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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

**2010**

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**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) | Room/suite
901 NW 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 $ 11,235,707

**F** Name and address of principal officer
THOMAS J SCHRAMM
901 NW 17 STREET STE G
MIAMI, FL 33136

**H(a)** Is this a group return for affiliates? ☐ Yes ☑ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW JMF ORG

**K** Form of organization ☑ 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 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

**Activities & Governance**

| | | | |
|---|---|---|---|
| **2** | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net 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 individuals employed in calendar year 2010 (Part V, line 2a) | **5** | 35 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 49 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| **8** | Contributions and grants (Part VIII, line 1h) | 8,913,240 | 7,145,971 |
| **9** | Program service revenue (Part VIII, line 2g) | | 0 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | -13,769 | 451,190 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -1,637,906 | -804,886 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,261,565 | 6,792,275 |
| **Expenses** | | | |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 4,760,156 | 6,244,562 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 2,494,114 | 2,302,327 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶1,439,210 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 1,127,410 | 1,010,426 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 8,381,680 | 9,557,315 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | -1,120,115 | -2,765,040 |
| **Net Assets or Fund Balances** | | **Beginning of Current Year** | **End of Year** |
| **20** | Total assets (Part X, line 16) | 16,501,115 | 13,578,613 |
| **21** | Total liabilities (Part X, line 26) | 789,338 | 1,040,995 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 15,711,777 | 12,537,618 |

## 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**

****** | 2012-08-10
Signature of officer | Date

THOMAS J SCHRAMM PRESIDENT & CEO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| E BEATRIZ BROUWER | E BEATRIZ BROUWER | 2012-08-10 | ☐ | |

Firm's name ▶ BRIELE & ECHEVERRIA PA | Firm's EIN ▶

Firm's address ▶ 5001 SW 74TH CT STE 202
MIAMI, FL 331554453 | Phone no ▶ (305) 443-5768

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

**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 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

**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 $ 4,995,599 including grants of $ 4,751,309 ) (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 $ 1,671,086 including grants of $ 1,264,985 ) (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 $ 396,192 including grants of $ 228,268 ) (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 THE FOUNDATION CLOSED THIS PROGRAM ON DECEMBER 31,2010 ALL ASSETS AND STAFF WERE TRANSFERRED OVER TO JACKSON HEALTH SYSTEM JACKSON HEALTH SYSTEM HAS CONTINUED RUNNING THE PROGRAM AS A HOSPITAL DEPARTMENT

**4d** Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

**4e Total program service expenses** ▶ $ 7,062,877

## 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | Yes | |
| 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 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or 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 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 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 U S ? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 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 U S ? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | Yes | |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | Yes | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | | No |
| **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** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **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** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **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** | | No |
| **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** | Yes | |
| **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** | Yes | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | **35** | | No |
| **a** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No | | | |
| **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** | | No |
| **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** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 27 | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | | 1c | Yes | |
| 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 | 35 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . | | | 3a | | No |
| 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 | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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 | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | | | 6a | | No |
| 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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | | 7h | | No |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | | | 9b | | |
| 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 | | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | | 14b | | |

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . | 1a | 37 | | |
| b | Enter the number of voting members included in line 1a, above, who 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 | | No |
| 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 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | 5 | | No |
| 6 | Does the organization have members or stockholders? . . . . . | | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . | | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . | | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | | 9 | | No |

## Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . . | 10a | Yes | |
| 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? . . . . | 10b | | No |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | 12b | Yes | |
| 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 | Yes | |
| 13 | Does the organization have a written whistleblower policy? . . . . . | 13 | | No |
| 14 | Does the organization have a written document retention and destruction policy? . . . . . | 14 | Yes | |
| 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 | Yes | |
| b | Other officers or key employees of the organization . . . . . | 15b | Yes | |
| | If "Yes" to line 15a or 15b, 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 | | No |
| 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 filed ▶ 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 See Additional Data Table

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b Sub-Total** | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** | | | | | | | | 397,120 | 73,390 | 81,655 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 3

| | | | 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* | **3** | Yes | |
| **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* | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | **5** | | No |

## 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 |
|---|---|---|
| DUANE MORRIS LLP<br>30 S 17 STREET<br>PHILADELPHIA, PA 191034193 | LEGAL FEES | 180,362 |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

