Form **990**

Return of Organization Exempt From Income Tax

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Α	For the	2023 calend	ar year, or tax year begin	ning		, 2023 , a	nd end	ing		, 20
В	Check if a	applicable:	C Name of organization JA	COB FAMILY SERVICES	INC				D Empl	oyer identification number
	Address o	change	Doing business as TH	E JACOB CENTER						84-1218941
	Name cha	ange	Number and street (or P.O. box	x if mail is not delivered to street address	3)		Room/su	ite	E Telep	hone number
	Initial retu	ırn	729 REMINGTON	STREET						(970)484-8427
	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal code					G Gros	s receipts
Ŧ.	Amended	l return	FORT COLLINS,	CO 80524					\$	935,827
Ŧ.	Applicatio	n pending	F Name and address of principal					H(a) Is this a g	roup return	for subordinates? Yes X No
_		, 0	SAME AS C ABOV					H(b) Are all s		
	Tax-exem	npt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 52	27		1		st. See instructions
	Website:		V.JACOBCENTER.ORG	/(· · · · · · / · · · · · · · · · · · ·				H(c) Group e		
				ociation Other	1	Year of formati	ion: 190			gal domicile: CO
_	rt I	Summar		oodaton outor		Tour or formati		, o	nato or rog	<u> </u>
	1		4	on or most significant activities	. PROV.	IDING A	нтсн	OIIALTTY	AND	PERSONALLY
	'	•	•	ICES TO ABUSED AND 1						
Çe		01011 122		1022 10 1120222 1242 1	12022011	100111	- 11112			
& Governance										
/eri	2	Check this h	ox if the organization d	iscontinued its operations or dis	snosed of n	nore than 25	5% of its	net assets		
Ĝ	3			rning body (Part VI, line 1a)	•				3	5
જ	4		0	s of the governing body (Part V					4	5
Activities	5			ı calendar year 2023 (Part V, lir					5	30
Ę	6			necessary)					6	4
Ac				Part VIII, column (C), line 12					7a	0
				from Form 990-T, Part I, line 1					7b	0
	- 5	ivet uniterate	u business taxable income	nom Form 990-1, Fait I, line 1	<u></u>			Prior Year	10	
	٥	Contribution	e and grants (Part VIII line	1h)					166	Current Year
a)	8		• ,	1h)			-		,466	88,067
Revenue	9	•	,	e 2g)				770	,347	841,566
eve	10		,	A), lines 3, 4, and 7d)					509	6,194
œ	11		, , , , , , , , , , , , , , , , , , , ,	ies 5, 6d, 8c, 9c, 10c, and 11e)			-			0
	12			must equal Part VIII, column (A				857	,322	935,827
	13		. ,	X, column (A), lines 1-3)						0
	14			(, column (A), line 4)						0
Ś	15	•		benefits (Part IX, column (A),	,		-	578	,728	736,529
Expenses			• ,	column (A), line 11e)						0
Бe			ising expenses (Part IX, col	· /· /		16,028				
Ш		•	, , ,	nes 11a-11d, 11f-24e)			-		,407	176,090
			· ·	equal Part IX, column (A), line	•		_		<u>,135</u>	912,619
	19	Revenue les	s expenses. Subtract line 1	8 from line 12					,187	23,208
5	8						Begi	nning of Curre		End of Year
sets	20		, ,				-		,082	520,417
Net Assets or	21		, ,						,570	2,697
_				ine 21 from line 20	<u></u>			494	,512	517,720
	rt II		ire Block	rn, including accompanying schedules ar		and to the heat	of many language	المطاعم معطاهمان	af it ia	
				cer) is based on all information of which			OI IIIY KIIO	wieuge and beii	ei, il is	
Sig	n	DORE Signature of office	EN CANOVA						Da	to.
_									Da	ile
Her	е		EN CANOVA, PRESID	ENT						
		Type or print nar		Drangrar's signature		Doto				DTIN
D- '	الم		eparer's name	Preparer's signature		Date		Check	X if	PTIN
Pai				WADE W MOTER CPA		LO-18-20		self-emp	oloyed	P00457997
	parer		WADE W M				F	Firm's EIN		
US	Only	Firm's addres		kside DR			F	Phone no.		
				Park CO 80863					719-	494-9540
May	the IRS	S discuss this	return with the preparer sh	own above? See instructions						X Yes No

