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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01/08 , and ending 9/30/09

B Check if applicable
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: Jackson Memorial Foundation, Inc

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 901 N.W. 17 Street

Room/suite: Ste G

City or town, state or country, and ZIP + 4: Miami FL 33136

D Employer identification number: 65-0077727

E Telephone number: 305-355-4999

G Gross receipts$ 11,409,259

F Name and address of principal officer:
Rolando D. Rodriguez
901 N.W. 17 Street Ste G
Miami FL 33136

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]

If "No," attach a list (see instructions)

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ www.jmf.org

H(c) Group exemption number ▶

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1987

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

Jackson Memorial Foundation operates exclusively to support Jackson Memorial Hospital a Code Sec 170(b)(1)(A)(iii) organization and the only public Hospital in Miami-Dade County, Florida. Continued on Schedule "O"

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
5	Total number of employees (Part V, line 2a)	5	54
6	Total number of volunteers (estimate if necessary)	6	89
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,520,055	8,425,036
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	374,284	-595,512
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,270,603	-705,338
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,623,736	7,124,186
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,008,963	4,622,442
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,556,737	2,792,267
16a	Professional fundraising fees (Part IX, column (A), line 11e)	149,400	
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,631,372		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,861,848	1,678,400
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,576,948	9,093,109
19	Revenue less expenses Subtract line 18 from line 12	-1,953,212	-1,968,923

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	18,716,728	17,004,590
21	Total liabilities (Part X, line 26)	1,004,796	795,481
22	Net assets or fund balances Subtract line 21 from line 20	17,711,932	16,209,109

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 8/13/10

Rolando D. Rodriguez President & CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 8/12/10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P00642923

Firm's name (or yours if self-employed), address, and ZIP + 4: Briele & Echeverria, P.A.
220 Miracle Mile, Ste. 203
Coral Gables, FL 33134

EIN ▶ 65-0173530

Phone no ▶ 305-443-5768

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

SCANNED SEP 14 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

Jackson Memorial Foundation operates exclusively to support Jackson Memorial Hospital a Code Sec 170(b)(1)(A)(iii)organization and the only public Hospital in Miami-Dade County, Florida. Continued on Schedule "O"

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,452,261 including grants of$ 2,135,311) (Revenue $)

The Foundation operates exclusively for the purpose of acquiring funds and other appropriate assets from the private and public sector to improve the delivery of healthcare at Jackson Memorial Hospital; support teaching and training programs in healthcare; support medical and surgical treatments at the hospital; support instruction and training of personnel; support the Hospital's capital improvement projects within the medical campus.

4b (Code) (Expenses $ 2,216,952 including grants of$ 1,624,584) (Revenue $)

International Kids Fund (IKF) is a philanthropic program that helps critically ill children primarily from Latin America and the Caribbean gain immediate access to essential medical treatments that are unavailable in their respective countries. IKF successfully raises funds and administers proactive assistance for foreign children with urgent health care needs to receive expert attention at Jackson Memorial Hospital.

4c (Code) (Expenses $ 1,663,487 including grants of$ 862,547) (Revenue $)

The Grants Program at Jackson Memorial Foundation assists Jackson Memorial Hospital through the application, reporting and compliance process for federal, state and county grants. As a result of the Foundation's efforts the Hospital directly received $23,881,386 in Grant awards this fiscal year. These revenues were paid directly to the Hospital by the donors and therefore are not part of the total public support reported by the Foundation. See Schedule "O" for additional information on this achievement.

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of$) (Revenue $)

4e **Total program service expenses** ▶ $ 6,332,700 (Must equal Part IX, Line 25, column (B))

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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 I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors 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, 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? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
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 questions 24b–24d and complete Schedule K If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	24		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	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	2a	54		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country.▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
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).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	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:				
a	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			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 37		
b	Enter the number of voting members that are independent	1b 37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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 in Schedule O	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
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			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be file▶ FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Zully Ford, Fin. Director 901 NW 17 ST Ste G

Miami FL 33136 305-585-1731

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Bastian, Bunny Director	2	X						0	0	0
Batchelor, Sandy Director	2	X						0	0	0
Yolanda Berkowitz Director	2	X						0	0	0
Bilzin, Brian Director	2	X						0	0	0
Cancela, Rosy Director	2	X						0	0	0
Carr, Cindy Director	2	X						0	0	0
Carricarte, Michael Director	2	X						0	0	0
Champion, James A. Secretary	8	X		X				0	0	0
Cisneros Rizzon, Marissa Director	2	X						0	0	0
Conese, Eugene, P. Vice Chair	8	X		X				0	0	0
Copeland, John Director	2	X						0	0	0
De la Fe, Ernesto Director	2	X						0	0	0
DiMare, Jr. Paul J. Director	2	X						0	0	0
Dimond, Alan T. PastChairman	8	X		X				0	0	0
Ferraro, James L. Director	2	X						0	0	0
Fortun, Silvia GuAngelChair	4	X						0	0	0
Guilford, F.W. Mort Treasurer	8	X		X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Holtz, Abel Chairman	8	X		X				0	0	0
Kaiser, Gerard A. Director	2	X						0	0	0
Klenk, Charles J. Director	2	X						0	0	0
Lopez, Juan E. Director	2	X						0	0	0
Lopez-Cantera, Carlos Director	2	X						0	0	0
McEnany, Patrick J. Director	2	X						0	0	0
Moise, Rudolph Director	2	X						0	0	0
Nestor Castellano, Brenda Director	2	X						0	0	0
O'Quinn, Marvin Director	2	X						0	0	0
Ortega, Jorge IKF Chairman	4	X						0	0	0
Panoff, Bill Director	2	X						0	0	0
Perez, Ramon C. Director	2	X						0	0	0
Planas, Carlos Director	2	X						0	0	0
1b Total							▶	800,079	51,971	118,254

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 5

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BGW Design Limited Inc 3628 NE 2 Ave Miami FL 33137	Event Design	235,470
Epstein Becker & Green PC PO Box 30036 NY NY 10087-0036	Legal Services	218,364
Cre8tive Juice Group 1111 Lincoln Rd Ste 325 Miami Beach FL 33139	Marketing	182,346

