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Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

JACKSON SENIOR CITIZENS FOUNDATION 20-1796799 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) 🕅 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). 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. c Type III-Functionally integrated a Type1 b ☐ Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting П Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(l) Provide the following information about the supported organization(s) (Iv) is the organization (v) Did you notify (vi) is the (i) Name of Supported (II) EIN (III) Type of organization (vii) Amount of in col, (i) listed in your the organization in organization in Organization (described on lanes 1-9 support coverning document? col (I) of your support col (i) organized shows or IRC section (see Instructions)) in the U.S.? Yes No Y--(A) (C) (E) <u>.</u>,

20-1796799 JACKSON SENIOR CITIZENS FOUNDATION Page 2 Schedule A (Form 990 or 990-EZ) 2010 Part II . Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 Calendar year (or fiscal year beginning in) (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4. Section B. Total Support (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 9 Net income from unrelated business activities, whether or not the business 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) 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) Section C. Computation of Public Support Percentage % 15 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10% facts-and-circumstances test - 2010. 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 10% facts-and-circumstances test - 2009. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . .

33 1/3% support test - 2009. If the organization did not check the box on line 13, or 16a, and line 15 is 33 1/3% or more, check this

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Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II.
If the organization falls to qualify under the tests listed below, please complete part II.

Section A. Public Support				,		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and				1		
membership fees received. (Do not			ŀ	ļ		
include any "unusual grants.")				55845	33039	88884
2 Gross receipts from admissions, merchandise		1	i			
sold or services performed, or facilities			ł	[
furnished in any activity that is related to the				1		
organization's tax-exempt purpose	L			13378	22343	35721
3 Gross receipts from activities that are not an		}		1		
unrelated trade or business under section 513			1			
4 Tax revenues levied for the organiza-			į.			
tion's benefit and either paid to or exp-			1	}		
ended on its behalf						
5 The value of services or facilities				ł l	1	
furnished by a governmental unit to the				[
organization without charge						
6 Total. Add lines 1 through 5	<u> </u>			69223	55382	124605
7a Amounts included on lines 1, 2, and 3		i	İ]	ļ	
received from disqualified persons						
b Amounts included on lines 2 and 3 received				ì		
from other than disqualified persons that]	1		1		
exceed the greater of \$5,000 or 1 % of the				1		
amount on line 13 for the year						
c Add lines 7a and 7b			ļ	L		
8 Public Support (Subtract line 7c from line 6)		<u> </u>	<u> </u>	<u> </u>		124605
Section B. Total Support		,	,			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6				69223	55382	124605
10a Gross income from interest, dividends,	İ]	1			
payments received on securities loans, rents,		1			,	
royalties and income from similar sources		ļ				
b Unrelated business taxable income		1	1		ł	
(less section 511 taxes) from bus-		}	1			
inesses acquired after June 30, 1975			ļ			
c Add lines 10a and 10b						
11 Net income from unrelated business	İ	ĺ				
activities not included in line 10b,	<u> </u>	\				
whether or not the business is regularly	ľ	f	1			
carried on						
12 Other income. Do not include gain or	ł	1	ļ	1		
loss from the sale of capital assets]			
(Explain in Part IV.)	ļ	 		 		
13 Total support. (Add lines 9, 10c, 11	1		}	60000	55382	124605
and 12.)				69223		124605
14 First five years. If the Form 990 is for the organ						. .
organization, check this box and stop here		· · · · · · · · ·	• • • • • • • •			<u> ▶ □</u>
Section C. Computation of Public Support Percei		lles 42 selves /	<u>/6\</u>	15	100.00	0 %
15 Public support percentage for 2010 (line 8 column					100.00	
16 Public support percentage from 2009 Schedule] 10]	100.00	
Section D. Computation of Investment Income Pe		dad by line 42	column (0)	17		<u> </u>
17 Investment income percentage for 2010 (line 10						18.001
18 Investment income percentage from 2009 Sche 19a 33 1/3% support tests - 2010. If the organization	oule A, Pan III, I	the heur- Fer 1		more than 33 1/	3 % and line 17	ie
not more than 33 1/3%, check this box and stop						
b 33 1/3% support tests - 2009. If the organization is not more than 33 1/3%, check this box and st	on die net check	a DUX ON IINE 14	ior mic 158, 8110 ioc ge a nublish	il bioin ei or oim como habannus	ization	► □
20 Private foundation. If the organization did not c						
ONA	HOLK & DOX ON II	115 14, 158, UT 13	SU, LAIGUR IIIS DU	wand ago mating		990 or 990-EZ) 2010

Part IV .	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
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QNA	Schedule A (Form 990 or 990-EZ) 2010