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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
		2011
		Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization JACKSON MEMORIAL FOUNDATION INC	D Employer identification number 65-0077727
	Doing Business As	E Telephone number (305) 355-4999
	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	G Gross receipts \$ 9,360,972
	City or town, state or country, and ZIP + 4 MIAMI, FL 33136	
	F Name and address of principal officer JAMES CHAMPION 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
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities JACKSON MEMORIAL FOUNDATION OPERATES EXCLUSIVELY TO SUPPORT JACKSON HEALTH SYSTEM 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 VISIONARY INITIATIVES THAT FINANCIALLY ASSIST JACKSON HEALTH SYSTEM IN ADVANCING ITS STATUS AS A WORLD-CLASS MEDICAL CENTER
	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)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	
b Net unrelated business taxable income from Form 990-T, line 34	
Revenue	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶926,441	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	
19 Revenue less expenses Subtract line 18 from line 12	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

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

Sign Here	***** Signature of officer	2013-08-14 Date		
	JAMES CHAMPION INTERIM PRESIDENT & CEO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ E BEATRIZ BROUWER	Date 2013-08-14	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	BRIELE & ECHEVERRIA PA 5001 SW 74TH CT STE 202 MIAMI, FL 331554453		EIN ▶
			Phone no ▶ (305) 443-5768	

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

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

JACKSON MEMORIAL FOUNDATION OPERATES EXCLUSIVELY TO SUPPORT JACKSON HEALTH SYSTEM 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 VISIONARY INITIATIVES THAT FINANCIALLY ASSIST JACKSON HEALTH SYSTEM IN ADVANCING ITS STATUS AS A WORLD-CLASS MEDICAL CENTER

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

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 HEALTH SYSTEM, 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

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 THE HOLTZ CHILDREN'S HOSPITAL IN THE JACKSON HEALTH SYSTEM.

4e	Total program service expenses	\$ 3,982,342
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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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		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		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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 		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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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, line 10? If "Yes," complete Schedule D, Part VI. 	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. 		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. 		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. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 		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. 		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 	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 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I		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, Part II and IV		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, Part III and IV		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 		No
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 	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 		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	6	
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		
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	20	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b		Yes
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 or securities 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a		
b. Enter the aggregate 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 aggregate 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	35		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	35
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Yes

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	No
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 made 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 made 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	

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

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 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 organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	793,749		18,078

2 Total number of individuals (including but not limited to those I
\$100,000 of reportable compensation from the organization) 4

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WOW FACTOR 800 DOUGLAS RD STE 105 CORAL GABLES, FL 33134	EVENT PRODUCTIO	170,927

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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 . . .	1a 300,000	6,379,638			
	b	Membership dues	1b				
	c	Fundraising events	1c 1,055,311				
	d	Related organizations	1d 145,698				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,878,629				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		99,786		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	238,603	238,603		
b		Less cost or other basis and sales expenses	2,709,308 430				
c		Gain or (loss)	2,470,275 -430				
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ 1,055,311 of contributions reported on line 1c) See Part IV, line 18	a 172,240	-317,495			
b		Less direct expenses	b 489,735				
c		Net income or (loss) from fundraising events . .					
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							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			6,400,532	238,603		99,786

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)