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 3

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	262,062				
	b Membership dues	1b					
	c Fundraising events	1c	1,501,767				
	d Related organizations	1d	976,735				
	e Government grants (contributions)	1e	1,459,168				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,225,304				
	g Noncash contributions included in lines 1a-1f $		97,550				
	h **Total.** Add lines 1a–1f		▶	8,425,036			
Program Service Revenue		Busn. Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	246,651			246,651
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss)		▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities 2,325,606	(ii) Other 49,266				
	b Less cost or other basis & sales exps	3,183,050	33,985				
	c Gain or (loss)	-857,444	15,281				
	d Net gain or (loss)		▶	-842,163			-842,163
	8a Gross income from fundraising events (not including $ 1,501,767 of contributions reported on line 1c) See Part IV, line 18	a	362,700				
	b Less. direct expenses	b	1,068,038				
	c Net income or (loss) from fundraising events		▶	-705,338	-705,338		
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory		▶				
	Miscellaneous Revenue	Busn. Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d		▶				
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		▶	7,124,186	-705,338	0	-595,512

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) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,622,442	4,622,442		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	275,915		96,570	179,345
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	2,014,281	946,794	373,621	693,866
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	120,437	33,224	30,525	56,688
9	Other employee benefits	211,638	98,941	39,442	73,255
10	Payroll taxes	169,996	74,948	33,267	61,781
11	Fees for services (non-employees)				
a	Management				
b	Legal	326,324		326,324	
c	Accounting	88,039	14,340	55,174	18,525
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	92,652	32,904	5,170	54,578
12	Advertising and promotion	251,012	86,063		164,949
13	Office expenses	60,793	13,010	16,724	31,059
14	Information technology	21,065		7,372	13,693
15	Royalties				
16	Occupancy	236,692	107,205	76,284	53,203
17	Travel	2,674	803	655	1,216
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,667	39,667		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	85,658		29,980	55,678
23	Insurance	11,671		4,085	7,586
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Public Relations	87,436	64,279		23,157
b	Telephone	66,843	44,975	7,654	14,214
c	Cultivation	35,802	3,874		31,928
d	GOA Donor Recognition Sys	35,167	35,167		
e	Auto Expense	31,736		11,108	20,628
f	All other expenses	205,169	114,064	15,082	76,023
25	**Total functional expenses.** Add lines 1 through 24f	9,093,109	6,332,700	1,129,037	1,631,372
26	**Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		906,092	1	552,906
	2	Savings and temporary cash investments		1,240,926	2	2,012,225
	3	Pledges and grants receivable, net		6,680,676	3	5,945,363
	4	Accounts receivable, net		896,806	4	768,893
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		29,750	8	29,750
	9	Prepaid expenses and deferred charges		22,485	9	17,025
	10a	Land, buildings, and equipment cost basis	10a 760,831			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 418,207	457,929	10c	342,624
	11	Investments—publicly traded securities		8,138,670	11	6,989,092
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		343,394	15	346,712
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		18,716,728	16	17,004,590
Liabilities	17	Accounts payable and accrued expenses		935,924	17	759,345
	18	Grants payable			18	
	19	Deferred revenue		68,872	19	36,136
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,004,796	26	795,481
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,342,830	27	-200,986
	28	Temporarily restricted net assets		16,369,102	28	16,410,095
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		17,711,932	33	16,209,109
	34	Total liabilities and net assets/fund balances		18,716,728	34	17,004,590

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Jackson Memorial Foundation, Inc

Employer identification number

65-0077727

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally Integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Schedule A (Form 990 or 990-EZ) 2008 Jackson Memorial Foundation, Inc 65-0077727

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,749,215	8,761,089	11,474,308	10,520,055	8,425,036	45,929,703
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	6,749,215	8,761,089	11,474,308	10,520,055	8,425,036	45,929,703
5 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)						1,600,720
6 **Public support.** Subtract line 5 from line 4						44,328,983

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	6,749,215	8,761,089	11,474,308	10,520,055	8,425,036	45,929,703
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	353,488	326,790	384,599	381,290	246,651	1,692,818
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 IV)						
11 **Total support.** Add lines 7 through 10						47,622,521

12	Gross receipts from related activities, etc (see instructions)	12	1,248,630

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	93.0841 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	90.7668 %

16a **33 1/3 % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2007.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
	$ 30,810,030	$
	42,400	
	2,087,070	1,134,620
	220,000	
	1,220,000	267,550
	300,000	
	950,000	
	258,671	
	705,000	
	618,800	
	1,151,000	198,550
	353,000	
	296,750	
	202,083	
	377,587	
Total	$ 39,592,391	$ 1,600,720

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Jackson Memorial Foundation, Inc

Employer identification number

65-0077727

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _ _ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _ _ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _

(ii) Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _

b Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,577,345				
b Contributions					
c Investment earnings or losses	8,474				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,585,819				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 17.00 %
- b Permanent endowment ▶ _ _ _ _ %
- c Term endowment ▶ _ _ _ _ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations 3a(i)		X
(ii) related organizations 3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		256,015	90,018	165,997
d Equipment		264,474	184,876	79,598
e Other		240,342	143,313	97,029
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))			▶	342,624

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Actuarial Value Trust Agreement Rec	333,661
Interest & Dividend Receivable	12,814
Employee Advances	237
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	346,712

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,124,186
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,093,109
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,968,923
4	Net unrealized gains (losses) on investments	4	466,100
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	466,100
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,502,823

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	7,590,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	466,100		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	466,100
3	Subtract line **2e** from line **1**			3	7,124,186
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c**. (This should equal Form 990, Part 1, line 12)			5	7,124,186

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	9,093,109
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	9,093,109
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c**. (This should equal Form 990, Part I, line 18)			5	9,093,109

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part V, Line 4 - Intended Uses for Endowment Funds

The board designated endowment consists of one investment fund established to support the Foundation's mission.