## 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 | 325,000 | | | | |
| | b Membership dues | | | | | |
| | c Fundraising events | 1,134,356 | | | | |
| | d Related organizations | 346,177 | | | | |
| | e Government grants (contributions) | 681,954 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 4,658,484 | | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | |
| | h **Total.** Add lines 1a-1f | | 7,145,971 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f | | | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) | | 91,340 | | | 91,340 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross Rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 4,307,950 | | | | |
| | b Less cost or other basis and sales expenses | 3,948,100 | | | | |
| | c Gain or (loss) | 359,850 | | | | |
| | d Net gain or (loss) | | 359,850 | 359,850 | | |
| Other Revenue | 8a Gross income from fundraising events (not including $ 1,134,356 of contributions reported on line 1c) See Part IV, line 18 | a 151,400 | | | | |
| | b Less direct expenses | b 495,332 | | | | |
| | c Net income or (loss) from fundraising events | | -343,932 | | | |
| | 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 | Business Code | | | | |
| | 11a BAD DEBT EXPENSE | | -460,954 | -460,954 | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e **Total.** Add lines 11a–11d | | -460,954 | | | |
| | 12 **Total revenue.** See Instructions | | 6,792,275 | -101,104 | | 91,340 |

## 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 | 6,244,562 | 6,244,562 | | |
| 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 | 468,340 | | 124,916 | 343,424 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 590,712 | 80,390 | 155,895 | 354,427 |
| 7 Other salaries and wages | 842,096 | 377,608 | 296,449 | 168,039 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 16,540 | 16,540 | | |
| 9 Other employee benefits | 45,920 | 45,920 | | |
| 10 Payroll taxes | 338,719 | 31,039 | 123,072 | 184,608 |
| a Fees for services (non-employees) Management | | | | |
| b Legal | 250,822 | | 215,833 | 34,989 |
| c Accounting | 45,080 | 6,280 | 15,520 | 23,280 |
| d Lobbying | | | | |
| e Professional fundraising services *See Part IV, line 17* | | | | |
| f Investment management fees | | | | |
| g Other | 79,306 | 3,886 | 9,528 | 65,892 |
| 12 Advertising and promotion | 136,419 | 105,339 | | 31,080 |
| 13 Office expenses | 95,129 | 32,634 | 8,407 | 54,088 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 154,782 | 48,421 | 48,450 | 57,911 |
| 17 Travel | 936 | 936 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 50,349 | | 20,140 | 30,209 |
| 23 Insurance | 14,718 | | 5,887 | 8,831 |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| a CULTIVATION | 34,345 | 5,458 | | 28,887 |
| b GOA DONOR RECOGNITION SYS | 29,690 | 29,690 | | |
| c TELEPHONE | 22,868 | 7,355 | 6,205 | 9,308 |
| d AUTO EXPENSE | 20,002 | | 8,001 | 12,001 |
| e MISCELLANEOUS EXPENSE | 17,650 | | 7,060 | 10,590 |
| f All other expenses | 58,330 | 26,819 | 9,865 | 21,646 |
| 25 **Total functional expenses.** Add lines 1 through 24f | 9,557,315 | 7,062,877 | 1,055,228 | 1,439,210 |
| 26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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 | | 353,630 | 1 | 575,113 |
| | 2 | Savings and temporary cash investments | | 2,854,103 | 2 | 1,910,939 |
| | 3 | Pledges and grants receivable, net | | 5,392,795 | 3 | 5,537,225 |
| | 4 | Accounts receivable, net | | 492,455 | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 18,450 | 8 | 18,450 |
| | 9 | Prepaid expenses and deferred charges | | 20,337 | 9 | 51,237 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 453,579 | | | |
| | b | Less accumulated depreciation | 10b 361,334 | 265,498 | 10c | 92,245 |
| | 11 | Investments—publicly traded securities | | 6,750,616 | 11 | 4,901,630 |
| | 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 | | 353,231 | 15 | 491,774 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 16,501,115 | 16 | 13,578,613 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 789,338 | 17 | 1,040,995 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial 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 to unrelated third parties | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 789,338 | 26 | 1,040,995 |
| 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 | | 815,584 | 27 | -152,528 |
| | 28 | Temporarily restricted net assets | | 14,896,193 | 28 | 12,690,146 |
| | 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 | | 15,711,777 | 33 | 12,537,618 |
| | 34 | Total liabilities and net assets/fund balances | | 16,501,115 | 34 | 13,578,613 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . | 1 | 6,792,275 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 9,557,315 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | -2,765,040 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 15,711,777 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | -409,119 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 12,537,618 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . . | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? . . . . . | 2b | | No |
| c | If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . . | 2c | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis | | | |
| 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 | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . | 3b | | |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## 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**

