

Return of Private Foundation

Department of the Treasury
Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2013

Open to Public Inspection

For calendar year 2013 or tax year beginning

, and ending

Name of foundation THE JACOBSON FAMILY FOUNDATION TRUST		A Employer identification number 04-6836735
Number and street (or P O box number if mail is not delivered to street address) 240 NEWBURY STREET, FL. 2		B Telephone number (617) 266-3444
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116		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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 492,719,815.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		22,000,000.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		6,940,458.	6,940,458.		STATEMENT 3
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		27,878,783.			
b Gross sales price for all assets on line 6a		39,006,443.			
7 Capital gain net income (from Part IV, line 2)			27,878,783.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		<806,673.>	<736,677.>		STATEMENT 4
12 Total. Add lines 1 through 11		56,012,568.	34,082,564.		
13 Compensation of officers, directors, trustees, etc.		81,187.	0.		81,187.
14 Other employee salaries and wages		342,355.	0.		342,355.
15 Pension plans, employee benefits		88,293.	0.		88,293.
16a Legal fees					
b Accounting fees STMT 5		7,456.	3,728.		3,728.
c Other professional fees STMT 6		836,236.	783,491.		52,745.
17 Interest		4,494,881.	4,494,881.		0.
18 Taxes STMT 7		1,030,380.	200,380.		0.
19 Depreciation and depletion		566.	0.		
20 Occupancy		56,607.	0.		56,607.
21 Travel, conferences, and meetings		47,839.	0.		47,839.
22 Printing and publications		2,230.	0.		2,230.
23 Other expenses STMT 8		198,303.	0.		198,303.
24 Total operating and administrative expenses. Add lines 13 through 23		7,186,333.	5,482,480.		873,287.
25 Contributions, gifts, grants paid		20,552,464.			20,552,464.
26 Total expenses and disbursements. Add lines 24 and 25		27,738,797.	5,482,480.		21,425,751.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		28,273,771.			
b Net investment income (if negative, enter -0-)			28,600,084.		
c Adjusted net income (if negative, enter -0-)				N/A	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	4,702.	4,702.	4,702.
	2 Savings and temporary cash investments	17,025,530.	15,438,302.	15,438,302.
	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			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	352,655,118.	383,385,536.	477,271,717.
	14 Land, buildings, and equipment basis ▶ 5,660.			
	Less accumulated depreciation STMT 9 ▶ 566.	0.	5,094.	5,094.
	15 Other assets (describe ▶ STATEMENT 11)	879,654.	0.	0.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)	370,565,004.	398,833,634.	492,719,815.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ OTHER LIABILITIES)	5,141.	0.	
	23 Total liabilities (add lines 17 through 22)	5,141.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	370,559,863.	398,833,634.	
	30 Total net assets or fund balances	370,559,863.	398,833,634.	
	31 Total liabilities and net assets/fund balances	370,565,004.	398,833,634.	

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)	1 370,559,863.
2 Enter amount from Part I, line 27a	2 28,273,771.
3 Other increases not included in line 2 (itemize) ▶	3 0.
4 Add lines 1, 2, and 3	4 398,833,634.
5 Decreases not included in line 2 (itemize) ▶	5 0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6 398,833,634.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a HEDGE ISHARES BARCLAYS TIPS BOND FUND		P	VARIOUS	VARIOUS
b K-1 ALLOCATION OF CAPITAL GAIN INCOME		P	VARIOUS	VARIOUS
c K-1 ALLOCATION OF CAPITAL GAIN INCOME		P	VARIOUS	VARIOUS
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 11,296,032.		11,127,660.	168,372.
b 277,929.			277,929.
c 27,432,482.			27,432,482.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			168,372.
b			277,929.
c			27,432,482.
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	27,878,783.
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). If (loss), enter -0- in Part I, line 8		3	N/A

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 the 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))
2012	17,490,154.	364,916,959.	.047929
2011	14,532,427.	342,593,586.	.042419
2010	14,800,113.	297,183,078.	.049801
2009	13,139,978.	247,209,439.	.053153
2008	8,173,799.	174,281,469.	.046900

2 Total of line 1, column (d)	2	.240202
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	.048040
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	425,625,111.
5 Multiply line 4 by line 3	5	20,447,030.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	286,001.
7 Add lines 5 and 6	7	20,733,031.
8 Enter qualifying distributions from Part XII, line 4	8	21,431,411.