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

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 United States See Part IV, line 21	2,647,931	2,647,931		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	464,721		203,050	261,671
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	673,711	280,031	103,708	289,972
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	68,889	14,884	21,602	32,403
9	Other employee benefits	165,695	55,212	39,641	70,842
10	Payroll taxes	82,807	13,648	27,345	41,814
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,708		1,083	1,625
c	Accounting	83,390	4,455	47,361	31,574
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	43,548		43,548	
g	Other	28,782	2,852	8,072	17,858
12	Advertising and promotion	148,289	134,969		13,320
13	Office expenses	89,633	30,281	9,758	49,594
14	Information technology				
15	Royalties				
16	Occupancy	112,247	30,118	49,278	32,851
17	Travel	1,267	1,267		
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	43,429		26,058	17,371
23	Insurance	34,570		20,742	13,828
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	BAD DEBT EXPENSE	755,953	755,953		
b	AUTO EXPENSE	31,369	3,366	11,201	16,802
c	TELEPHONE	19,911	7,375	5,014	7,522
d	CULTIVATION	14,795			14,795
e					
f	All other expenses	17,396		4,797	12,599
25	Total functional expenses. Add lines 1 through 24f	5,531,041	3,982,342	622,258	926,441
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			575,113	1	327,328
	2	Savings and temporary cash investments			1,910,939	2	4,288,593
	3	Pledges and grants receivable, net			5,537,225	3	5,511,216
	4	Accounts receivable, net				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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			18,450	8	
	9	Prepaid expenses and deferred charges			51,237	9	35,096
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	429,026			
	b	Less: accumulated depreciation	10b	367,385	92,245	10c	61,641
	11	Investments—publicly traded securities			4,901,630	11	4,027,819
	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			491,774	15	130,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)			13,578,613	16	14,381,693
Liabilities	17	Accounts payable and accrued expenses			1,040,995	17	543,798
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,040,995	26	543,798
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			-152,528	27	1,652,122
	28	Temporarily restricted net assets			12,690,146	28	12,185,773
	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			12,537,618	33	13,837,895
	34	Total liabilities and net assets/fund balances			13,578,613	34	14,381,693

Part XI Reconciliation 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	6,400,532
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,531,041
3	Revenue less expenses Subtract line 2 from line 1	3	869,491
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,537,618
5	Other changes in net assets or fund balances (explain in Schedule O)	5	430,786
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	13,837,895

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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	Yes	
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?		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		

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 VICE-CHAIR	4 00	X		X				0	0	0
BEATTY ROBERT G ESQ DIRECTOR	2 00	X						0	0	0
BASTIAN BUNNY DIRECTOR	2 00	X						0	0	0
BATCHELOR SANDY SECRETARY	4 00	X		X				0	0	0
BERKOWITZ YOLANDA DIRECTOR	2 00	X						0	0	0
BILZIN BRIAN DIRECTOR	4 00	X						0	0	0
CARR CINDY DIRECTOR	2 00	X						0	0	0
CARRICARTE MICHAEL DIRECTOR	2 00	X						0	0	0
CORDOBA GOOD MARIA C DIRECTOR	2 00	X						0	0	0
LAPCIUC MARCOS DIRECTOR	2 00	X						0	0	0
COULSON DAVID ESQ DIRECTOR	2 00	X						0	0	0
DIMARE JR PAUL J DIRECTOR	2 00	X						0	0	0
KAISER GERARD A DIRECTOR	2 00	X						0	0	0
GREENE KIM DIRECTOR	2 00	X						0	0	0
LIPTON JANICE DIRECTOR	2 00	X						0	0	0
LOPEZ-CANTERA CARLOS CHAIRMAN	4 00	X		X				0	0	0
MCENANY PATRICK J DIRECTOR	2 00	X						0	0	0
MOISE RUDOLPH MD TREASURER	4 00	X		X				0	0	0
NESTOR CASTELLANO BRENDA DIRECTOR	2 00	X						0	0	0
POLIAKOFF STEVEN R DIRECTOR	2 00	X						0	0	0
PRESS SHIRLEY MD DIRECTOR	2 00	X						0	0	0
RILEY CHRIS DIRECTOR	2 00	X						0	0	0
MIGOYA CARLOS DIRECTOR	2 00	X						0	0	0
VIYELLA CANDIDO DIRECTOR	2 00	X						0	0	0
FORTUN SILVIA GUANGELCHAIR	4 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			
WALLACE PATRICIA DIRECTOR	2 00	X						0	0	0
CHAMPION JAMES A DIRECTOR	4 00	X						0	0	0
CONESE EUGENE P DIRECTOR	2 00	X						0	0	0
DIMOND ALAN T PASTCHAIRMAN	4 00	X						0	0	0
HOLTZ ABEL DIRECTOR	4 00	X						0	0	0
MARTINEZ MARIANA DIRECTOR	2 00	X						0	0	0
MITCHELL JOANNE DIRECTOR	2 00	X						0	0	0
RODRIGUEZ MANNY J DIRECTOR	2 00	X						0	0	0
MAGGIE VILLACAMPA DIRECTOR	2 00	X						0	0	0
BENDER JOAN VP OF DEVELO	40 00			X				191,345	0	18,078
THOMAS SCHRAMM PRESIDENT &	40 00			X				0	0	0
ROLANDO RODRIGUEZ FORMER PRES	0 00						X	602,404	0	0