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 (For lines 1 through 11, check only one box )

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).**

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).**

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?

| | Yes | No |
|---|---|---|
| **(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 the supported organization? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| (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? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the U S ? Yes | (vi) No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 11,474,308 | 10,520,055 | 8,425,036 | 8,913,240 | 7,145,971 | 46,478,610 |
| 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 | 11,474,308 | 10,520,055 | 8,425,036 | 8,913,240 | 7,145,971 | 46,478,610 |
| 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) | | | | | | 1,873,342 |
| 6 **Public Support.** Subtract line 5 from line 4 | | | | | | 44,605,268 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 11,474,308 | 10,520,055 | 8,425,036 | 8,913,240 | 7,145,971 | 46,478,610 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 384,599 | 381,290 | 246,651 | 129,258 | 91,340 | 1,233,138 |
| 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) | | | | | | 47,711,748 |

| | | | |
|---|---|---|---|
| 12 | Gross receipts from related activities, etc (See instructions ) | 12 | -309,554 |

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

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 14 | Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | 14 | 93 490 % |
| 15 | Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 | 95 130 % |

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 and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **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 box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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 ▶☐

b **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 ▶☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## 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 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 through 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 $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| **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)** 2006 | **(b)** 2007 | **(c)** 2008 | **(d)** 2009 | **(e)** 2010 | **(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 section501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| **15** | Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | **15** | |
| **16** | Public support percentage from 2009 Schedule A, Part III, line 15 | **16** | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| **17** | Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) | **17** | |
| **18** | Investment income percentage from **2009** Schedule A, Part III, line 17 | **18** | |

**19a** **33 1/3% support tests—2010.** 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—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 65-0077727
**Name:** JACKSON MEMORIAL FOUNDATION INC

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (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 | | | |
| ALVAREZ CESAR<br>VICE-CHAIR | 4 00 | X | | | | | | 0 | 0 | 0 |
| BEATTY ROBERT ESQ<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| BASTIAN BUNNY<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| BATCHELOR SANDY<br>SECRETARY | 4 00 | X | | | | | | 0 | 0 | 0 |
| BERKOWITZ YOLANDA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| BILZIN BRIAN<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| CANCELA ROSY<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| CARR CINDY<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| CARRICARTE MICHAEL<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| CORDOBA GOOD MARIA C<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| LAPCIUC MARCOS<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| COULSON DAVID ESQ<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| DIMARE JR PAUL J<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| KAISER GERARD A<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| GREENE KIM<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| LIPTON JANICE<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| LOPEZ-CANTERA CARLOS<br>CHAIRMAN | 4 00 | X | | | | | | 0 | 0 | 0 |
| MCENANY PATRICK J<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| MOISE RUDOLPH MD<br>TREASURER | 4 00 | X | | | | | | 0 | 0 | 0 |
| NESTOR CASTELLANO BRENDA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| POLIAKOFF STEVEN R<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| PRESS SHIRLEY MD<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| RILEY CHRIS<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| MIGOYA CARLOS<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| VANAVER ELISSA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (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 | | | |
| VIYELLA CANDIDO<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| FORTUN SILVIA<br>GUANGELCHAIR | 4 00 | X | | | | | | 0 | 0 | 0 |
| QUINTERO NORMA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| WALLACE PATRICIA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| CHAMPION JAMES A<br>DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| CONESE EUGENE P<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| DIMOND ALAN T<br>PASTCHAIRMAN | 4 00 | X | | X | | | | 0 | 0 | 0 |
| HOLTZ ABEL<br>DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| MARTINEZ MARIANA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| MITCHELL JOANNE<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| RODRIGUEZ MANNY J<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| MAGGIE VILLACAMPA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| BENDER JOAN<br>VP OF DEVELO | 40 00 | | | X | | | | 127,669 | 0 | 41,242 |
| RODRIGUEZ ROLANDO<br>PRES & CEO | 40 00 | | | X | | | X | 269,451 | 73,390 | 40,413 |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**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 for any other purpose conferring 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 Escrow and Custodial Arrangements. Complete if the 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 the 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 | 1,690,967 | 1,585,819 | 1,577,345 | | |
| b Contributions | | | | | |
| c Investment earnings or losses | 23,404 | 105,148 | 8,474 | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,714,371 | 1,690,967 | 1,585,819 | | |