Part XIV Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

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Jackson Memorial Foundation, Inc

Employer identification number
65-0077727

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Annual Gala (event type)	(b) Event #2 Annual Art Nigh (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,365,603	130,302	368,562	1,864,467
	2 Less Charitable contributions	1,165,603	122,802	213,362	1,501,767
	3 Gross revenue (line 1 minus line 2)	200,000	7,500	155,200	362,700
Direct Expenses	4 Cash prizes			13,076	13,076
	5 Non-cash prizes				
	6 Rent/facility costs	381,200	29,000	80,649	490,849
	7 Other direct expenses	367,663	61,204	135,246	564,113
	8 Direct expense summary Add lines 4 through 7 in column (d)			▶	1,068,038
	9 Net income summary Combine lines 3 and 8 in column (d)			▶	-705,338

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records.				
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶$ and the amount of gaming revenue retained by the third party ▶$				
c	If "Yes," enter name and address				
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶$				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

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2008

Open to Public Inspection

Name of the organization
Jackson Memorial Foundation, Inc

Employer identification number
65-0077727

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jackson Memorial Hospital 1611 NW 12th Ave Miami FL 33136	59-1713947	3	598,962				Fund Hosp. Projects
Jackson Memorial Hospital 1611 NW 12th Ave Miami FL 33136	59-1713947	3	1,213,407				Pd on behalf of JMH
University of Miami School of Med PO Box 025405 MIami FL 33102	59-0624458	3	322,942				Fund Dr. Projects
UM/Jackson Memorial Hospital 1611 NW 12th Ave Miami FL 33136	59-1713947	3	1,624,584				Int'l Kids Program
Jackson Memorial Hospital 1611 NW 12th Ave Miami FL 33136	59-1713947	3	342,848				The Children's Trust
Jackson Memorial Hospital 1611 NW 12th Ave Miami FL 33136	59-1713947	3	294,969				MDC Special Programs
Jackson Memorial Hospital 1611 NW 12th Ave Miami FL 33136	59-1713947	3	92,474				Jump Start Program
Jackson Memorial Hospital 1611 NW 12th Ave Miami FL 33136	59-1713947	3	34,544				Healthy Start Progr
Jackson Memorial Hospital 1611 NW 12th Ave Miami FL 33136	59-1713947	3	97,712				Miscellaneous Progra

2 Enter total number of section 501(c)(3) and government organizations ▶ 2

3 Enter total number of other organizations ▶

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

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Name of the organization
Jackson Memorial Foundation, Inc

Employer identification number
65-0077727

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Rodriguez, Rolando	(i)	296,659	20,000	0	0	37,541	354,200	310,621
	(ii)	31,731	0	10,240	0	0	41,971	87,500
Bender, Joan	(i)	145,932	0	0	0	28,965	174,897	150,833
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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Open to Public Inspection

Name of the Organization: Jackson Memorial Foundation, Inc

Employer Identification number: 65-0077727

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Poliakoff, Steven R. Director	2	X						0	0	0
Quintero, Norma Cancer Chair	4	X						0	0	0
Riley, Chris Director	2	X						0	0	0
Roldan, Eneida Director	2	X						0	0	0
Schwartz, Robert S. Director	2	X						0	0	0
Swerdlow, Michael Vice Chair	4	X		X				0	0	0
Vanaver, Elissa Director	2	X						0	0	0
Viyella, Candido Director	2	X						0	0	0
Wallace, Patricia GoAngelChair	4	X						0	0	0
Rodriguez, Rolando Pres. & CEO	40			X				316,659	41,971	37,541
Bender, Joan VP of Develo	40					X		145,932	0	28,965
Ford, Zuleyma Fin. Directo	40					X		109,166	10,000	17,337
Quevedo, Elena Oper Dir	40					X		115,745	0	15,166
Fallick, Sharon Dir. of Deve	40					X		112,577	0	19,245

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
Jackson Memorial Foundation, Inc

Employer identification number
65-0077727

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )	X	15	97,550	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Jackson Memorial Foundation, Inc

Employer identification number
65-0077727

Form 990 - Organization's Mission or Most Significant Activities

The mission of JMF is to conduct traditional philanthropic activities and independently create and implement other strategic entrepreneurial initiatives that financially assist Jackson Memorial Hospital in advancing its status as a world-class medical center.

Form 990, Part I, Line 6

The organization estimates that the number of volunteers as follows:

Board Members Serving the organization on a volunteer basis = 37

International Kids Fund volunteer board members = 12

Volunteers who assist at fundraising events and participate in event planning committees throughout the year = 40

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The organization is a Florida corporation organized with Members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The organization shall have up to 45 voting Directors and one non-voting Director.

The Directors shall be composed of the following:

(a) The Chair, Vice-Chair, Secretary and Treasurer of the Corporation.

(b) The immediate past chair of the Corporation.

(c) Up to 30 elected Directors.

(d) The Chairs of the Golden Angel Society

Name of the organization: Jackson Memorial Foundation, Inc

Employer identification number: 65-0077727

(e) The President of the Miami-Dade County Public Health Trust

(f) The Chair of the Miami-Dade County Public Health Trust

(g) The Chairs of the Auxiliary Groups

(h) The President and CEO of the Foundation who shall serve with no vote.

Election and Term of Office:

The Members of the Board of Directors who are elected as Directors shall be divided into three groups so as to rotate one third of the board each year. The number of Directors in each group shall be as nearly equal as possible. At each annual meeting of the Board, the successors of the elected Directors whose terms are expiring shall be elected for a three year term expiring at the third successive annual meeting of the Board. If the number of elected Directors is changed, any increase or decrease shall be apportioned among the classes so as to maintain the number of Directors in each group as nearly equal as possible, and any additional Directors of any group elected to fill a vacancy resulting from an increase in such group shall hold office for a term that shall coincide with the remaining term of that group, but in no case shall a decrease in the number of Directors shorten the term of any incumbent Director. Each elected Director shall hold office until the successor to the Director shall be duly elected, qualified and seated, or the Director's earlier retirement, removal from office or death. Each Director shall serve for a term of three years, and shall serve for a maximum of three consecutive terms or a total of nine years unless such term limits are waived by a vote of the Executive Committee or elected officer. A person who has served for at least three consecutive terms as an elected director shall not be eligible for election or re-election as a director for one year.