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

2011

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 **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 Se**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?

(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?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,520,055	8,425,036	8,913,240	7,145,971	6,379,638	41,383,940
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	10,520,055	8,425,036	8,913,240	7,145,971	6,379,638	41,383,940
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)						2,485,715
6 Public Support. Subtract line 5 from line 4						38,898,225

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,520,055	8,425,036	8,913,240	7,145,971	6,379,638	41,383,940
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	381,290	246,651	129,258	91,340	99,786	948,325
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						42,332,265

12 Gross receipts from related activities, etc (See instructions)

12172,240

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 2011 (line 6 column (f) divided by line 11 column (f))	14	91 890 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93 490 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

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 |

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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
- d

☐ Loan or exchange programs
- b

☐ Scholarly research
- e

☐ Other
- c

☐ Preservation for future generations

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
1c	
1d	
1e	
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	1,714,371	1,690,967	1,585,819		
b Contributions					
c Investment earnings or losses		23,404	105,148		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,214,371				
f Administrative expenses					
g End of year balance	500,000	1,714,371	1,690,967		

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

Description of property	(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		169,897	125,543	44,354
d Equipment		126,258	111,563	14,695
e Other		132,871	130,279	2,592
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				61,641

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	16,400,532
2	Total expenses (Form 990, Part IX, column (A), line 25)	25,531,041
3	Excess or (deficit) for the year Subtract line 2 from line 1	3869,491
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	86,091
9	Total adjustments (net) Add lines 4 - 8	96,091
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10875,582

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	16,400,532
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	36,400,532
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 7b4a	
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)	56,400,532

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	15,524,950
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	35,524,950
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 7b4a	
b	Other (Describe in Part XIV)4b6,091	
c	Add lines 4a and 4b	4c6,091
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	55,531,041

Part XIVSupplemental 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
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	BOOK / TAX DEPRECIATION DIFFERENCE 6,091
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 6,091

OMB No 1545-0047

Open to Public Inspection

65-0077727

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.

FL

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	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL GALA (event type)	ANNUAL GUA LUNC (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	961,238	194,374	71,939	1,227,551
	2 Less Charitable contributions	834,838	166,534	53,939	1,055,311
	3 Gross income (line 1 minus line 2)	126,400	27,840	18,000	172,240
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	368,414	61,092	60,229	489,735
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(489,735)
	11 Net income summary Combine lines 3 and 10 in column (d). ▶				-317,495

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

Name of the organization
JACKSON MEMORIAL FOUNDATION INC

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

2011

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Inspection

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(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	856,040				FUND HOSP PROJECTS
(2) JACKSON MEMORIAL HOSPITAL1611 NW 12TH AVE MIAMI,FL 33136	59-1713947	GOV		626,184	COST	EQUIPMENT	PD ON BEHALF OF JMH
(3) UNIVERSITY OF MIAMI SCHOOL OF MEDPO BOX 025405 MIAMI,FL 33102	59-0624458	3	156,916				TO FUND HOSP PROJECT
(4) JACKSON MEMORIAL HOSPITAL1611 NW 12TH AVE MIAMI,FL 33136	59-1713947	GOV	450,859	250,376			INTERNATIONAL KIDS F
(5) UNIVERSITY OF MIAMI SCHOOL OF MEDPO BOX 025405 MIAMI,FL 33102	59-0624458	3	307,556				INTERNATIONAL KIDS F

- 2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3

Enter total number of other organizations listed in the line 1 table

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)

Compensation Information

OMB No 1545-0047

2011

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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.