) (Revenue \$

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$

4e Total program service expenses

Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		х
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Λ
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а				
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	441		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	11c		
4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		Х
''	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			Λ
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
d 250		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part.VI</i>	37		X
30		20		
Par	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
raf	Check if Schedule O contains a response or note to any line in this Part V			
	Onesit ii Ochodule O contains a response of note to any illie iii tills Fait V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	х	
	, 5 5 6 6 7 5 7 5 7 7 7 7 7 7 7 7 7 7 7 7			

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2 a 30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O \dots		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	∍r,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	•	-		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O $$.		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .		16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sa	ction A. Governing Body and Management	• • •		
<u> </u>	Ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		162	NO
ıa	If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
L				
b	Enter the number of voting members included in line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
2	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _		
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			ı
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
	and manded date mande to the public daining the tax year.			

ILENE WICAL (970)484-8427, 729 REMINGTON STREET, FORT COLLINS, CO 80524

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela	ted organizat	ion co	mpen	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
(A) Name and title	(B) Average			Pos eck m		nan one		(D) Reportable	(E) Reportable	(F) Estimated amount
Name and the	hours per week (list any	offic	officer and a director/trustee) computer from		compensation from the organization (W-2/	compensation from related organizations (W-2/	of other compensation from the			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1)ERIN ZEINER	40.00									
CO- EXEC DIR				Х				72,970	0	0
(2) EMILY BROWN	40.00									
CO - EXEC DIR				х				64,018	0	0
(3) STEPHANIE MAGNIE	40.00									
CO - EXEC DIR				Х				61,540	0	0
(4) ASHLEY PUGA	1.00									
SECRETARY/TREASURER - END 9/23/23		х		х				0	0	0
(5) SURIYA VIJAYASARATHY	1.00									
VICE PRESIDENT - START 10/20/23		х		х				0	0	0
(6) DOREEN CANOVA	1.00									
PRESIDENT		x		х				0	0	0
(7)MELINDA PHIPPS	1.00									
COMMUNITY LIAISON		х		х				0	0	0
(8) KADY BARTHELEMY	1.00									
VICE PRESIDENT - END 10/20/23		х		х				0	0	0
_(9)										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

EEA Form 990 (2023)

Form 990 (2023)	JACOB FAMILY SERV									84-121			age 8
Part VII Se	ction A. Officers, Directors, T	rustees,	Key I	Emp	oloy	yee	s, an	nd H	lighest Comp	ensated Emp	loyees	(cont	inued)
	(A) Name and title	(B) Average hours per week	box	, unles	Pos eck m	son is	nan one s both ar /trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related	со	(F) nated am of other	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the anization d organiz	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	n continuation sheets to Part VII, Sect			• •									
2 Total nui	d lines 1b and 1c)	ot limited t							198,528 received more th	onan \$100,000 o	f		0
reportab	le compensation from the organiza	ation										Yes	0 No
	rganization list any former officer, directed on line 1a? <i>If "Yes," complete Schedu</i>		-				-		•		. 3		x
-	ndividual listed on line 1a, is the sum of ration and related organizations greater the												
	erson listed on line 1a receive or accrue										. 4		X
	es rendered to the organization? If "Ye	s," complete	Sched	lule .	J for	suc	h pers	on.			5		х
	dependent Contractors e this table for your five highest co	mnensated	l inder	enc	lent	cor	ntracto	ore t	hat received mo	ore than \$100.0	00 of		
•	sation from the organization. Repo	-	-									s tax y	ear.
	(A) Name and business addre	ss							(B) Description of service	es	(C)		
2 Total nui	mber of independent contractors (i	ncluding b	ut not l	imite	ed t	o th	ose li	sted	l above) who				
	more than \$100,000 of compensa	-							•				

Form 990 (2023)