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

- a Board designated or quasi-endowment ▶ 100 000 %
- 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) | | No |
| (ii) related organizations | 3a(ii) | | No |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | No |

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) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 162,047 | 106,156 | 55,891 |
| d Equipment | | 158,661 | 131,606 | 27,055 |
| e Other | | 132,871 | 123,572 | 9,299 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 92,245 |

**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 |
|---|---|---|
| (1) Financial derivatives | | |
| (2) 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 |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | |

**2.** Fin 48 (ASC 740) Footnote 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 (ASC740)

## 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 | 6,792,275 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 9,557,315 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -2,765,040 |
| 4 | Net unrealized gains (losses) on investments | 4 | -409,119 |
| 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 | -409,119 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -3,174,159 |

## 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 | 6,383,156 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | -409,119 | | |
| 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 | -409,119 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 6,792,275 |
| 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 I, line 12 ) | | | 5 | 6,792,275 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 9,557,315 |
| 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 | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 9,557,315 |
| 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 | 9,557,315 |

## 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 Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|

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**SCHEDULE G (Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
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** ☑ Internet and e-mail 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 and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | 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 |
|---|---|---|---|---|---|---|
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| **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

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**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<br>ANNUAL GALA<br>(event type) | (b) Event #2<br>ANNUAL ART NIGH<br>(event type) | (c) Other Events<br>3<br>(total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 755,725 | 221,056 | 308,975 | 1,285,756 |
| | 2 Less Charitable contributions | 655,725 | 214,806 | 263,825 | 1,134,356 |
| | 3 Gross income (line 1 minus line 2) | 100,000 | 6,250 | 45,150 | 151,400 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 131,568 | 117,999 | 245,765 | 495,332 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 495,332 |
| | 11 Net income summary Combine lines 3 and 10 in column (d) ▶ | | | | -343,932 |

**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) ▶ | | | | |

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

**11** Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

**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? . . . . . ☐ 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? . . . . . ☐ Yes ☐ No

**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? . . . . . ☐ Yes ☐ No

**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 ▶ $

## Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|---|---|---|

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

**2010**

**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" to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|---|---|---|---|---|---|---|
| (1) JACKSON MEMORIAL HOSPITAL1611 NW 12TH AVE MIAMI,FL 33136 | 59-1713947 | GOV | 2,953,756 | | | | FUND HOSP PROJECTS |
| (2) JACKSON MEMORIAL HOSPITAL1611 NW 12TH AVE MIAMI,FL 33136 | 59-1713947 | GOV | | 542,739 | COST | EQUIPMENT | PD ON BEHALF OF JMH |
| (3) UNIVERSITY OF MIAMI SCHOOL OF MEDPO BOX 025405 MIAMI,FL 33102 | 59-0624458 | 3 | 1,254,814 | | | | TO FUND HOSP PROJECT |
| (4) JACKSON MEMORIAL HOSPITAL1611 NW 12TH AVE MIAMI,FL 33136 | 59-1713947 | GOV | 1,264,985 | | | | INTERNATIONAL KIDS F |
| (5) JACKSON MEMORIAL HOSPITAL1611 NW 12TH AVE MIAMI,FL 33136 | 59-1713947 | GOV | 38,023 | | | | BUCKLE UP FOR LIFE |
| (6) JACKSON MEMORIAL HOSPITAL1611 NW 12TH AVE MIAMI,FL 33136 | 59-1713947 | GOV | 7,604 | | | | JUMP START PROGRAM |
| (7) JACKSON MEMORIAL HOSPITAL1611 NW 12TH AVE MIAMI,FL 33136 | 59-1713947 | GOV | 42,857 | | | | INJURY FREE MOBILE |
| (8) JACKSON MEMORIAL HOSPITAL1611 NW 12TH AVE MIAMI,FL 33136 | 59-1713947 | GOV | | 124,784 | NET BOOK | COMPUTER EQUIPM | JMH GRANTS DEPARTMEN |
| (9) JACKSON MEMORIAL HOSPITAL1611 NW 12TH AVE MIAMI,FL 33136 | 59-1713947 | GOV | 15,000 | | | | SAFER SEX INTERVENTI |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