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 instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	286,001.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	286,001.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	286,001.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2013 estimated tax payments and 2012 overpayment credited to 2013		6a	1,039,667.
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	1,039,667.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	753,666.
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax <input checked="" type="checkbox"/> 753,666. Refunded <input type="checkbox"/>		11	0.

Part VII-A Statements Regarding Activities

	Yes	No
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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
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.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> MA		
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	X	
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

STMT 12

Form 990-PF (2013)

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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.JACOBSONFAMILYFOUNDATION.ORG</u>	13	X	
14	The books are in care of ► <u>THE ORGANIZATION</u> Telephone no. ► <u>857-202-6250</u> Located at ► <u>240 NEWBURY STREET, FL. 2, BOSTON, MA</u> ZIP+4 ► <u>02116</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 ► 15 N/A			
16	At any time during calendar year 2013, 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No
				X

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 checked="" type="checkbox"/> Yes <input 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? (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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any 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)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
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 2013?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? If "Yes," list the years ► _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____	2b	
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 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2013?	4b	X

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 509(a)(1), (2), or (3), or section 4940(d)(2)?

☒ 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

X

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

6b

X

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

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?

N/A

7b

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.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		311,513.	24,390.	989.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GAIL PERREAULT - C/O JFF, 240 NEWBURY STREET, FL. 2, BOSTON, MA	STRATEGIC INITIATIVES	24.00 107,003.	19,866.	0.
TOVA KATZ-JOTKOWITZ - C/O JFF, 240 NEWBURY STREET, FL. 2, BOSTON, MA	PORTFOLIO ANALYST	36.00 60,538.	17,651.	0.

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

0

Form 990-PF (2013)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THE DUBROF GROUP - 850 PIEDMONT AVENUE, SUITE 3308, ATLANTA, GA 30308	EXECUTIVE PLACEMENT	51,250.

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

Form 990-PF (2013)

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	3,719,214.
b Average of monthly cash balances	1b	11,563,790.
c Fair market value of all other assets	1c	416,823,708.
d Total (add lines 1a, b, and c)	1d	432,106,712.
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	0.
3 Subtract line 2 from line 1d	3	432,106,712.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,481,601.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	425,625,111.
6 Minimum investment return. Enter 5% of line 5	6	21,281,256.

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	21,281,256.
2a Tax on investment income for 2013 from Part VI, line 5	2a	286,001.
b Income tax for 2013. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	286,001.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	20,995,255.
4 Recoveries of amounts treated as qualifying distributions	4	7,054.
5 Add lines 3 and 4	5	21,002,309.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	21,002,309.

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	21,425,751.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	5,660.
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	21,431,411.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	286,001.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	21,145,410.

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 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				21,002,309.
2 Undistributed income, if any, as of the end of 2013			0.	
a Enter amount for 2012 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009	340,908.			
c From 2010	419,303.			
d From 2011				
e From 2012				
f Total of lines 3a through e	760,211.			
4 Qualifying distributions for 2013 from Part XII, line 4: ▶ \$ 21,431,411.			0.	
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2013 distributable amount				21,002,309.
e Remaining amount distributed out of corpus	429,102.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	1,189,313.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,189,313.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	1,189,313.			
10 Analysis of line 9:				
a Excess from 2009	340,908.			
b Excess from 2010	419,303.			
c Excess from 2011				
d Excess from 2012				
e Excess from 2013	429,102.			

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ACADEMIC EXCHANGE 9100 WILSHIRE BOULEVARD, SUITE 400W BEVERLY HILLS, CA 90212	NONE	PC	EDUCATION	365,000.
ACH FOUNDATION 500 SEVENTH AVENUE S., 4TH FLOOR, 500 BUILDING ST PETERSBURG, FL 33701	NONE	PC	HEALTH & HUMAN SERVICES	25,000.
ADVANCED MATH AND SCIENCE ACADEMY 201 FOREST STREET MARLBOROUGH, MA 01752	NONE	PC	EDUCATION	25,000.
AMERICAN FRIENDS OF JORDAN RIVER VILLAGE FOUNDATION 600 COLUMBUS AVENUE, SUITE 9H NEW YORK, NY 10024	NONE	PC	HEALTH & HUMAN SERVICES	10,000.
AMERICAN FRIENDS OF KOLOT 27 WEST 72ND STREET, APT 702 NEW YORK, NY 10023	NONE	PC	COMMUNITY	192,575.
Total	SEE CONTINUATION SHEET(S)			3a 20,552,464.
b Approved for future payment				
NONE				
Total			3b	0.