JACOB FAMILY SERVICES INC

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		Check if Schedule O contains a respons	se or note to any l	ine in this Part V	'III		
			·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f		\$88,067	88,067			
			Business Code				
	2a	CONTRACT SERVICE FEES	624100	841,566	841,566		
<u>8</u>	b			,	,		
e S	c						
ıram Ser Revenue	d						
ran Re							
Program Service Revenue	e	All other pregram consists revenue					
₫.	l .	All other program service revenue					
		Total. Add lines 2a-2f		841,566			
	3	Investment income (including dividends, interest,					
		other similar amounts)		6,194			6,194
	4	Income from investment of tax-exempt bond prod					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	l	Net rental income or (loss)					
		Gross amount from (i) Securities	(ii) Other				
	/a	sales of assets	(.,, 55				
		other than inventory 7a					
	h	Less: cost or other basis					
_	b						
venue		and sales expenses 7b					
Λei		Gain or (loss)					
æ	d	Net gain or (loss)					
Other Re	8a	Gross income from fundraising					
퓽		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	1				
	b	Less: direct expenses 8t					
	С	Net income or (loss) from fundraising events .					
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	1				
	h	Less: direct expenses 9t					
	l	Not in come on (local) from more in a costinities					
		, , ,					
	10a	Gross sales of inventory, less					
		returns and allowances					
		Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inventory					
			Business Code				
SE	11a						
scellano Revenue	b						
ella	С						
Miscellanous Revenue	d	All other revenue					
≥	е	Total. Add lines 11a-11d					
		Total revenue. See instructions		935,827	841,566	0	6,194

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	69,692	58,541	9,757	1,394
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	590,994	508,505	70,507	11,982
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	18,994	18,213	683	98
10	Payroll taxes	56,849	47,753	7,959	1,137
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	6,495	6,495		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	11,068	3,449	7,619	
12	Advertising and promotion	2,971	1,554		1,417
13	Office expenses	4,198	2,662	1,536	
14	Information technology	4,284		4,284	
15	Royalties				
16	Occupancy	49,477	37,359	12,118	
17	Travel	16,724	16,194	530	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,495	1,495		
23	Insurance	43,453	28,968	14,485	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	CLIENT NEEDS AND ACTIVITIES	31,386	31,386		
b	REPAIRS AND MAINTENANCE	4,539	2,590	1,949	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	912,619	765,164	131,427	16,028
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note	to ar	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			423,845	2	416,340
	3	Pledges and grants receivable, net		-	3		
	4	Accounts receivable, net			69,687	4	93,860
	5	Loans and other receivables from any current or former of	officer,	director,	-		
		trustee, key employee, creator or founder, substantial cor	ntribut	or, or 35%			
		controlled entity or family member of any of these persor				5	
	6	Loans and other receivables from other disqualified person					
		under section 4958(f)(1)), and persons described in secti				6	
	7	Notes and loans receivable, net		- · · · · · · ·		7	
ets	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			3,550	9	2,031
_	10a	Land, buildings, and equipment: cost or other			2,22		
			10a	10,472			
	b	·	10b	2,286		10c	8,186
	11	Investments - publicly traded securities				11	0,200
	12	Investments - other securities. See Part IV, line 11		F		12	
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets	F		14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3		F	497,082	16	520,417
	17	Accounts payable and accrued expenses			2,570	17	2,697
	18	Grants payable		F	2,5,0	18	2,037
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of		F		21	
	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial cor					
Ξ		controlled entity or family member of any of these persor				22	
Ë	23	Secured mortgages and notes payable to unrelated third		-		23	
	24	Unsecured notes and loans payable to unrelated third pa	•	F		24	
	25	Other liabilities (including federal income tax, payables to		F			
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,570	26	2,697
		Organizations that follow FASB ASC 958, check here					
		and complete lines 27, 28, 32, and 33.					
ces	27				483,863	27	501,229
<u>la</u> n	28				10,649	28	16,491
Ba		Organizations that do not follow FASB ASC 958, che			20,015		20,131
ဋ		and complete lines 29 through 33.					
Ē	29	Capital stock or trust principal, or current funds				29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or				31	
it A	32	Total net assets or fund balances		F	494,512	32	517,720
2	33	Total liabilities and net assets/fund balances		F	497,082	33	520,417
					15,7002		520,111

Form **990** (2023) EEA

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		935,	,827
2	Total expenses (must equal Part IX, column (A), line 25)	2		912,	,619
3	Revenue less expenses. Subtract line 2 from line 1	3		23,	,208
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		494,	,512
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		517,	,720
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	\perp	
EEA			Fo	rm 990	(2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