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" to 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.

| Identifier | Return Reference | Explanation |
|---|---|---|

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**

**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
JACKSON MEMORIAL FOUNDATION INC

**Employer identification number**
65-0077727

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate 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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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<br>☑ Compensation committee ☑ Written employment contract<br>☐ Independent compensation consultant ☑ Compensation survey or study<br>☑ 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 with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment from the organization or a related organization? | **4a** | Yes | |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | 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 only must complete lines 5-9.** | | | |
| **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** | | No |
| **b** | Any related organization? | **5b** | | No |
| | 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** | | No |
| **b** | Any related organization? | **6b** | | No |
| | 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** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured 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** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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) Retirement and other 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 | | | | |
| (1) BENDER JOAN | (i) | 127,669 | | | 22,000 | 19,242 | 168,911 | 167,897 |
| | (ii) | | | | | | | |
| (2) RODRIGUEZ ROLANDO | (i) | 269,451 | | | 12,250 | 28,163 | 309,864 | 292,462 |
| | (ii) | | | 73,390 | | | 73,390 | 72,500 |
| ( 3 ) | | | | | | | | |
| ( 4 ) | | | | | | | | |
| ( 5 ) | | | | | | | | |
| ( 6 ) | | | | | | | | |
| ( 7 ) | | | | | | | | |
| ( 8 ) | | | | | | | | |
| ( 9 ) | | | | | | | | |
| ( 10 ) | | | | | | | | |
| ( 11 ) | | | | | | | | |
| ( 12 ) | | | | | | | | |
| ( 13 ) | | | | | | | | |
| ( 14 ) | | | | | | | | |
| ( 15 ) | | | | | | | | |
| ( 16 ) | | | | | | | | |

## 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

| Identifier | Return Reference | Explanation |
|---|---|---|
| SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS | SCHEDULE J, PAGE 1, PART I, LINE 4 | RODRIGUEZ, ROLANDO 400,000 0 0 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223016042 |
|---|---|---|