Name of the organization: Jackson Memorial Foundation, Inc

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Voluntary Retirement:

Any Director may retire at any time by notifying the Chair or Secretary in writing. Such retirement shall take effect at the time specified in the notice of retirement.

Removal of Elected Directors:

Absences: Any elected Director who fails to attend without an excused absence 50% of meetings of the Board of Directors, whether regular or special, within any 12 month period shall automatically be removed as a Director. Directors must request, orally or in writing, prior to the missed meeting or, if not possible, before the next meeting, through the Chair of the President, that their absence be excused. The nature of absences for Directors (whether excused or unexcused) shall be announced by the Chair at the beginning of each meeting and shall be recorded in the minutes.

Reinstatement: The Secretary shall in writing promptly notify Directors who have been automatically removed. Any Director so removed may request reinstatement by directing a letter to the Chair and the President setting forth the reason for the unexcused absences. The request for reinstatement shall be granted only upon the vote of the Board.

Removal: At a meeting of the Board, any elected Director may be removed, with or without cause, by a vote of two-thirds of the Directors in attendance at the meeting. Notice of proposed Board action pursuant to this provision shall be given to each Board member not less than four days prior to the meeting at which such action is to be considered.

Vacancies:

Whenever a vacancy exists on the Board of Directors, whether by death, resignation or otherwise, the vacancy may be filled by a majority vote of the remaining voting Directors, even through the remaining voting Directors constitute less than a quorum, at a regular or special meeting of the Board. Any person elected to fill the vacancy of a Director shall have the same qualifications as were required of the Directors whose office was vacated.

Any person elected to fill a vacancy on the Board of Directors shall hold office for the unexpired term of such person's predecessor in office, subject to the same power of removal stated above. The organization shall have up to 45 voting Directors and one non-voting Director.

The Directors shall be composed of the following:

(a) The Chair, Vice-Chair, Secretary and Treasurer of the Corporation.

(b) The immediate past chair of the Corporation.

(c) Up to 30 elected Directors.

(d) The Chairs of the Golden Angel Society

(e) The President of the Miami-Dade County Public Health Trust

(f) The Chair of the Miami-Dade County Public Health Trust

(g) The Chairs of the Auxiliary Groups

(h) The President and CEO of the Foundation who shall serve with no vote.

Election and Term of Office:

The Members of the Board of Directors who are elected as Directors shall be

divided into three groups so as to rotate one third of the board each year. The number of Directors in each group shall be as nearly equal as possible. At each annual meeting of the Board, the successors of the elected Directors whose terms are expiring shall be elected for a three year term expiring at the third successive annual meeting of the Board. If the number of elected Directors is changed, any increase or decrease shall be apportioned among the classes so as to maintain the number of Directors in each group as nearly equal as possible, and any additional Directors of any group elected to fill a vacancy resulting from an increase in such group shall hold office for a term that shall coincide with the remaining term of that group, but in no case shall a decrease in the number of Directors shorten the term of any incumbent Director. Each elected Director shall hold office until the successor to the Director shall be duly elected, qualified and seated, or the Director's earlier retirement, removal from office or death. Each Director shall serve for a term of three years, and shall serve for a maximum of three consecutive terms or a total of nine years unless such term limits are waived by a vote of the Executive Committee or elected officer. A person who has served for at least three consecutive terms as an elected director shall not be eligible for election or re-election as a director for one year.

Voluntary Retirement:

Any Director may retire at any time by notifying the Chair or Secretary in writing. Such retirement shall take effect at the time specified in the notice of retirement.

Removal of Elected Directors:

Name of the organization: Jackson Memorial Foundation, Inc

Employer identification number: 65-0077727

Absences: Any elected Director who fails to attend without an excused absence 50% of meetings of the Board of Directors, whether regular or special, within any 12 month period shall automatically be removed as a Director. Directors must request, orally or in writing, prior to the missed meeting or, if not possible, before the next meeting, through the Chair of the President, that their absence be excused. The nature of absences for Directors (whether excused or unexcused) shall be announced by the Chair at the beginning of each meeting and shall be recorded in the minutes.

Reinstatement: The Secretary shall in writing promptly notify Directors who have been automatically removed. Any Director so removed may request reinstatement by directing a letter to the Chair and the President setting forth the reason for the unexcused absences. The request for reinstatement shall be granted only upon the vote of the Board.

Removal: At a meeting of the Board, any elected Director may be removed, with or without cause, by a vote of two-thirds of the Directors in attendance at the meeting. Notice of proposed Board action pursuant to this provision shall be given to each Board member not less than four days prior to the meeting at which such action is to be considered.

Vacancies:

Whenever a vacancy exists on the Board of Directors, whether by death, resignation or otherwise, the vacancy may be filled by a majority vote of the remaining voting Directors, even through the remaining voting Directors constitute less than a quorum, at a regular or special meeting of the Board. Any person elected to fill the vacancy of a Director shall have the same qualifications as were required of the Directors whose office was

vacated.

Any person elected to fill a vacancy on the Board of Directors shall hold office for the unexpired term of such person's predecessor in office, subject to the same power of removal stated above.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
The affairs of the Foundation shall be managed, and all corporate powers shall be exercised by the members of the Board of Directors.

The Chair and, in his absence, the Vice Chair and/or President and CEO shall execute contracts which are within the Foundation's budget or have been otherwise authorized by the Board or the Executive Committee, as well as instruments and documents on behalf of the Foundation. Any contract involving consideration of $100,000 or more must be executed by the Chair or Vice Chair. The Board, except as required by law, the Articles of Incorporation, or the Bylaws, may authorize any other Officers or agents of the Foundation, in addition to the Officers so authorized by the Bylaws, to enter into any contracts or execute and deliver any instrument or documents in the name of and on behalf of the Foundation and such authority may be general or confined to specific instances.

All checks, drafts, loans, or other orders for the payment of money, notes, or other evidence of indebtedness issued in the name of the Foundation shall be signed by such officer or officers, agent or agents of the Foundation and in such manner as determined by the Board. In the absence of such a determination, such instruments shall be signed by the Treasurer

and countersigned by the President and CEO.

