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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491129016869

OMB No 1545-0052

2018

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 0	-01-20)18 , a	nd er	nding 12-31-	2018	
		Indation				A Employer id	entification numbe	r
		CHARITABLE FOUNDATION INC				81-3253602		
		d street (or P O box number if mail is not delivered to stree RATE WAY	t address)	Room/suite	B Telephone number (see instructions)			
						(517) 367-4769)	
		n, state or province, country, and ZIP or foreign postal code II 48951				C If exemption	application is pendin	g, check here
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial re	urn of a	former public charity		D 1. Foreign or	ganizations, check he	ere . \square
		☐ Final return ☐ Amende	d return				ganızatıons meeting	
		Address change Name cl	nange				k here and attach co	
H Ch	eck ty	$ \mathbf{v} $ pe of organization $ \mathbf{V} $ Section 501(c)(3) exempt	: private	foundation			undation status was f n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust Oth	er taxabl	e private foundation				
of '	year (f	xet value of all assets at end from Part II, col (c), ▶\$ 100 J Accounting means are properly to the properl	ecify) _	☐ Cash ☑ Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), chec	
		(Part I, column	(d) must	be on cash basis)	_			
Pa	rt I	Analysis of Revenue and Expenses (The of amounts in columns (b), (c), and (d) may not necessal equal the amounts in column (a) (see instructions)		(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		2,010,768				
	2	Check ▶ ☐ If the foundation is not required to a Sch B	ttach					
Revernie	3	Interest on savings and temporary cash investme	nts					
	4	Dividends and interest from securities	• •					
	5a	Gross rents	• •		<u> </u>			
	Ь	Net rental income or (loss)	0					
	6a	Net gain or (loss) from sale of assets not on line 1	.0					
eve	р 7	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) .						
~	8	Net short-term capital gain			1			
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		2,010,768		0		
	13	Compensation of officers, directors, trustees, etc						
	14	Other employee salaries and wages						
es G	15	Pension plans, employee benefits						
ens	16a	Legal fees (attach schedule)		14,152				14,152
ă.	b	Accounting fees (attach schedule)		8,900	<u> </u>			8,625
Operating and Administrative Expenses	С	Other professional fees (attach schedule)		57,071	_			57,071
atıv	17	Interest						
Str	18	Taxes (attach schedule) (see instructions)						
	19	Depreciation (attach schedule) and depletion .						
A G	20	Occupancy						
פַ	21	Travel, conferences, and meetings						
<u>1</u> ਹ	22	Printing and publications		66] 11.000	-			11.000
ţ	23	Other expenses (attach schedule)		11,000				11,000
era	24	Total operating and administrative expenses Add lines 13 through 23		91,123		0		90,848
o O	25	Contributions, gifts, grants paid		1,919,645				1,919,645
	26	Total expenses and disbursements. Add lines	24 and	1,919,040	1			1,515,04
	27	25	∠¬ a∷u	2,010,768		0		2,010,493
	2/ a	Subtract line 26 from line 12 Excess of revenue over expenses and						
	a	disbursements		C				
	b	Net investment income (If negative, enter -0-)				0		
	С	Adjusted net income (if negative, enter -0-)						

- 1	_			
	3	Accounts receivable ▶		
		Less allowance for doubtful accounts ▶		
	4	Pledges receivable ▶		
		Less allowance for doubtful accounts ▶		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule)		
		Less allowance for doubtful accounts ▶		
ا ي	8	Inventories for sale or use		
sets	9	Prepaid expenses and deferred charges		
₽ B	10a	Investments—U S and state government obligations (attach schedule)		
	b	Investments—corporate stock (attach schedule)		
	c	Investments—corporate bonds (attach schedule)		
	11	Investments—land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	12	Investments—mortgage loans		
	13	Investments—other (attach schedule)		
	14	Land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	15	Other assets (describe)		

				i I
	12	Investments—mortgage loans		
	13	Investments—other (attach schedule)		
	14	Land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	15	Other assets (describe)		
	16	Total assets (to be completed by all filers—see the		
		ınstructions Also, see page 1, item I)	100	100
	17	Accounts payable and accrued expenses		
	18	Grants payable		
ŝ	19	Deferred revenue		
Ĭ	20	Loans from officers, directors, trustees, and other disqualified persons		
=	21	Mortgages and other notes payable (attach schedule)		
	22	Other liabilities (describe)		
	23	Total liabilities(add lines 17 through 22)		0

Liabilities

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	100	100	100
	17	Accounts payable and accrued expenses			
_	18	Grants payable			
-S	19	Deferred revenue			
Ĭ	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>=</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)		0	
_		Foundations that follow SFAS 117, check here ▶ ✓			
Ses		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted	100	100	
Ba	25	Temporarily restricted			
2	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here			
ō	l	and complete lines 27 through 31.			
ets	27	Capital stock, trust principal, or current funds			

