



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490

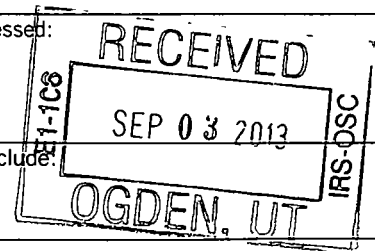


N/A

- (4) Gross investment income**

[illegible]

See Statement for Line 2a



Client JACKSON

Joan and Verlin Jackson Foundation

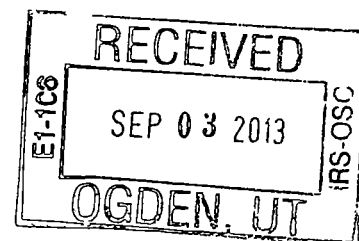
36-4218998

8/18/13

05:53PM

Statement 7
Form 990-PF, Part XV, Line 2a-d
Application Submission Information

Name of Grant Program:	Joan and Verlin Jackson Foundation
Name:	
Care Of:	Brenda Lotridge
Street Address:	405 W Williams St
City, State, Zip Code:	Atkinson, IL 61235
Telephone:	309-945-7667
E-Mail Address:	
Form and Content:	Name of Charitable Organization, Person In Charge, Purpose of Organization, Amount Requested
Submission Deadlines:	NA
Restrictions on Awards:	NA



0425874015
Aug. 02, 2013 LTR 2697C 0 R
36-4218998 201212 44
00026343

JOAN & VERLIN JACKSON FOUNDATION
405 W WILLIAMS ST
ATKINSON IL 61235



033870

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

x Brenda J. Lotridge
Signature of Officer or Trustee
President
Title

8/27/13
Date