All funds of the Foundation shall be deposited and/or invested to the credit of the Foundation in financial institutions selected by the Board.

The Board may accept on behalf of the Foundation any contributions, gifts, bequests or devise for general or for special purpose of the Foundation, and may accept in kind personal service in its discretion.

The Board may elect or appoint any person or persons to act in an advisory capacity to the Foundation.

The Board shall review and either approve or modify and approve the Foundations annual budget prior to the beginning of the fiscal year for which it applies.

The Board may alter, amend or repeal any new Bylaws by a two thirds vote.

The Board of Directors by a majority vote may authorize the formation of auxiliary organizations to assist in the fulfillment of the purpose of the Foundation.

Form 990, Part VI, Line 9b - Policies and Procedures Governing Chapters Jackson Memorial Foundation is the sole member of Foundation Health Services, Inc a Florida Corporation.

The policies and procedures that govern Foundation Health Services have

been reviewed and approved by the Board of Directors of Jackson Memorial Foundation and their mission is consistent with the mission of Jackson Memorial Foundation.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990
Management ensures that all members of the Board receive a copy of the annual form 990 with ample time for review before the form's filing deadline. All members are encouraged to review the form and discuss any changes, revisions or comments with management prior to filing the final return with the IRS. Management ensures that all members of the Board receive a copy of the annual form 990 with ample time for review before the form's filing deadline. All members are encouraged to review the form and discuss any changes, revisions or comments with management prior to filing the final return with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
The policy requires all Directors to annually sign a Conflict of Interest Certificate as a condition of membership on the Board of Directors. Upon at least four days written notice to the Director involved, the Board shall have authority to determine if a conflict exists and take appropriate remediation action.

A Director having a conflict of interest or a conflict of responsibility on any matter involving the Corporation and any other business or person, shall refrain from voting on such matter. No Director shall use his or her position as a Director of the Corporation for his or her own indirect financial gain.

Name of the organization: Jackson Memorial Foundation, Inc

Employer identification number: 65-0077727

As an additional assurance, the Audit Committee adopted in December 2009 a new procedure which states that as a matter or due course of the yearly audit the independent auditors are to obtain a written confirmation from all officers and directors reaffirming their compliance with the Conflict of Interest Policy. For fiscal year ended September 30, 2009 all officers and directors reaffirmed their compliance with the policy.

All employees must sign a conflict of interest statement upon being hired. Should a potential conflict arise then the policy requires they bring it to the attention of the Human Resources department. Should an undisclosed conflict arise then HR would investigate and make a determination.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
Compensation for the CEO is determined by the Employment Practices Committee, which brings a recommendation to the board for approval. The committee benchmarks compensation for similar positions in the local market.

Form 990, Part VI, Line 15b - Compensation Process for Officers
The compensation for Key Employees is reviewed and established by the Employment Practices Committee appointed by the Board of Directors. The committee benchmarks compensation for similar positions in the local market.

Form 990, Part VII - Group Return Method

Name of the organization: Jackson Memorial Foundation, Inc

Employer identification number: 65-0077727

Parent organization has filed a separate return

Form 990, Part VII - Related Organizations

Rolando Rodriguez is the President and CEO of Jackson Memorial Foundation and Foundation Health Services. Foundation Health Services is a wholly owned subsidiary of Jackson Memorial Foundation. In Fiscal Year 2009 Mr. Rodriguez devoted approximately 20 to 25 hours per week to matters related to Foundation Health Services in addition to performing his duties at Jackson Memorial Foundation.

Schedule O - Additional Information

Due to the Foundation's role as an Agent of the University of Miami/Jackson Memorial Medical Center, the Form 990 does not fully represent the total funds raised by the organization.

Jackson Memorial Foundation is a non-profit foundation operated exclusively for the purpose of soliciting funds for the University of Miami/Jackson Memorial Medical Center (UM/JMMC).

The Form 990 only reflects amounts raised that were given directly to the Foundation. The Foundation, however, was instrumental in acquiring donations that went directly either to the Hospital or to the University of Miami.

The following financial summary clearly delineates the results of operations for the fiscal year ending September 30, 2009.

Name of the organization: Jackson Memorial Foundation, Inc

Employer identification number: 65-0077727

Total Fundraising Revenue as a Result of Foundation Initiatives

Direct Contributions to the Foundation	$ 7,719,698
Direct Contributions to UM/JMMC	23,881,386
Total Funds Raised	$ 31,601,084

Total Contributions to UM/Jackson Medical Center

JMF's Fiscal Year Donations to UM/JMMC	$ 6,332,700
Direct Grants and Contributions to UM/JMMC	23,881,386
Total Donations	$ 30,214,086

At the Foundation we take pride in our fiscal responsibility and many years of successful and effective fundraising. Our administrative expenses have historically averaged 15% of total revenue. Our financial statements undergo an annual independent third party audit by qualified Certified Public Accounting firm. Our Board Finance Committee meets at least four times a year to review the financial condition of the foundation, to oversee the performance of the foundation's investments and to consider modification in policies or strategies as needed.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: Jackson Memorial Foundation, Inc

Employer identification number: 65-0077727

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
JMF Realty Holdings LLC 901 NW 17 Street Ste G 20-2337789 Miami FL 33136	Real Estat	FL			

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Foundation Health Services Inc. 1500 NW 12 Ave Ste 829 20-4895697 Miami FL 33136	Supporting	FL	501-3c	11a	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispro-portionate alloc ? Yes	(H) Dispro-portionate alloc ? No	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f	X	
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	Foundation Health Services Inc.	f	49,622
(2)	Foundation Health Services Inc.	n	238,204
(3)	Foundation Health Services Inc.	c	6,000
(4)	Foundation Helath Services Inc.	p	8,229
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2008
Attachment Sequence No **67**

Name(s) shown on return: Jackson Memorial Foundation, Inc

Identifying number: 65-0077727

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	85,658

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	85,658
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