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

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

OMB No 1545-0047

2013

Name of the organization

THE JACOBSON FAMILY FOUNDATION TRUST

Employer identification number

04-6836735

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☐ 527 political organization

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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

THE JACOBSON FAMILY FOUNDATION TRUST

04-6836735

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	JONATHON AND JOANNA JACOBSON 14 HIGHFIELDS ROAD WAYLAND, MA 01778	\$ 22,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

04-6836735

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

[illegible]

Name of organization THE JACOBSON FAMILY FOUNDATION TRUST	Employer identification number 04-6836735
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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) ► \$ _____

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN FRIENDS OF LIBI 419 HARVARD STREET BROOKLINE, MA 02446	NONE	PC	COMMUNITY	20,000.
AMERICAN FRIENDS OF MAOZ-SEAL, INC. 29 MERRILL ROAD NEWTON, MA 02459	NONE	PC	COMMUNITY	200,000.
AMERICAN FRIENDS OF TEL AVIV UNIVERSITY 39 BROADWAY, SUITE 1510 NEW YORK, NY 10006	NONE	PC	EDUCATION	250,000.
AMERICAN ISRAEL EDUCATION FOUNDATION 126 HIGH STREET BOSTON, MA 02110	NONE	PC	EDUCATION	750,000.
AMERICAN SOCIETY FOR YAD VASHEM 500 5TH AVENUE, 42ND FLOOR NEW YORK, NY 10110	NONE	PC	COMMUNITY	10,000.
BIG BROTHERS BIG SISTERS OF MASSACHUSETTS BAY INC. 75 FEDERAL STREET, 8TH FLOOR BOSTON, MA 02110	NONE	PC	COMMUNITY	585,000.
BELMONT HILL SCHOOL 350 PROSPECT STREET BELMONT, MA 02478	NONE	PRIVATE SCHOOL	EDUCATION	15,000.
BERKLEE COLLEGE OF MUSIC 1140 BOYLSTON STREET MS1140-1A BOSTON, MA 02215	NONE	COLLEGE	EDUCATION	25,000.
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	NONE	PC	HEALTH & HUMAN SERVICES	100,000.
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET, 7TH FLOOR NEW YORK, NY 10016	NONE	PC	EDUCATION	2,000,000.
Total from continuation sheets				19,934,889.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOSTON MEDICAL CENTER 801 MASSACHUSETTS AVENUE, FIRST FLOOR BOSTON, MA 02118-2393	NONE	PC	HEALTH & HUMAN SERVICES	75,000.
BOSTON TEACHER RESIDENCY 27-43 WORMWOOD STREET, SUITE 110 BOSTON, MA 02110	NONE	PC	EDUCATION	25,000.
BOYS & GIRLS CLUBS OF BOSTON 50 CONGRESS STREET, SUITE 730 BOSTON, MA 02109	NONE	PC	COMMUNITY	150,000.
BRANDEIS UNIVERSITY 415 SOUTH STREET, MS - 122 WALTHAM, MA 02454	NONE	UNIVERSITY	EDUCATION	151,700.
BRIDGE BOSTON FOUNDATION INC 2 MCLELLAN STREET DORCHESTER, MA 02121	NONE	PC	EDUCATION	1,185,452.
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVENUE, 5TH FLOOR BOSTON, MA 02116	NONE	PC	HEALTH & HUMAN SERVICES	50,000.