TACC	В	FAMILY SERVICES INC					84-121894		
Par	t I	Reason for Public Cha	rity Status. (Al	II organizations mus	st comple	ete this p	oart.) See instruction	ons.	
The o	rgaı	nization is not a private foundation be	ecause it is: (For lir	nes 1 through 12, check o	only one bo	x.)			
1		A church, convention of churches,	or association of c	hurches described in se	ction 170	b)(1)(A)(i)) .		
2	Ш	A school described in section 170	(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	0).)				
3	Ш	A hospital or a cooperative hospital	l service organizat	ion described in section	170(b)(1)	(A)(iii).			
4		A medical research organization of	perated in conjunct	tion with a hospital desci	ribed in se	ction 170	(b)(1)(A)(iii). Enter the		
	hospital's name, city, and state:								
5		An organization operated for the be		r university owned or ope	erated by a	a governm	ental unit described in		
	_	section 170(b)(1)(A)(iv). (Complete	•						
6	Ц	A federal, state, or local governme	ŭ		` ' '	,, ,, ,			
7	Ш	An organization that normally receive	•		jovernmen	tal unit or f	rom the general public		
_		described in section 170(b)(1)(A)(•					
8		A community trust described in sec							
9	Ш	An agricultural research organization				•	•	ege	
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
	-	university:	(4) (1 6	20.4/20/. (*)					
10	X	An organization that normally received receipts from activities related to its						S	
		support from gross investment inco	me and unrelated b	business taxable income	(less secti	on 511 tax) from businesses		
44		acquired by the organization after			•	,	1)		
11	H	An organization organized and ope						00 of	
12	Ш	An organization organized and ope one or more publicly supported organized	•	•					l-
		the box on lines 12a through 12d th). Chec	N.
а		Type I. A supporting organizat	,,			•		vina	
а		the supported organization(s) the		•		•		virig	
		supporting organization. You r				, directors	or trustees or the		
b		Type II. A supporting organiza	-			pported or	rganization(s) by havin	a	
_		control or management of the s	•					-	
		organization(s). You must cor		·			· · · · · · · · · · · · · · · · · · ·	-	
С		Type III functionally integrate	•		connection	with. and	functionally integrated	with.	
		its supported organization(s) (s		•				•	
d		Type III non-functionally inte	•	•				ion(s)	
		that is not functionally integrate	d. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivenes	s	
		requirement (see instructions).	You must compl	ete Part IV, Sections A	and D, an	d Part V.			
е		Check this box if the organization	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III		
		functionally integrated, or Type	III non-functionally	integrated supporting of	rganizatior	١.			
f	Е	nter the number of supported organ	izations						
g	P	rovide the following information abo	ut the supported or	ganization(s).					
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary		Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing ent?	support (see instructions)		support (see structions)
				asovo (666 mismasiio116))		1	ou desiene,		o doo.,
					Yes	No			
A)									
B)									
C)									
D)									
E)									
Catal									

18

84-1218941 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

instructions EEA Schedule A (Form 990) 2023

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	35,918	4,897	11,075	6,466	88,067	146,423
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose	854,815	624,874	566,335	770,347	841,566	3,657,937
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	890,733	629,771	577,410	776,813	929,633	3,804,360
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						3,804,360
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	890,733	629,771	577,410	776,813	929,633	3,804,360
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	1,060	7,744	220	509	6,194	15,727
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1,060	7,744	220	509	6,194	15,727
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	255,716	430				256,146
13	Total support. (Add lines 9, 10c, 11,						
		1,147,509	637,945	577,630	777,322	935,827	4,076,233
14	First 5 years. If the Form 990 is for the or	•			•	•	
	organization, check this box and stop her						
	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8		•	3, column (f))		15	93.33 %
16	Public support percentage from 2022 Sch					16	0.00 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			-		17	0.00 %
18	Investment income percentage from 2022					18	0.00 %
19a	33 1/3% support tests - 2023. If the orga						
_	17 is not more than 33 1/3%, check this b	=	_		•	• • • •	
b	33 1/3% support tests - 2022. If the organization						
	line 18 is not more than 33 1/3%, check this bo	-	_			-	
20	Private foundation. If the organization di	a not check a l	oox on line 14.	19a. or 19b. c	neck this box a	ind see instruc	tions

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	Section	A. All	Supporting	Organizations
---	---------	--------	------------	----------------------

Secti	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	NO
-	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4.		
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
ou	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
0-	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	9a		
D	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	30		
Ū	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Faiti	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Cooti	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI</i>			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst:	ructio	ns).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	26		
2	have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	<u>,, </u>			

7

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(expl</i>	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	ons A through E.
Socti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	on A - Adjusted Net Income		(A) I IIOI Teal	(optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

EEA Schedule A (Form 990) 2023

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

	True III New Franction of the Interpret of 500(a)(3)				8941 Fage <i>I</i>
Part	V Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organ	izations (continue	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	 provide details in Part 	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990) 2023 EEA

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

JACOB FAMILY SERVICES INC 84-1218941 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (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 foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