Name of the organization
JACKSON MEMORIAL FOUNDATION INC

Employer identification number
65-0077727

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 or provision 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 ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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?	4a	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	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	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

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
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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

2011

Open to Public
Inspection

Name of the organization JACKSON MEMORIAL FOUNDATION INC	Employer identification number 65-0077727
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	JACKSON MEMORIAL FOUNDATION OPERATES EXCLUSIVELY TO SUPPORT JACKSON HEALTH SYSTEM 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 VISIONARY INITIATIVES THAT FINANCIALLY ASSIST JACKSON HEALTH SYSTEM 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 THE NUMBER OF VOLUNTEERS AS FOLLOWS BOARD MEMBERS SERVING THE ORGANIZATION ON A VOLUNTEER BASIS = 35 INTERNATIONAL KIDS FUND VOLUNTEER BOARD MEMBERS = 8 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 DIRECTORS SHALL BE COMPOSED OF THE FOLLOWING (A) THE CHAIR, VICE-CHAIR, SECRETARY AND TREASURER OF THE CORPORATION (B) THE IMMEDIATE PAST CHAIR OF THE CORPORATION (C) UP TO 30 ELECTED DIRECTORS (D) THE CHAIR OF THE GOLDEN ANGEL SOCIETY (E) THE PRESIDENT AND CEO OF THE JACKSON HEALTH SYSTEM (F) THE CHAIR OF THE MIAMI-DADE COUNTY PUBLIC HEALTH TRUST (G) THE CHAIRS OF THE AUXILIARY GROUPS (H) THE PRESIDENT AND CEO OF THE FOUNDATION WHO SHALL SERVE WITH NO VOTE ELECTION AND TERM OF OFFICE THE MEMBERS OF THE BOARD OF DIRECTORS WHO ARE ELECTED AS DIRECTORS SHALL BE DIVIDED INTO THREE GROUPS SO AS TO ROTATE ONE THIRD OF THE BOARD EACH YEAR THE NUMBER OF DIRECTORS IN EACH GROUP SHALL BE AS NEARLY EQUAL AS POSSIBLE AT EACH ANNUAL MEETING OF THE BOARD, THE SUCCESSORS OF THE ELECTED DIRECTORS WHOSE TERMS ARE EXPIRING SHALL BE ELECTED FOR A THREE YEAR TERM EXPIRING AT THE THIRD SUCCESSIVE ANNUAL MEETING OF THE BOARD IF THE NUMBER OF ELECTED DIRECTORS IS CHANGED, ANY INCREASE OR DECREASE SHALL BE APPORTIONED AMONG THE CLASSES SO AS TO MAINTAIN THE NUMBER OF DIRECTORS IN EACH GROUP AS NEARLY EQUAL AS POSSIBLE, AND ANY ADDITIONAL DIRECTORS OF ANY GROUP ELECTED TO FILL A VACANCY RESULTING FROM AN INCREASE IN SUCH GROUP SHALL HOLD OFFICE FOR A TERM THAT SHALL COINCIDE WITH THE REMAINING TERM OF THAT GROUP, BUT IN NO CASE SHALL A DECREASE IN THE NUMBER OF DIRECTORS SHORTEN THE TERM OF ANY INCUMBENT DIRECTOR EACH ELECTED DIRECTOR SHALL HOLD OFFICE UNTIL THE SUCCESSOR TO THE DIRECTOR SHALL BE DULY ELECTED, QUALIFIED AND SEATED, OR THE DIRECTOR'S EARLIER RETIREMENT, REMOVAL FROM OFFICE OR DEATH EACH DIRECTOR SHALL SERVE FOR A TERM OF THREE YEARS, AND SHALL SERVE FOR A MAXIMUM OF THREE CONSECUTIVE TERMS OR A TOTAL OF NINE YEARS UNLESS SUCH TERM LIMITS ARE WAIVED BY A VOTE OF