BROOKE SCHOOLS FOUNDATION 190 CUMMINS HIGHWAY ROSLINDALE, MA 02131	NONE	PC	EDUCATION	300,000.
CAMP HARBOR VIEW FOUNDATION 200 CLARENDON STREET, 60TH FLOOR BOSTON, MA 02116	NONE	PC	COMMUNITY	25,000.
CHABAD HOUSE AT HARVARD 38 BANKS STREET CAMBRIDGE, MA 02138	NONE	PC	EDUCATION	50,000.
CHRIST THE KING HIGH SCHOOL 6802 METROPOLITAN AVENUE MIDDLE VILLAGE, NY 11379	NONE	PAROCHIAL SCHOOL	EDUCATION	250.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CITY YEAR 287 COLUMBUS AVENUE BOSTON, MA 02116	NONE	PC	COMMUNITY	150,000.
COMBINED JEWISH PHILANTHROPIES (DAF) 126 HIGH ST BOSTON, MA 02110	NONE	PC	COMMUNITY	1,750,000.
COMMENTARY INC. 165 E 56TH STREET NEW YORK, NY 10126-2394	NONE	PC	COMMUNITY	10,000.
COMPASS WORKING CAPITAL 89 SOUTH STREET, SUITE 203 BOSTON, MA 02111	NONE	PC	EDUCATION	20,000.
CROSSROADS FOR KIDS 119 MYRTLE STREET DUXBURY, MA 02332	NONE	PC	COMMUNITY	10,000.
CYSTIC FIBROSIS FOUNDATION 220 NORTH MAIN STREET, SUITE 104 NATICK, MA 01760	NONE	PC	HEALTH & HUMAN SERVICES	5,000.
DAVID PROJECT PO BOX 52390 BOSTON, MA 02205	NONE	PC	EDUCATION	366,000.
DWARES JCC-JEWISH ALLIANCE OF GREATER RHODE ISLAND 401 ELMGROVE AVENUE PROVIDENCE, RI 02906	NONE	PC	COMMUNITY	5,000.
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02445	NONE	PC	GLOBAL	100,000.
FEDERATION FOR CHILDREN W/ SPECIAL NEEDS 529 MAIN STREET, SUITE 1102 BOSTON, MA 02129	NONE	PC	HEALTH & HUMAN SERVICES	10,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FESSENDEN SCHOOL 250 WALTHAM STREET WEST NEWTON, MA 02465	NONE	PRIVATE SCHOOL	EDUCATION	400,000.
FOUNDATION FOR DEFENSE OF DEMOCRACIES PO BOX 33249 WASHINGTON, DC 20033	NONE	PC	GLOBAL	100,000.
FRIENDS OF ETHIOPIAN JEWS, INC. PO BOX 960059 BOSTON, MA 02196	NONE	PC	COMMUNITY	135,000.
FRIENDS OF YEMIN ORDE 12230 WILKINS AVENUE ROCKVILLE, MD 20852	NONE	PC	EDUCATION	150,000.
FUTURE CHEFS/ THIRD SECTOR NEW ENGLAND 681 MAIN STREET, SUITE 2-4 WALTHAM, MA 02451-0621	NONE	PC	COMMUNITY	8,500.
GILMAN SCHOOL 5407 ROLAND AVENUE #1 BALTIMORE, MD 21210	NONE	PRIVATE SCHOOL	EDUCATION	50,000.
HAP, INC. 322 MAIN STREET SPRINGFIELD, MA 01105	NONE	PC	COMMUNITY	10,000.
HARVARD BUSINESS SCHOOL 230 WESTERN AVENUE BOSTON, MA 02163	NONE	UNIVERSITY	EDUCATION	100,000.
HARVARD HILLEL 52 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE	PC	EDUCATION	80,000.
HARVARD UNIVERSITY 79 JOHN F. KENNEDY SCHOOL, BOX 16 CAMBRIDGE, MA 02138	NONE	UNIVERSITY	EDUCATION	25,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	PC	HEALTH & HUMAN SERVICES	15,000.
HYDE SQUARE TASK FORCE PO BOX 301871 JAMAICA PLAIN, MA 02130	NONE	PC	COMMUNITY	20,000.
ICSF/CATHOLIC SCHOOLS FOUNDATION 200 FRANKLIN STREET, SUITE 630 BOSTON, MA 02110	NONE	PC	EDUCATION	25,000.
INCENTIVE MENTORING PROGRAM PO BOX 1584 BALTIMORE, MD 21203	NONE	PC	EDUCATION	50,000.
INTERFAITHFAMILY COM INC. PO BOX 428 NEWTON, MA 02464	NONE	PC	COMMUNITY	150,000.