There are no amounts for Page 2

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65-0077727
FYE: 9/30/2009

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
20	OFFICE TV	3/01/96	232				232	5	HY	S/L	232	0
21	COMPUTER/AMEX	6/13/96	3,193				3,193	5	HY	S/L	3,193	0
22	NETWORK CARD	9/30/97	1,785				1,785	5	MQ	S/L	1,785	0
35	FILE CABINETS/OFF DEPOT	4/12/96	698				698	7	HY	S/L	698	0
36	OFFICE FURNITURE	2/07/97	1,990				1,990	7	MQ	S/L	1,990	0
37	FILE CABINETS	3/19/97	540				540	7	MQ	200DB	540	0
38	OFFICE FURNITURE	7/28/97	2,642				2,642	7	MQ	S/L	2,642	0
43	COMPUTER SOFTWARE	11/12/96	347				347	5	MQ	S/L	347	0
44	COMPUTER SOFTWARE	1/10/97	1,620				1,620	5	MQ	S/L	1,620	0
			13,047				13,047				13,047	0
Other Depreciation:												
16	BUBBLE JET PRINTERS	4/10/95	702				702	5	MO	S/L	702	0
17	FAX MACHINE	7/31/95	695				695	5	MO	S/L	695	0
18	CDW-COMP.MONITOR	8/14/95	359				359	5	MO	S/L	359	0
19	COMPUTER/OFF DEPOT	9/01/95	1,529				1,529	5	MO	S/L	1,529	0
23	COMPUTER	11/21/97	1,268				1,268	5	MO	S/L	1,268	0
24	OFFICE EQUIPMENT	3/27/98	223				223	5	MO	S/L	223	0
25	OFFICE EQUIPMENT	6/20/98	530				530	5	MO	S/L	530	0
26	OFFICE EQUIPMENT	9/30/98	287				287	5	MO	S/L	287	0
28	OFFICE FURNITURE	3/15/93	199				199	7	MO	S/L	199	0
29	OFFICE FURNITURE	6/15/93	5,287				5,287	7	MO	S/L	5,287	0
30	OFFICE FURNITURE	8/16/93	1,364				1,364	7	MO	S/L	1,364	0
31	OFFICE FURNITURE	7/01/93	80				80	5	MO	S/L	80	0
32	(2) OFFICE DESKS	12/28/93	793				793	7	MO	S/L	793	0
33	FILE CABINETS	4/04/94	320				320	7	MO	S/L	320	0
34	DESKS	6/20/94	1,331				1,331	7	MO	S/L	1,331	0
45	COMPUTER SOFTWARE	11/30/97	2,005				2,005	5	MO	S/L	2,005	0
46	COMPUTER SOFTWARE	12/24/97	1,149				1,149	5	MO	S/L	1,149	0
47	COMPUTER SOFTWARE	1/26/98	332				332	5	MO	S/L	332	0
48	BLACKBAUD	5/29/98	15,045				15,045	5	MO	S/L	15,045	0
49	SPA Computer Equipment	11/19/98	375				375	5	MO	S/L	375	0
50	Donated Computer	12/31/98	1,000				1,000	5	MO	S/L	1,000	0
51	SPA COMPUTER EQUIPMENT	12/29/98	1,035				1,035	5	MO	S/L	1,035	0
52	AMEX OFFICE EQUIP	1/07/99	270				270	5	MO	S/L	270	0
53	SPA COMPUTER EQUIPMENT	2/08/99	330				330	5	MO	S/L	330	0
54	SPA COMPUTER SOFTWARE	2/08/99	240				240	5	MO	S/L	240	0
55	AMEX COMPUTER SOFTWARE	4/02/99	216				216	5	MO	S/L	216	0
56	EQUIFAX CARD SERVICES	6/04/99	421				421	5	MO	S/L	421	0
57	AMEX COMPUTER SOFWARE	6/07/99	1,347				1,347	5	MO	S/L	1,347	0
58	BLACKBAUD	6/14/99	2,015				2,015	5	MO	S/L	2,015	0
59	AMEX COMP SOFTWARE	8/03/99	1,347				1,347	5	MO	S/L	1,347	0
60	OFFICE EQUIPMENT	12/01/99	450				450	5	MO	S/L	450	0
61	OFFICE EQUIP AMEX	1/06/00	2,242				2,242	5	MO	S/L	2,242	0
62	KNOLL INC	2/14/00	4,500				4,500	5	MO	S/L	4,500	0
63	KNOLL	3/01/00	2,664				2,664	5	MO	S/L	2,664	0
64	OFFICE EQUIP AMEX	4/27/00	2,598				2,598	5	MO	S/L	2,598	0
65	OFFICE EQUIP AMEX	6/29/00	1,185				1,185	5	MO	S/L	1,185	0
66	AMEX OFFICE EQUIP	9/06/00	805				805	5	MO	S/L	805	0
67	COMPUTER SOFTWARE	4/28/00	237				237	5	MO	S/L	237	0
68	COMPUTER SOFTWARE	9/06/00	388				388	5	MO	S/L	388	0
69	OFFICE FURNITURE AMEX	4/27/00	17,523				17,523	7	MO	S/L	17,523	0
70	STYLUS DESIGN GROUP	6/20/00	535				535	7	MO	S/L	535	0
71	G&Y INTERIORS	6/22/00	243				243	7	MO	S/L	243	0
72	G&Y INTERIORS	6/22/00	441				441	7	MO	S/L	441	0
73	FURNITURE AMEX	6/29/00	401				401	7	MO	S/L	401	0
74	MADA CONSTRUCT - SHELVES	7/13/00	1,500				1,500	7	MO	S/L	1,500	0
75	FURNITURE AMEX	8/01/00	972				972	7	MO	S/L	972	0
76	MSOffice 2001	5/02/01	511				511	5	MO	S/L	511	0
77	Built In Shelves	1/16/01	1,100				1,100	7	MO	S/L	1,100	0
78	Computers 2	3/01/01	3,411				3,411	5	MO	S/L	3,411	0
79	Table	4/04/01	275				275	7	MO	S/L	275	0
80	Shelves	8/08/01	471				471	7	MO	S/L	471	0
81	Safeguard USA Equipment	11/12/01	847				847	5	MO	S/L	847	0
82	UM Computer Equipment	9/03/02	2,645				2,645	5	MO	S/L	2,645	0
83	Brochures Binding Machine	9/19/02	1,783				1,783	5	MO	S/L	1,783	0
84	Dell Computer Equipment	9/19/02	3,421				3,421	5	MO	S/L	3,421	0