THE EXECUTIVE COMMITTEE OR ELECTED OFFICER A PERSON WHO HAS SERVED FOR AT LEAST THREE CONSECUTIVE TERMS AS AN ELECTED DIRECTOR SHALL NOT BE ELIGIBLE FOR ELECTION OR RE-ELECTION AS A DIRECTOR FOR ONE YEAR VOLUNTARY RETIREMENT ANY DIRECTOR MAY RETIRE AT ANY TIME BY NOTIFYING THE CHAIR OR SECRETARY IN WRITING SUCH RETIREMENT SHALL TAKE EFFECT AT THE TIME SPECIFIED IN THE NOTICE OF RETIREMENT REMOVAL OF ELECTED DIRECTORS ABSENCES ANY ELECTED DIRECTOR WHO FAILS TO ATTEND WITHOUT AN EXCUSED ABSENCE 50% OF MEETINGS OF THE BOARD OF DIRECTORS, WHETHER REGULAR OR SPECIAL, WITHIN ANY 12 MONTH PERIOD SHALL AUTOMATICALLY BE REMOVED AS A DIRECTOR DIRECTORS MUST REQUEST, ORALLY OR IN WRITING, PRIOR TO THE MISSED MEETING OR, IF NOT POSSIBLE, BEFORE THE NEXT MEETING, THROUGH THE CHAIR OF THE PRESIDENT, THAT THEIR ABSENCE BE EXCUSED THE NATURE OF ABSENCES FOR DIRECTORS (WHETHER EXCUSED OR UNEXCUSED) SHALL BE ANNOUNCED BY THE CHAIR AT THE BEGINNING OF EACH MEETING AND SHALL BE RECORDED IN THE MINUTES REINSTATEMENT THE SECRETARY SHALL IN WRITING PROMPTLY NOTIFY DIRECTORS WHO HAVE BEEN AUTOMATICALLY REMOVED ANY DIRECTOR SO REMOVED MAY REQUEST REINSTATEMENT BY DIRECTING A LETTER TO THE CHAIR AND THE PRESIDENT SETTING FORTH THE REASON FOR THE UNEXCUSED ABSENCES THE REQUEST FOR REINSTATEMENT SHALL BE GRANTED ONLY UPON THE VOTE OF THE BOARD REMOVAL AT A MEETING OF THE BOARD, ANY ELECTED DIRECTOR MAY BE REMOVED, WITH OR WITHOUT CAUSE, BY A VOTE OF TWO-THIRDS OF THE DIRECTORS IN ATTENDANCE AT THE MEETING NOTICE OF PROPOSED BOARD ACTION PURSUANT TO THIS PROVISION SHALL BE GIVEN TO EACH BOARD MEMBER NOT LESS THAN FOUR DAYS PRIOR TO THE MEETING AT WHICH SUCH ACTION IS TO BE CONSIDERED VACANCIES WHENEVER A VACANCY EXISTS ON THE BOARD OF DIRECTORS, WHETHER BY DEATH, RESIGNATION OR OTHERWISE, THE VACANCY MAY BE FILLED BY A MAJORITY VOTE OF THE REMAINING VOTING DIRECTORS, EVEN THOUGH THE REMAINING VOTING DIRECTORS CONSTITUTE LESS THAN A QUORUM, AT A REGULAR OR SPECIAL MEETING OF THE BOARD ANY PERSON ELECTED TO FILL THE VACANCY OF A DIRECTOR SHALL HAVE THE SAME QUALIFICATIONS AS WERE REQUIRED OF THE DIRECTORS WHOSE OFFICE WAS VACATED ANY PERSON ELECTED TO FILL A VACANCY ON THE BOARD OF DIRECTORS SHALL HOLD OFFICE FOR THE UNEXPIRED TERM OF SUCH PERSON'S PREDECESSOR IN OFFICE, SUBJECT TO THE SAME POWER OF REMOVAL STATED ABOVE THE ORGANIZATION SHALL HAVE UP TO 45 VOTING DIRECTORS AND ONE NON-VOTING DIRECTOR THE DIRECTORS SHALL BE COMPOSED OF THE FOLLOWING (A) THE CHAIR, VICE-CHAIR, SECRETARY AND TREASURER OF THE CORPORATION (B) THE IMMEDIATE PAST CHAIR OF THE CORPORATION (C) UP TO 30 ELECTED DIRECTORS (D) THE CHAIR OF THE GOLDEN ANGEL SOCIETY (E) THE PRESIDENT AND CEO OF THE JACKSON HEALTH SYSTEM (F) THE CHAIR OF THE MIAMI-DADE COUNTY PUBLIC HEALTH TRUST (G) THE CHAIRS OF THE AUXILIARY GROUPS (H) THE PRESIDENT AND CEO OF THE FOUNDATION WHO SHALL SERVE WITH NO VOTE ELECTION AND TERM OF OFFICE THE MEMBERS OF THE BOARD OF DIRECTORS WHO ARE ELECTED AS DIRECTORS SHALL BE DIVIDED INTO THREE GROUPS SO AS TO ROTATE ONE THIRD OF THE BOARD EACH YEAR THE NUMBER OF DIRECTORS IN EACH