**SCHEDULE O**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
JACKSON MEMORIAL FOUNDATION INC

**Employer identification number**
65-0077727

| Identifier | Return Reference | Explanation |
|---|---|---|
| ORGANIZATION'S MISSION | FORM 990 - 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 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS | FORM 990, PAGE 1, 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 = 7 VOLUNTEERS WHO ASSIST AT FUNDRAISING EVENTS AND PARTICIPATE IN EVENT PLANNING COMMITTEES THROUGHOUT THE YEAR = 5 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ELECTION OF MEMBERS AND THEIR RIGHTS | FORM 990, PAGE 6, PART VI, LINE 7A | THE ORGANIZATION SHALL HAVE UP TO 45 VOTING DIRECTORS AND ONE NON-VOTING DIRECTOR THE DIR ECTORS SHALL BE COMPOSED OF THE FOLLOWING (A) THE CHAIR, VICE-CHAIR, SECRETARY AND TREASU RER OF THE CORPORATION (B) THE IMMEDIATE PAST CHAIR OF THE CORPORATION (C) UP TO 30 ELEC TED DIRECTORS (D) THE CHAIRS OF THE GOLDEN ANGEL SOCIETY (E) THE PRESIDENT OF THE MIAMI-D ADE 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 SHA LL 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 WHO SE TERMS ARE EXPIRING SHALL BE ELECTED FOR A THREE YEAR TERM EXPIRING AT THE THIRD SUCCESS IVE ANNUAL MEETING OF THE BOARD IF THE NUMBER OF ELECTED DIRECTORS IS CHANGED, ANY INCREA SE OR DECREASE SHALL BE APPORTIONED AMONG THE CLASSES SO AS TO MAINTAIN THE NUMBER OF DIRE CTORS 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 D ECREASE IN THE NUMBER OF DIRECTORS SHORTEN THE TERM OF ANY INCUMBENT DIRECTOR EACH ELECTE D DIRECTOR SHALL HOLD OFFICE UNTIL THE SUCCESSOR TO THE DIRECTOR SHALL BE DULY ELECTED, QU ALIFIED AND SEATED, OR THE DIRECTOR'S EARLIER RETIREMENT, REMOVAL FROM OFFICE OR DEATH EA CH 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 CO NSECUTIVE TERMS AS AN ELECTED DIRECTOR SHALL NOT BE ELIGIBLE FOR ELECTION OR RE-ELECTION A S A DIRECTOR FOR ONE YEAR VOLUNTARY RETIREMENT ANY DIRECTOR MAY RETIRE AT ANY TIME BY NO TIFYING THE CHAIR OR SECRETARY IN WRITING SUCH RETIREMENT SHALL TAKE EFFECT AT THE TIME S PECIFIED 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 DI RECTORS, WHETHER REGULAR OR SPECIAL, WITHIN ANY 12 MONTH PERIOD SHALL AUTOMATICALLY BE REM OVED AS A DIRECTOR DIRECTORS MUST REQUEST, ORALLY OR IN WRITING, PRIOR TO THE MISSED MEET ING 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 UNEXCU SED) SHALL BE ANNOUNCED BY THE CHAIR AT THE BEGINNING OF EACH MEETING AND SHALL BE RECORDE D 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 UNEXCUS ED ABSENCES THE REQUEST FOR REINSTATEMENT SHALL BE GRANTED ONLY UPON THE VOTE OF THE BOAR D REMOVAL AT A MEETING OF THE BOARD, ANY ELECTED DIRECTOR MAY BE REMOVED, WITH OR WITHOU T 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 L ESS THAN FOUR DAYS PRIOR TO THE MEETING AT WHICH SUCH ACTION IS TO BE CONSIDERED VACANCIE S WHENEVER A VACANCY EXISTS ON THE BOARD OF DIRECTORS, WHETHER BY DEATH, RESIGNATION OR O THERWISE, 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 A NY PERSON ELECTED TO FILL A VACANCY ON THE BOARD OF DIRECTORS SHALL HOLD OFFICE FOR THE UN EXPIRED 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 DIR ECTOR THE DIRECTORS SHALL BE COMPOSED OF THE FOLLOWING (A) THE CHAIR, VICE-CHAIR, SECRET ARY 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 FOUN DATION 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 ROT ATE ONE THIRD OF THE BOARD EACH YEAR THE NUMBER O |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ELECTION OF MEMBERS AND THEIR RIGHTS | FORM 990, PAGE 6, PART VI, LINE 7A | F 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 ELECT ED 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 S HORTEN THE TERM OF ANY INCUMBENT DIRECTOR. EACH ELECTED DIRECTOR SHALL HOLD OFFICE UNTIL T HE 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 O F 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 DIRECT OR 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 WR ITING. 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 R EQUEST, 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 NATUR E 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 REINSTA TEMENT SHALL BE GRANTED ONLY UPON THE VOTE OF THE BOARD. REMOVAL. AT A MEETING OF THE BOAR D, 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 TH IS PROVISION SHALL BE GIVEN TO EACH BOARD MEMBER NOT LESS THAN FOUR DAYS PRIOR TO THE MEET ING 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 DI RECTORS CONSTITUTE LESS THAN A QUORUM, AT A REGULAR OR SPECIAL MEETING OF THE BOARD. ANY P ERSON 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 PREDEC ESSOR IN OFFICE, SUBJECT TO THE SAME POWER OF REMOVAL STATED ABOVE. |

| Identifier | Return Reference | Explanation |
|---|---|---|
| DECISIONS SUBJECT TO APPROVAL OF MEMBERS | FORM 990, PAGE 6, PART VI, LINE 7B | 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| POLICIES AND PROCEDURES GOVERNING CHAPTERS | FORM 990, PAGE 6, PART VI, LINE 10B | 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11B | A DRAFT COPY OF FORM 990 IS SUBMITTED TO THE MEMBERS OF THE EXECUTIVE COMMITTEE FOR REVIEW AFTER THEIR REVIEW AND APPROVAL THE RETURN IS SUBMITTED TO THE IRS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ENFORCEMENT OF CONFLICTS POLICY | FORM 990, PAGE 6, PART VI, LINE 12C | 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 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, 2011 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| COMPENSATION PROCESS FOR TOP OFFICIAL | FORM 990, PAGE 6, PART VI, LINE 15A | 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 |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| COMPENSATION PROCESS FOR OFFICERS | FORM 990, PAGE 6, PART VI, LINE 15B | 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 |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION | FORM 990, PAGE 6, PART VI, LINE 19 | ANNUAL AUDIT REPORT IS AVAILABLE UPON REQUEST |

| Identifier | Return Reference | Explanation |
|---|---|---|
| GROUP RETURN METHOD | FORM 990, PAGE 7, PART VII | PARENT ORGANIZATION HAS FILED A SEPARATE RETURN |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
JACKSON MEMORIAL FOUNDATION INC