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FYE: 9/30/2009

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
85	Conference Table	10/30/01	7,549				7,549	7	MO	S/L	7,442	107
86	Computer	11/04/02	1,050				1,050	5	MO	S/L	1,050	0
87	Computer Monitor	11/04/02	815				815	5	MO	S/L	815	0
88	Computer Monitor	11/04/02	850				850	5	MO	S/L	850	0
89	Notebook Computer	11/26/02	2,077				2,077	5	MO	S/L	2,077	0
90	Office Phones	1/14/03	5,367				5,367	5	MO	S/L	5,367	0
91	Fax Machine	1/27/03	1,767				1,767	5	MO	S/L	1,767	0
92	Computers	1/27/03	3,590				3,590	5	MO	S/L	3,590	0
93	File Cabinets	4/15/03	621				621	7	MO	S/L	488	88
94	Computer Monitor	8/25/03	1,313				1,313	5	MO	S/L	1,313	0
95	Windows 2000	11/04/02	446				446	5	MO	S/L	446	0
96	Window Tinting	3/12/03	330				330	10	MO	S/L	184	33
97	Construction - Permits	4/24/03	420				420	10	MO	S/L	228	42
98	Construction & Improvements	7/25/03	13,000				13,000	10	MO	S/L	6,717	1,300
99	Construction & Improvements	7/29/03	18,000				18,000	10	MO	S/L	9,300	1,800
100	Architectural Drawings	8/31/03	6,200				6,200	10	MO	S/L	3,152	620
101	Construction & Improvements	9/12/03	24,000				24,000	10	MO	S/L	12,200	2,400
102	Window Tinting	9/15/03	660				660	10	MO	S/L	336	66
103	Office Equipment	12/12/03	1,995				1,995	5	MO	S/L	1,928	67
104	Office Equipment	1/23/04	2,835				2,835	5	MO	S/L	2,646	189
105	Computer Equipment	3/05/04	10,859				10,859	5	MO	S/L	9,954	905
106	Software	1/15/04	2,695				2,695	5	MO	S/L	2,560	135
107	Furniture	3/01/04	1,391				1,391	7	MO	S/L	911	198
108	Furniture	4/29/04	804				804	7	MO	S/L	507	115
109	Furniture	3/25/04	600				600	7	MO	S/L	386	85
110	Office Cubicle	3/12/04	33,286				33,286	7	MO	S/L	21,794	4,756
111	Furniture	2/19/04	2,819				2,819	7	MO	S/L	1,846	403
112	Furniture	3/25/04	1,490				1,490	7	MO	S/L	958	213
113	Furniture	5/20/04	540				540	7	MO	S/L	334	77
114	Leasehold Improvement	4/08/04	14,841				14,841	15	MO	S/L	4,452	990
115	Computers	6/01/05	5,706				5,706	5	MO	S/L	3,804	1,141
117	Computer Software	1/12/05	23,381				23,381	10	MO	S/L	8,768	2,338
118	Furnitures & Fixtures	6/01/05	38,559				38,559	7	MO	S/L	18,362	5,508
119	Golden Angel Cart	6/27/05	6,384				6,384	7	MO	S/L	2,964	912
120	A/C Unit	6/23/05	9,880				9,880	15	MO	S/L	2,141	658
121	Computer	9/26/05	3,432				3,432	5	MO	S/L	2,059	686
122	Office Equipment (A/P)	9/30/05	1,395				1,395	5	MO	S/L	837	279
123	Leasehold Improvement IKF (A/P)	9/30/05	11,580				11,580	10	MO	S/L	3,474	1,158
124	Equipment	2/10/06	6,241				6,241	5	MO	S/L	3,329	1,248
125	Financial Edge Software	12/12/05	6,425				6,425	5	MO	S/L	3,641	1,285
126	Computer	12/13/05	8,340				8,340	5	MO	S/L	4,726	1,668
127	Computer	11/11/05	1,266				1,266	5	MO	S/L	739	253
128	Workspaces South	2/09/06	2,608				2,608	7	MO	S/L	993	373
129	Knoll Inc	5/15/06	8,640				8,640	7	MO	S/L	2,983	1,234
130	Leasehold Improvements	1/06/06	62,036				62,036	10	MO	S/L	17,060	6,204
131	Dell	1/30/06	8,923				8,923	5	MO	S/L	4,759	1,785
132	Walkie Talkies & Headphones	1/21/07	508				508	3	MO	S/L	282	169
133	Security Video Ssytem	3/13/07	8,557				8,557	5	MO	S/L	2,710	1,711
135	Wireless Credit Card Machines	2/28/07	7,704				7,704	5	MO	S/L	2,440	1,541
136	Black Baud Lincense	2/15/07	3,296				3,296	5	MO	S/L	1,099	659
137	New Furniture Grants Dept	6/15/07	89,364				89,364	7	MO	S/L	17,022	12,766
138	Office Furniture Finance Dept Sold/Scrapped: 6/30/09	8/24/07	29,713				29,713	7	MO	S/L	4,598	3,184
139	Conference Table RDR	8/03/07	668				668	7	MO	S/L	111	96
140	Finance Office Leashold Improv Sold/Scrapped. 6/30/09	8/24/07	11,100				11,100	15	MO	S/L	802	555
141	Grants Leasehold Improvements	8/03/07	83,049				83,049	15	MO	S/L	6,459	5,537
142	Betty's New PC	11/21/06	1,657				1,657	5	MO	S/L	608	331
143	Angie's PC	12/21/06	1,615				1,615	5	MO	S/L	565	324
144	RDR New PC	12/21/06	2,359				2,359	5	MO	S/L	826	471
145	Ilka's New PC	2/02/07	1,238				1,238	5	MO	S/L	413	247
146	Eddie's New PC IKF	5/07/07	1,192				1,192	5	MO	S/L	338	238
147	Chi's IKF New PC	8/06/07	748				748	5	MO	S/L	175	149
148	Janelle's IKF New PC	9/30/07	643				643	5	MO	S/L	129	128
149	DR Digital Events Software	9/11/07	997				997	3	MO	S/L	360	332
150	HP Color Copier Grants	5/18/07	12,596				12,596	5	MO	S/L	3,359	2,519
151	Laptop & Macbook	7/15/07	2,821				2,821	5	MO	S/L	705	564
152	Apple PC - RDR	8/12/07	1,685				1,685	5	MO	S/L	393	337
154	Computer Equipment	11/06/07	551				551	5	MO	S/L	101	110
155	Computer Equipment	11/30/07	1,161				1,161	5	MO	S/L	194	232
156	Computer Equipment	11/30/07	1,558				1,558	5	MO	S/L	260	311