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	H GROUP SHALL BE AS NEARLY EQUAL AS POSSIBLE. AT EACH ANNUAL MEETING OF THE BOARD, THE SUCCESSORS OF THE ELECTED DIRECTORS WHOSE TERMS ARE EXPIRING SHALL BE ELECTED FOR A THREE YEAR TERM EXPIRING AT THE THIRD SUCCESSIVE ANNUAL MEETING OF THE BOARD. IF THE NUMBER OF ELECTED DIRECTORS IS CHANGED, ANY INCREASE OR DECREASE SHALL BE APPORTIONED AMONG THE CLASSES SO AS TO MAINTAIN THE NUMBER OF DIRECTORS IN EACH GROUP AS NEARLY EQUAL AS POSSIBLE, AND ANY ADDITIONAL DIRECTORS OF ANY GROUP ELECTED TO FILL A VACANCY RESULTING FROM AN INCREASE IN SUCH GROUP SHALL HOLD OFFICE FOR A TERM THAT SHALL COINCIDE WITH THE REMAINING TERM OF THAT GROUP, BUT IN NO CASE SHALL A DECREASE IN THE NUMBER OF DIRECTORS SHORTEN THE TERM OF ANY INCUMBENT DIRECTOR. EACH ELECTED DIRECTOR SHALL HOLD OFFICE UNTIL THE SUCCESSOR TO THE DIRECTOR SHALL BE DULY ELECTED, QUALIFIED AND SEATED, OR THE DIRECTOR'S EARLIER RETIREMENT, REMOVAL FROM OFFICE OR DEATH. EACH DIRECTOR SHALL SERVE FOR A TERM OF THREE YEARS, AND SHALL SERVE FOR A MAXIMUM OF THREE CONSECUTIVE TERMS OR A TOTAL OF NINE YEARS UNLESS SUCH TERM LIMITS ARE WAIVED BY A VOTE OF THE EXECUTIVE COMMITTEE OR ELECTED OFFICER. A PERSON WHO HAS SERVED FOR AT LEAST THREE CONSECUTIVE TERMS AS AN ELECTED DIRECTOR SHALL NOT BE ELIGIBLE FOR ELECTION OR RE-ELECTION AS A DIRECTOR FOR ONE YEAR. VOLUNTARY RETIREMENT. ANY DIRECTOR MAY RETIRE AT ANY TIME BY NOTIFYING THE CHAIR OR SECRETARY IN WRITING. SUCH RETIREMENT SHALL TAKE EFFECT AT THE TIME SPECIFIED IN THE NOTICE OF RETIREMENT. REMOVAL OF ELECTED DIRECTORS. ABSENCES. ANY ELECTED DIRECTOR WHO FAILS TO ATTEND WITHOUT AN EXCUSED ABSENCE 50% OF MEETINGS OF THE BOARD OF DIRECTORS, WHETHER REGULAR OR SPECIAL, WITHIN ANY 12 MONTH PERIOD SHALL AUTOMATICALLY BE REMOVED AS A DIRECTOR. DIRECTORS MUST REQUEST, ORALLY OR IN WRITING, PRIOR TO THE MISSED MEETING OR, IF NOT POSSIBLE, BEFORE THE NEXT MEETING, THROUGH THE CHAIR OR THE PRESIDENT, THAT THEIR ABSENCE BE EXCUSED. THE NATURE OF ABSENCES FOR DIRECTORS (WHETHER EXCUSED OR UNEXCUSED) SHALL BE ANNOUNCED BY THE CHAIR AT THE BEGINNING OF EACH MEETING AND SHALL BE RECORDED IN THE MINUTES. REINSTATEMENT. THE SECRETARY SHALL IN WRITING PROMPTLY NOTIFY DIRECTORS WHO HAVE BEEN AUTOMATICALLY REMOVED. ANY DIRECTOR SO REMOVED MAY REQUEST REINSTATEMENT BY DIRECTING A LETTER TO THE CHAIR AND THE PRESIDENT SETTING FORTH THE REASON FOR THE UNEXCUSED ABSENCES. THE REQUEST FOR REINSTATEMENT SHALL BE GRANTED ONLY UPON THE VOTE