**Employer identification number**
65-0077727

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (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 |
|---|---|---|---|---|---|
| (1) JMF REALTY HOLDINGS LLC<br>901 NW 17 STREET STE G<br>MIAMI, FL 33136<br>20-2337789 | REAL ESTAT | FL | | | N/A |
| | | | | | |
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (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 | (g) Section 512(b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (1) FOUNDATION HEALTH SERVICES INC<br>1500 NW 12 AVE STE 829<br>MIAMI, FL 33136<br>20-4895697 | SUPPORTING | FL | 501-3C | 11A | N/A | | No |
| | | | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (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, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (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 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

| | | Yes | No |
|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III or IV | | | |
| **1** During the tax year, did the orgranization 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 | | No |
| **b** Gift, grant, or capital contribution to other organization(s) | 1b | | No |
| **c** Gift, grant, or capital contribution from other organization(s) | 1c | Yes | |
| **d** Loans or loan guarantees to or for other organization(s) | 1d | | No |
| **e** Loans or loan guarantees by other organization(s) | 1e | | No |
| **f** Sale of assets to other organization(s) | 1f | | No |
| **g** Purchase of assets from other organization(s) | 1g | | No |
| **h** Exchange of assets | 1h | | No |
| **i** Lease of facilities, equipment, or other assets to other organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets from other organization(s) | 1j | | No |
| **k** Performance of services or membership or fundraising solicitations for other organization(s) | 1k | | No |
| **l** Performance of services or membership or fundraising solicitations by other organization(s) | 1l | | No |
| **m** Sharing of facilities, equipment, mailing lists, or other assets | 1m | | No |
| **n** Sharing of paid employees | 1n | Yes | |
| **o** Reimbursement paid to other organization for expenses | 1o | | No |
| **p** Reimbursement paid by other organization for expenses | 1p | Yes | |
| **q** Other transfer of cash or property to other organization(s) | 1q | | No |
| **r** Other transfer of cash or property from other organization(s) | 1r | | No |

**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 | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)** FOUNDATION HEALTH SERVICES INC | C | 13,924 | |
| **(2)** FOUNDATION HEALTH SERVICES INC | O | 227,548 | |
| **(3)** | | | |
| **(4)** | | | |
| **(5)** | | | |
| **(6)** | | | |

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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) Disproprtionate 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 |
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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|

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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

**2010**

Attachment Sequence No **67**

| Name(s) shown on return | Business or activity to which this form relates | **Identifying number** |
|---|---|---|
| JACKSON MEMORIAL FOUNDATION INC | INDIRECT DEPRECIATION | 65-0077727 |

**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** | 500,000 |
| **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** | 2,000,000 |
| **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** | |

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

| | | | |
|---|---|---|---|
| **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 2009 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 2011 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** | 50,349 |

**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 2010 | **17** | |
| **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 2010 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 2010 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 instructions | **22** | 50,349 |
| **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** | |

**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

***Note:*** *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

**Section A—Depreciation and Other Information (Caution:** *See the instructions for limits for passenger automobiles.***)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| **25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | **25** | | |
| **26** Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| **27** Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| **28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | **28** | | |
| **29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | **29** | | |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **30** Total business/investment miles driven during the year (**do not** include commuting miles) | | | | | | | | | | | | |
| **31** Total commuting miles driven during the year | | | | | | | | | | | | |
| **32** Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| **33** Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **34** Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| **35** Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| **36** Is another vehicle available for personal use? | | | | | | | | | | | | |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

| | **Yes** | **No** |
|---|---|---|
| **37** Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| **39** Do you treat all use of vehicles by employees as personal use? | | |
| **40** Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| **41** Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) | | |
| **Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| **42** Amortization of costs that begins during your 2010 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| **43** Amortization of costs that began before your 2010 tax year | | | | **43** | |
| **44 Total.** Add amounts in column (f) See the instructions for where to report | | | | **44** | |