ISRAEL & CO. 7 WTC, 46TH FLOOR, 250 GREENWICH ST. NEW YORK, NY 01007	NONE	PC	COMMUNITY	100,000.
ISRAEL PROJECT 2020 K ST., NW, SUITE 7600 WASHINGTON, DC 20006	NONE	PC	COMMUNITY	25,000.
ISRAEL PROMISE 150 EAST 69TH STREET, APT 4B NEW YORK, NY 10021	NONE	PC	COMMUNITY	50,000.
JEWISH COMMUNITY CENTER OF GREATER BOSTON INC. 333 NAHANTON STREET NEWTON, MA 02459	NONE	PC	COMMUNITY	10,000.
JEWISH BIG BROTHER & BIG SISTER ASSOCIATION OF GREATER BOSTON 333 NAHANTON STREET NEWTON, MA 02459	NONE	PC	COMMUNITY	10,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient • Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JEWISH FAMILY & CHILDREN'S SERVICE 1430 MAIN STREET WALTHAM, MA 02451	NONE	PC	HEALTH & HUMAN SERVICES	25,000.
JEWISH VOCATIONAL SERVICES 29 WINTER STREET BOSTON, MA 02108	NONE	PC	COMMUNITY	25,000.
JEWISH WOMEN INTERNATIONAL 1129 20TH STREET NW SUITE 801 WASHINGTON, DC 20036	NONE	PC	GLOBAL	5,000.
MASSACHUSETTS GENERAL HOSPITAL 65 CAMBRIDGE STREET, SUITE 600 BOSTON, MA 02114	NONE	PC	HEALTH & HUMAN SERVICES	25,000.
MIDDLE EAST MEDIA AND RESEARCH INSTITUTE, INC. PO BOX 27837 WASHINGTON, DC 20038-7837	NONE	PC	GLOBAL	50,000.
MASSACHUSETTS IMMIGRANT AND REFUGEE ADVOCACY COALITION, INC. 105 CHAUNCEY STREET, 9TH FLOOR BOSTON, MA 02111	NONE	PC	COMMUNITY	1,000.
MORE THAN WORDS 376 MOODY STREET WALTHAM, MA 02453	NONE	PC	COMMUNITY	15,000.
MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN 99 SUMMER STREET BOSTON, MA 02110	NONE	PC	COMMUNITY	10,000.
NASHOBA LEARNING GROUP 10 OAK PARK DRIVE BEDFORD, MA 01730	NONE	PC	EDUCATION	10,000.
NOBLE AND GREENOUGH SCHOOL 10 CAMPUS DRIVE DEDHAM, MA 02026	NONE	PRIVATE SCHOOL	EDUCATION	25,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEW YORK UNIVERSITY LANGONE MEDICAL CENTER 550 FIRST AVENUE, HCC-15 NEW YORK, NY 10016	NONE	PC	HEALTH & HUMAN SERVICES	50,000.
ONE FAMILY, INC. 240 NEWBURY STREET, 2ND FLOOR BOSTON, MA 02116	NONE	PC	HEALTH & HUMAN SERVICES	25,000.
P.E.F. ISRAEL ENDOWMENT FUNDS, INC. 317 MADISON AVENUE, SUITE 607 NEW YORK, NY 10017	NONE	PC	COMMUNITY	825,000.
PARTNERS IN HEALTH PO BOX 845578 BOSTON, MA 02284-5578	NONE	PC	HEALTH & HUMAN SERVICES	20,000.
PHOENIX CHARTER ACADEMY FOUNDATION 59 NICHOLS STREET CHELSEA, MA 02150	NONE	PC	EDUCATION	20,000.
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	NONE	PC	HEALTH & HUMAN SERVICES	75,000.
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVENUE BOSTON, MA 02215-1001	NONE	PC	HEALTH & HUMAN SERVICES	10,000.
PAN MASS CHALLENGE -JIMMY FUND 77 4TH AVENUE NEEDHAM, MA 02494	NONE	PC	HEALTH & HUMAN SERVICES	5,000.
PROJECT HEALTHY CHILDREN 130 RUMFORD AVENUE, SUITE 116 BOSTON, MA 02466	NONE	PC	HEALTH & HUMAN SERVICES	75,000.
PROJECT HOPE 550 DUDLEY STREET ROXBURY, MA 02119	NONE	PC	HEALTH & HUMAN SERVICES	100,000.
Total from continuation sheets				

