	Transferee's name, address, and	(e) Transfer of gift I ZIP4 Rel	lationship of transferor to transferee
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address, and	(e) Transfer of gift	lationship of transferor to transferee
<u> </u>			