OF THE BOARD. REMOVAL. AT A MEETING OF THE BOARD, ANY ELECTED DIRECTOR MAY BE REMOVED, WITH OR WITHOUT CAUSE, BY A VOTE OF TWO-THIRDS OF THE DIRECTORS IN ATTENDANCE AT THE MEETING. NOTICE OF PROPOSED BOARD ACTION PURSUANT TO THIS PROVISION SHALL BE GIVEN TO EACH BOARD MEMBER NOT LESS THAN FOUR DAYS PRIOR TO THE MEETING AT WHICH SUCH ACTION IS TO BE CONSIDERED. VACANCIES. WHENEVER A VACANCY EXISTS ON THE BOARD OF DIRECTORS, WHETHER BY DEATH, RESIGNATION OR OTHERWISE, THE VACANCY MAY BE FILLED BY A MAJORITY VOTE OF THE REMAINING VOTING DIRECTORS, EVEN THROUGH THE REMAINING VOTING DIRECTORS CONSTITUTE LESS THAN A QUORUM, AT A REGULAR OR SPECIAL MEETING OF THE BOARD. ANY PERSON ELECTED TO FILL THE VACANCY OF A DIRECTOR SHALL HAVE THE SAME QUALIFICATIONS AS WERE REQUIRED OF THE DIRECTORS WHOSE OFFICE WAS VACATED. ANY PERSON ELECTED TO FILL A VACANCY ON THE BOARD OF DIRECTORS SHALL HOLD OFFICE FOR THE UNEXPIRED TERM OF SUCH PERSON'S PREDECESSOR IN OFFICE, SUBJECT TO THE SAME POWER OF REMOVAL STATED ABOVE.

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
OFFICERS WHO CANNOT BE REACHED	FORM 990, PAGE 6, PART VI, LINE 9	ROLANDO RODRIGUEZ 9 ISLAND AVE APT 507 MIAMI BEACH, FL 33139 THOMAS SCHRAMM 14840 SW 144 TERRACE MIAMI, FL 33196

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 OF 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, 2012 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

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return JACKSON MEMORIAL FOUNDATION INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 65-0077727
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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 instructions)	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 2010 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 2012 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	6,974
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	35,472

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 2011	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 2011 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		2,357	3 0	HY	200 DB	786
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		3,925	15 0	HY	150 DB	197
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 2011 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	43,429
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	
25Special 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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	