THE JACOBSON FAMILY FOUNDATION TRUST

04-6836735

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
REACH OUT AND READ 56 ROLAND STREET, SUITE 100D BOSTON, MA 02129	NONE	PC	EDUCATION	5,000.
READ GLOBAL PO BOX 29286 SAN FRANCISCO, CA 94129	NONE	PC	GLOBAL	5,000.
ROCA 101 PARK STREET CHELSEA, MA 02150	NONE	PC	COMMUNITY	525,000.
ROSIE'S PLACE 889 HARRISON AVENUE BOSTON, MA 02118	NONE	PC	HEALTH & HUMAN SERVICES	100,000.
SIMON WIESENTHAL CENTER 845 THIRD AVENUE, 6TH FLOOR NEW YORK, NY 10022	NONE	PC	GLOBAL	10,000.
IRA SOHN CONFERENCE FOUNDATION INC. 626 RXR PLAZA UNIONDALE, NY 11556	NONE	PC	HEALTH & HUMAN SERVICES	10,000.
SPORTS LEGACY INSTITUTE 230 2ND AVENUE, SUITE 200 WALTHAM, MA 02451	NONE	PC	HEALTH & HUMAN SERVICES	35,000.
ST. BALDRICK'S FOUNDATION 1333 S. MAYFLOWER AVENUE, SUITE 400 MONROVIA, CA 91016-5268	NONE	PC	HEALTH & HUMAN SERVICES	1,600.
STAND FOR CHILDREN LEADERSHIP CENTER 38 CHANCY STREET #700 BOSTON, MA 02110	NONE	PC	EDUCATION	50,000.
STEPPINGSTONE FOUNDATION 155 FEDERAL STREET, #800 BOSTON, MA 02110	NONE	PC	EDUCATION	150,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
STRATEGIC GRANT PARTNERS 240 NEWBURY STREET BOSTON, MA 02116	NONE	PF	NONPROFIT & PHILANTHROPY	1,113,848.
STUDENT CLUBS OF HBS, INC. #2145 STUDENT MAIL CENTER BOSTON, MA 02163	NONE	PC	EDUCATION	35,000.
SUMMER SEARCH 500 SANSOME STREET, SUITE 350 SAN FRANCISCO, CA 94111	NONE	PC	EDUCATION	100,000.
TEAM IMPACT, INC. 3 BATTERYMARCH PARK, 5TH FLOOR QUINCY, MA 02169	NONE	PC	COMMUNITY	25,000.
TEMPLE SHIR TIKVA 141 BOSTON POST ROAD WAYLAND, MA 01778	NONE	TEMPLE	COMMUNITY	18,000.
TENACITY, INC. 38 EVERETT STREET, SUITE 50 BOSTON, MA 02134	NONE	PC	EDUCATION	10,000.
THE BOSTON FOUNDATION 75 ARLINGTON ST., 10TH FLOOR BOSTON, MA 02116	NONE	PC	COMMUNITY	40,000.
THE BOYS' CLUB OF NEW YORK 287 EAST 10TH STREET NEW YORK, NY 10009	NONE	PC	COMMUNITY	25,000.
THE GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	PC	HEALTH & HUMAN SERVICES	150,000.
THE IRISH IMMIGRATION CENTER 100 FRANKLIN STREET, LL-1 BOSTON, MA 02110	NONE	PC	COMMUNITY	10,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE JERUSALEM FOUNDATION 420 LEXINGTON AVENUE, #1645 NEW YORK, NY 10017	NONE	PC	COMMUNITY	25,000.
THE MISSION CONTINUES 1141 SOUTH 7TH STREET ST. LOUIS, MO 63104	NONE	PC	COMMUNITY	20,000.
RASHI SCHOOL INC. 8000 GREAT MEADOW ROAD DEDHAM, MA 02026	NONE	PC	EDUCATION	5,000.
UNLOCKING POTENTIAL 90 CANAL STREET, SUITE 610 BOSTON, MA 02114	NONE	PC	EDUCATION	1,050,000.
UP CHARTER SCHOOL OF BOSTON 215 DORCHESTER STREET SOUTH BOSTON, MA 02127	NONE	PUBLIC SCHOOL	EDUCATION	10,000.
UP CHARTER SCHOOL OF DORCHESTER 5 WESTVILLE STREET BOSTON, MA 02124	NONE	PUBLIC SCHOOL	EDUCATION	10,000.
UNIVERSITY OF PENNSYLVANIA - ANNUAL FUND 3451 WALNUT STREET PHILADELPHIA, PA 19104-6285	NONE	UNIVERSITY	EDUCATION	50,000.
URBAN TEACHER RESIDENCY UNITED 1332 N. HALSTED STREET, SUITE 304 CHICAGO, IL 60642	NONE	PC	EDUCATION	10,000.
WASHINGTON INSTITUTE 1828 L STREET NW, SUITE 1050 WASHINGTON, DC 20036	NONE	PC	EDUCATION	25,000.
WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DRIVE ST. LOUIS, MO 63130-9989	NONE	UNIVERSITY	EDUCATION	50,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WOUNDED WARRIOR PROJECT 370 7TH AVENUE, SUITE 1802 NEW YORK, NY 10001	NONE	PC	HEALTH & HUMAN SERVICES	1,000.
YEAR UP 93 SUMMER STREET BOSTON, MA 02110	NONE	PC	COMMUNITY	1,000,000.
YOUTH VILLAGES PO BOX 341154 MEMPHIS, TN 38184-1154	NONE	PC	COMMUNITY	2,075,000.
JEWISH FUNDERS NETWORK 150 WEST 30TH STREET, STE 900 NEW YORK, NY 10001	NONE	PC	COMMUNITY	3,600.
K-1 ALLOCATIONS OF CHARITABLE CONTRIBUTIONS	NONE	PC	GENERAL	139.
COMBINED JEWISH PHILANTHROPIES 126 HIGH ST BOSTON, MA 02110	NONE	PC	COMMUNITY	1,878,800.
Total from continuation sheets				