247 Jackson Memorial Foundation, Inc 08/12/2010 1:11 PM
65-0077727
FYE: 9/30/2009

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
157	Computer Equipment	11/30/07	711				711	5	MO	S/L	119	142
158	Computer Equipment	11/30/07	1,459				1,459	5	MO	S/L	243	292
159	Computer Equipment	11/30/07	838				838	5	MO	S/L	140	167
160	Office Equipment	6/03/08	4,345				4,345	5	MO	S/L	290	869
161	Office Equipment	2/12/08	806				806	5	MO	S/L	108	161
162	Adobe	9/17/08	1,348				1,348	5	MO	S/L	0	270
163	Compass Office Solut Sold/Scrapped 6/30/09	10/14/07	1,493				1,493	7	MO	S/L	213	160
164	Compass Office Solut Sold/Scrapped 6/30/09	1/28/08	1,493				1,493	7	MO	S/L	142	160
165	Compass Office Solut	2/21/08	4,550				4,550	7	MO	S/L	379	650
166	Compass Office Solut	2/21/08	668				668	7	MO	S/L	56	95
167	Compass Office Solut	2/21/08	665				665	7	MO	S/L	55	95
168	Compass Office Solut	2/21/08	1,530				1,530	7	MO	S/L	128	218
169	Professional Handyman	2/15/08	1,420				1,420	7	MO	S/L	135	203
170	Compass Office Solut	2/21/08	2,966				2,966	7	MO	S/L	247	424
171	Compass Office Solut	2/21/08	2,253				2,253	7	MO	S/L	188	322
172	Compass Office Solut	2/21/08	1,697				1,697	7	MO	S/L	141	243
173	Professional Handyman	3/27/08	1,200				1,200	7	MO	S/L	86	171
174	HITT Contracting	6/30/08	1,383				1,383	7	MO	S/L	49	198
181	Computer Equipment	2/12/08	970				970	5	MO	S/L	129	194
182	Computer Equipment	2/12/08	970				970	5	MO	S/L	129	194
183	Computer Equipment	2/12/08	970				970	5	MO	S/L	129	194
184	Computer Equipment	2/12/08	970				970	5	MO	S/L	129	194
185	Computer Equipment	2/12/08	1,664				1,664	5	MO	S/L	222	333
186	Computer Equipment	2/12/08	2,339				2,339	5	MO	S/L	312	468
187	Computer Equipment	2/12/08	12,475				12,475	5	MO	S/L	1,663	2,495
188	JMF Dell New PC Finance Zully's Asst.	2/22/08	1,028				1,028	5	MO	S/L	120	206
189	John Capurso New PC	5/14/08	1,982				1,982	5	MO	S/L	165	397
190	Computer Equipment	6/16/08	1,021				1,021	5	MO	S/L	51	204
191	Computer Equipment	6/16/08	1,045				1,045	5	MO	S/L	52	209
192	Printer for Eileen	7/17/08	804				804	5	MO	S/L	27	161
193	GOA Printer	7/17/08	519				519	5	MO	S/L	17	104
194	Computer Equipment	8/19/08	1,916				1,916	5	MO	S/L	32	383
195	Joan's Computer	9/17/08	1,166				1,166	5	MO	S/L	0	233
196	Zully's Laptop	9/17/08	1,547				1,547	5	MO	S/L	0	309
198	Digital Video Equipment	10/01/08	1,890				1,890	5	MO	S/L	0	378
199	Computer Equipment	1/05/09	1,330				1,330	3	MO	S/L	0	332
200	Conference Phone	9/30/09	1,118				1,118	5	MO	S/L	0	0
	Total Other Depreciation		791,577				791,577				329,324	85,658
	Total ACRS and Other Depreciation		791,577				791,577				329,324	85,658
	Grand Totals		804,624				804,624				342,371	85,658
	Less: Dispositions		43,799				43,799				5,755	4,059
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		760,825				760,825				336,616	81,599

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
Interest Income	$ 70,145		14	FL
Total	$ 70,145			

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
Dividend Income	$ 176,506		14	FL
Total	$ 176,506			

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Donor Recognition System	$ 23,529	$ 397	$	$ 23,132
Postage & Courier	23,078	12,724	3,624	6,730
Newsletter	20,326			20,326
Program Development	20,128	20,128		
GOA Public Relations	15,809	15,809		
Misc. Taxes, Dues & Subsc	15,616	316	5,355	9,945
Website	12,461	3,541		8,920
GOA Physicians	12,000	12,000		
GUA Public Relations	11,475	11,475		
Temporary Help	7,981		2,793	5,188
GUA Donor Recognition Sys	7,521	7,521		
GOA Cultivation	6,693	6,693		
VIP & Staff Parking IKF	5,795	5,795		
Postage & Courier Grants	5,410	5,410		
Repairs & Maintenance	5,092		3,310	1,782
VIP & Staff Parking Grant	4,225	4,225		
Annual Giving Development	2,690	2,690		
GUA Cultivation	2,318	2,318		
GUA Program Development	1,971	1,971		
Telephone-Grants	1,051	1,051		
Total	$ 205,169	$ 114,064	$ 15,082	$ 76,023