JACOB FAMILY SERVICES INC

84-1218941

Part I	Contributors (see instructions). Use duplicate cop	oles of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12,000	Person Ex Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 8,592	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 10,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000	Person X Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 10,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number 84-1218941

JACOI	FAMILY SERVICES INC			84-1218941
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Sim	ilar Funds or Accou	ints
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 6.	
		(a) Donor ad	vised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets I	neld in donor advised	
	funds are the organization's property, subject to the organiz	ation's exclusive legal c	ontrol?	
6	Did the organization inform all grantees, donors, and donor	advisors in writing that g	rant funds can be used	
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, or	for any other purpose	
	conferring impermissible private benefit?			Yes No
Par				
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organiza			
	Preservation of land for public use (for example, recreating		<u>^</u>	orically important land area
	Protection of natural habitat	[Preservation of a certi	• •
	Preservation of open space	ι		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	nution in the form of a co	nservation
-	easement on the last day of the tax year.	med conservation contin		Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included on line 2c, acc			20
u	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			
3		eleaseu, extilliguisileu, o	i terminated by the organ	ilization duling the
4	tax year	acoment in leasted		
4 5	Number of states where property subject to conservation ea		otion handling of	
3	Does the organization have a written policy regarding the po- violations, and enforcement of the conservation easements	= -		
	·			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nanding of violations, a	nd emorcing conservation	ir easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing consorvation on	coments during the year
'	Amount or expenses incurred in monitoring, inspecting, hand	ulling of violations, and e	Thording conservation ea	sements duling the year
8	Does each conservation easement reported on line 2d above	o actiofy the requiremen	oto of acation 170/b)/4)/E	2)/;)
0				
0	and section 170(h)(4)(B)(ii)?			
9				
	sheet, and include, if applicable, the text of the footnote to the	e organization's financia	ii statements that describ	es trie
Par	organization's accounting for conservation easements III Organizations Maintaining Collections	of Art Historical	Transuras or Oth	or Similar Assats
Гаі				ei Siiiliai Assets
4-	Complete if the organization answered "Yes"	·	•	la na a ale activis de
1a	If the organization elected, as permitted under FASB ASC 9			
	of art, historical treasures, or other similar assets held for pu			nce of public
	service, provide in Part XIII the text of the footnote to its fina			on all and consultant of
b	If the organization elected, as permitted under FASB ASC 9			
	art, historical treasures, or other similar assets held for publi	c exhibition, education,	or research in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			' <u>-</u>
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tr		=	, provide the
	following amounts required to be reported under FASB ASC	-		_
a	Revenue included on Form 990, Part VIII, line 1			· ———
<u>b</u>	Assets included in Form 990, Part X			
For Pa	perwork Reduction Act Notice, see the Instructions for Fo	orm 990		Schedule D (Form 990) 2023

Par	t III Organizations Maintaining Co	llections of A	rt, Histo	ical Treasure	es, or O	her Similar As	sets (co	ntinu	ued)
3	Using the organization's acquisition, accession,	and other records,	check any	of the following that	at make si	gnificant use of its			
	collection items (check all that apply):								
а	☐ Public exhibition		d 🗌	Loan or exchange	e program				
b	Scholarly research		е 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collection	ctions and explain	how they fu	rther the organiza	tion's exer	npt purpose in Part			
	XIII.								
5	During the year, did the organization solicit or re-	ceive donations of	art, historic	al treasures, or ot	her similar				
	assets to be sold to raise funds rather than to be						Yes	;	No
Par	t IV Escrow and Custodial Arrange								
	Complete if the organization and	swered "Yes" o	n Form 9	90, Part IV, lir	ne 9, or	reported an amo	ount on	Form	ı
	990, Part X, line 21.				•	·			
1a	Is the organization an agent, trustee, custodian of	or other intermedia	ry for contrib	outions or other as	sets not				
	included on Form 990, Part X?		-				Yes	;	No
b	If "Yes," explain the arrangement in Part XIII and						_	_	
		·	· ·			Amo	unt		
С	Beginning balance				10	3			
d	Additions during the year					d			
е	Distributions during the year					e			
f	Ending balance					:			
2a	Did the organization include an amount on Form	990, Part X, line 2	1, for escro	w or custodial acc	count liabili	ty?	Yes	. \Box	No
b	If "Yes," explain the arrangement in Part XIII. Ch					•			
Par									
	Complete if the organization ans	swered "Yes" o	n Form 9	90, Part IV, lir	ne 10.				
	· · ·	a) Current year	(b) Prior y			(d) Three years back	(e) Four	vears b	ack
1a	Beginning of year balance		, , , , ,					-	
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	vear end balance	(line 1a. col	umn (a)) held as:			1		
а	Board designated or quasi-endowment	%	· 0,	(//					
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	egual 100%.							
3a	Are there endowment funds not in the possession		ion that are	held and administ	tered for th	e			
	organization by:	.						Yes	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the or	•							
	t VI Land, Buildings, and Equipme			-					
. •••	Complete if the organization and		n Form 9	90. Part IV. lir	ne 11a. :	See Form 990. F	Part X. I	ine 1	0.
	Description of property	(a) Cost or other		o) Cost or other basis		Accumulated	(d) Bool		
		(investment	'	(other)	, ,	depreciation	(.,		
1a	Land			•					
b	Buildings								
c	Leasehold improvements								
d	Equipment			10,472		2,286		8.1	186
e	Other			10,112		2,200			
	Add lines 1a through 1e (Column (d) must equa	al Form 990 Part	X line 10c	column (R)					186