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	3
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
K-1 ALLOCATIONS OF DIVIDENDS AND INTEREST	6,933,129.	0.	6,933,129.	6,933,129.	
NON K-1 DIVIDEND AND INTEREST INCOME	7,329.	0.	7,329.	7,329.	
TO PART I, LINE 4	6,940,458.	0.	6,940,458.	6,940,458.	

FORM 990-PF	OTHER INCOME	STATEMENT	4
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UBI FROM PASS-THROUGH ENTITIES (BEFORE PAL ON 990-T)	<77,050.>	0.	
OTHER INCOME FROM PASSTHROUGHS	<736,811.>	<736,811.>	
NET ROYALTY INCOME FROM PASSTHROUGHS	134.	134.	
RECOVERIES	7,054.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	<806,673.>	<736,677.>	

FORM 990-PF	ACCOUNTING FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	7,456.	3,728.		3,728.
TO FORM 990-PF, PG 1, LN 16B	7,456.	3,728.		3,728.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING	52,745.	0.		52,745.	
K-1 INVESTMENT MANAGEMENT FEES	783,491.	783,491.		0.	
TO FORM 990-PF, PG 1, LN 16C	836,236.	783,491.		52,745.	

FORM 990-PF	TAXES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAXES	830,000.	0.		0.	
FOREIGN TAX PER K-1 ALLOCATION	200,380.	200,380.		0.	
TO FORM 990-PF, PG 1, LN 18	1,030,380.	200,380.		0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MASSACHUSETTS FILING FEE	1,000.	0.		1,000.	
ISRAEL OFFICE EXPENSE - VIA JFNA REIMBURSEMENT	122,466.	0.		122,466.	
OFFICE EXPENSES	39,511.	0.		39,511.	
TELEPHONE	4,507.	0.		4,507.	
TECHNICAL SUPPORT	4,353.	0.		4,353.	
MISCELLANEOUS EXPENSES	26,466.	0.		26,466.	
TO FORM 990-PF, PG 1, LN 23	198,303.	0.		198,303.	

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
OFFICE EQUIPMENT	5,660.	566.	5,094.	5,094.
TO 990-PF, PART II, LN 14	5,660.	566.	5,094.	5,094.

FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ABRAMS CAPITAL PARTNERS II	COST	6,436,093.	7,328,750.
DENHAM COMMODITY PARTNERS FUND IV	COST	3,433,919.	4,012,282.
DENHAM COMMODITY PARTNERS FUND V	COST	2,506,627.	1,271,961.
RIVA CAPITAL PARTNERS II, L.P.	COST	1,165,306.	1,291,932.
HIGHFIELDS CAPITAL IV L.P.	COST	286,030,619.	367,278,834.
HIGHVISTA III LTD.	COST	43,798,193.	51,124,911.
TUDOR VENTURES II LTD.	COST	1,720,351.	81,805.
SWIFTCURRENT OFFSHORE LTD.	COST	28,585.	27,290.
HUTENSKY CAPITAL REIT	COST	2,589,228.	3,139,507.
AL BAWADER INVESTMENT FUND	COST	212,907.	174,538.
RIVA CAPITAL PARTNERS III, L.P.	COST	7,366,914.	8,266,063.
CORVEX CAPITAL OFFSHORE L.P.	COST	10,938,505.	13,457,479.
FIMI OPPORTUNITY V, L.P.	COST	1,816,030.	2,070,525.
GULF COAST OPPORTUNITIES FUND L.P.	COST	4,873,331.	4,867,865.
MAGMA VENTURE CAPITAL III L.P.	COST	158,031.	178,097.
KENSICO PARTNERS, L.P.	COST	9,563,484.	11,784,626.
GAIN CAPITAL HOLDINGS INC.	COST	39,475.	207,314.
LEGG MASON WESTERN ASSETS US TSY RES INST	COST	707,938.	707,938.
HEDGE - ISHARES BARCLAY TIPS BOND FUND (CLOSED DURING 2013)	COST	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 13		383,385,536.	477,271,717.

FORM 990-PF	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DISTRIBUTIONS RECEIVABLE	879,654.	0.	0.
TO FORM 990-PF, PART II, LINE 15	879,654.	0.	0.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	12
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NAME OF CONTRIBUTOR	ADDRESS
JONATHAN & JOANNA JACOBSON	14 HIGHFIELDS ROAD WAYLAND, MA 01778

FORM 990-PF	EXPLANATION CONCERNING PART VII-A, LINE 12	STATEMENT	13
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EXPLANATION

THE FOUNDATION TREATED ITS 2013 DISTRIBUTIONS IN THE AMOUNT OF \$1,750,000 TO THE COMBINED JEWISH PHILANTHROPIES, A DONOR-ADVISED FUND, AS QUALIFYING DISTRIBUTIONS. AMOUNTS DISTRIBUTED TO A DONOR-ADVISED FUND WILL BE USED EXCLUSIVELY FOR CHARITABLE PURPOSES BY PROVIDING GRANTS TO CHARITABLE ORGANIZATIONS.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 14
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JONATHON JACOBSON 14 HIGHFIELDS ROAD WAYLAND, MA 01778	TRUSTEE 5.00	0.	0.	0.
JOANNA JACOBSON 14 HIGHFIELDS ROAD WAYLAND, MA 01778	PRESIDENT AND TRUSTEE 20.00	0.	0.	0.
WILLIAM FOSTER C/O JFF, 240 NEWBURY STREET, FL. 2 BOSTON, MA 02116	(FORMER) EXECUTIVE DIRECTOR 40.00	81,187.	6,153.	0.
KAREN COHEN C/O JFF, 240 NEWBURY STREET, FL. 2 BOSTON, MA 02116	PORTFOLIO MANAGER 40.00	129,297.	18,237.	640.
HILA GANOR SCHINDEL-REIMBURSED JFNA C/O JFF, 240 NEWBURY STREET, FL. 2 BOSTON, MA 02116	ISRAEL MANAGER 40.00	101,029.	0.	349.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		311,513.	24,390.	989.

FORM 990-PF PART XV - LINE 1A STATEMENT 15
 LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

JONATHON JACOBSON
 JOANNA JACOBSON

FORM 990-PF PAGE 1

FORM 990-PF PAGE 1

[illegible]

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

COPY

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE JACOBSON FAMILY FOUNDATION TRUST	04-6836735
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	240 NEWBURY STREET, FL. 2	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02116	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ► **240 NEWBURY STREET, FL. 2 - BOSTON, MA 02116**
Telephone No. ► **(617) 266-3444** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ☒ calendar year **2013** or
- ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	1,039,667.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,039,667.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions.
File by the due date for filing your return. See instructions.	Employer identification number (EIN) or
	04-6836735
	Number, street, and room or suite no. If a P.O. box, see instructions.
	240 NEWBURY STREET, FL. 2
	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.
	BOSTON, MA 02116

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **240 NEWBURY STREET, FL. 2 - BOSTON, MA 02116**

Telephone No. **(617) 266-3444**

Fax No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014.**

5 For calendar year **2013**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NECESSARY TO GATHER TAX-RELATED INFORMATION FOR A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	1,039,667.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	1,039,667.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Garry Todd Nichol** Title **CPA**

Date **3/13/14**

Form 8868 (Rev. 1-2014)

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