Part VII	Investments - Other Securities Complete if the organization answer	ed "Yes" on For	m 990, Part IV, I	ine 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	, ,	ethod of valuation: d-of-year market value
(1) Financial of	lerivatives				
	Id equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
	n (b) must equal Form 990, Part X, line 12, col.	/R))			
Part VIII	Investments - Program Related	(<i>D</i>))			
i ait viii	Complete if the organization answer	ed "Yes" on For	m 990 Part IV I	ine 11c. See Form	990 Part X line 13
		00 100 0111 01			
	(a) Description of investment		(b) Book value	, ,	ethod of valuation: d-of-year market value
(1)					<u> </u>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, line 13, col.	(B))			
Part IX	Other Assets Complete if the organization answer	ed "Yes" on For	m 990, Part IV, I	ine 11d. See Form	990, Part X, line 15.
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9) Table (0 a / mass	(h) more than a life may 000. Best V. Free 45 and	(D))			
Part X	n (b) must equal Form 990, Part X, line 15 col. Other Liabilities	(B))			
Part	Complete if the organization answer	ed "Yes" on For	m 990, Part IV, I	ine 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1. (1) Fodoral i	(a) Description of liability	(b) Book v	/alue		
(1) Federal in	icome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)		+			
	b) must equal Form 990, Part X, line 25 col. (B))	+			
	uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's fi	nancial statements that	reports the

art X		<u>-</u>	Return	
1 7	Complete if the organization answered "Yes" on Form 990, Protal revenue, gains, and other support per audited financial statements		1	935,827
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			933,627
	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities	2b	_	
	Recoveries of prior year grants	2c	-	
	Other (Describe in Part XIII.)	2d	-	
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	935,827
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	933,027
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b	-	
	Add lines 4a and 4b		4c	
	otal revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>).		5	935,827
rt X			_	
	Complete if the organization answered "Yes" on Form 990, Page 1			•••
7	•		1	912,619
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	312,013
	Onated services and use of facilities	2a		
	Prior year adjustments	2b	-	
	Other losses	2c	-	
	Other (Describe in Part XIII.)	2d	-	
	Add lines 2a through 2d	**	2e	
	Subtract line 2e from line 1		3	912,619
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			522,525
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b	-	
	Add lines 4a and 4b		4c	
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	912,619
	III Supplemental Information			,
ide t	he descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	nes 1b and 2b; Part V, line 4; F	art X, lin	e
art X	I, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		
Ge	neral Explanation Attachment			
	GANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TA EMENTS NECESSARY TO MAINTAIN THAT STATUS.	XES AND BELIEVES IT	HAS C	OMPLIED WITH .

EEA Schedule D (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

84-1218941 JACOB FAMILY SERVICES INC 01. Committee meeting documentation (Part VI, line 8b) BOARD MINUTES WERE RECORDED BY SECRETARY AT EVERY BOARD MEETING. 02. Form 990 governing body review (Part VI, line 11) REVIEWED BY SEVERAL KEY OFFICERS PRIOR TO FILING. 03. Conflict of interest policy compliance (Part VI, line 12c) REVIEWED WITH EACH DIRECTOR ANNUALLY. 04. Governing documents, etc, available to public (Part VI, line 19) FURNISHED UPON RECEIPT OF VALID WRITTEN REQUEST AND A NOMINAL FEE FOR HANDLING, COPYING AND POSTAGE.