ا م	Foundations that follow SFAS 117, check here		
<u>e</u>	and complete lines 24 through 26 and lines 30 and 31.		
<u>ह</u> 24	Unrestricted	100	100
Salances 24 25	Temporarily restricted		
일 26	Permanently restricted		
26	Foundations that do not follow SFAS 117, check here ▶		
<u>ة</u>	and complete lines 27 through 31.		
Net Assets 28 29 30	Capital stock, trust principal, or current funds		
Š 28	Paid-in or capital surplus, or land, bldg , and equipment fund		
29 اي	Retained earnings, accumulated income, endowment, or other funds		
∌ 30	Total net assets or fund balances (see instructions)	100	100

100 31 Total liabilities and net assets/fund balances (see instructions) . **Analysis of Changes in Net Assets or Fund Balances** Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Part III of-year figure reported on prior year's return) 100 2 Enter amount from Part I, line 27a 2 Other increases not included in line 2 (itemize) 3

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

4

5

6

100

100

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7 Add lines 5 and 6

instructions

	Ta Capital Callis t	and Lobbes for tax on Intest	inche Income				
		e the kınd(s) of property sold (e g , ırehouse, or common stock, 200 shs		(b) How acquir P—Purcha: D—Donatio	se	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a							
_							
_							
-		(f)		(g)		(h)
	(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale		Gain o	r (loss)) minus (g)
а							
b							
С							
d							
<u>е</u>							
	Complete only for accets	schouwng gain in column (h) and our	unad by the foundation	on 13/31/60			
,	complete only for assets	showing gain in column (h) and ow (j)	Thed by the foundation	(k)			l) h) gain minus
	(i)	Adjusted basis	Excess	of col(i)			less than -0-) or
	F M V as of 12/31/69		l (j), if any		Losses (fro	om col (h))	
а							
ь							
С							
d							
е							
3		gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructions :	ons) If (loss), enter -0	Part Î, line 7	}	3	
	0 1151 11 1			_			
Part		Jnder Section 4940(e) for Re					
(For opt	tional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment i	ncome	e)	
	on 4940(d)(2) applies, le	•	hla				es 🔽 No
		e section 4942 tax on the distributal ot qualify under section 4940(e) Do			enour	ш ,	25 140
		nount in each column for each year,			ntries		
	(a)					(d)	
	period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitat			Distribution rati (col (b) divided by c	ol (c))
	2017	1,335,336		66,005			20 230831
	2016	20,000		1,650			12 121212
	2015						
	2014						
	2013						
	otal of line 1, column (d	•		[2		32 352043
		o for the 5-year base period—divide		0, or by the	3		16 176022
		ndation has been in existence if less ncharitable-use assets for 2018 fron			4		57,472
	fultiply line 4 by line 3		·		5		929,668
	• •	ent income (1% of Part I, line 27b)			6		323,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

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929,668

2,010,493

Page **3**

Page **6**

Ба	During the year did the foundation p	pay or incur any amount to						Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legisl	ation (section 4945(e))?	П	Yes 🗸	No			
	(2) Influence the outcome of any sp	· ·	·	_					
	on, directly or indirectly, any vo	-		· · ·	Yes 🗸	No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?									
	(4) Provide a grant to an organizati		· -						
	in section 4945(d)(4)(A)? See in			· · •	Yes 🗌	No			
	(5) Provide for any purpose other th			_					
L	educational purposes, or for the	·		• •	Yes 🗹	No			
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a				a in		5b		N.
	-			uctions	· · ·		טט		No
_	Organizations relying on a current n If the answer is "Yes" to question 5a								
·	tax because it maintained expenditu		•						
	If "Yes," attach the statement require			· ·	Yes 🗌	No			
5-	Did the foundation, during the year,	· -		ums on					
ба	a personal benefit contract?	·	munectly, to pay premi	uiiis oii					
h	Did the foundation, during the year,		treetly on a personal be	· L	Yes 🗹	No	6b		No
U	If "Yes" to 6b, file Form 8870	pay premiums, unectry or me	in ectiv, on a personal be	ment contract.		-	0.0		140
7a	At any time during the tax year, was	s the foundation a party to a r	prohibited tax shelter trai	nsaction?					
	If yes, did the foundation receive an				Yes 🗹	No	7b		
3	Is the foundation subject to the sect				nr	ŀ	7.5		
	excess parachute payment during th				_				
					Yes 🗹				
Pai	and Contractors	Officers, Directors, Trust	tees, roundation ma	anagers, nigin	y Palu El	прю	yees,		
1	List all officers, directors, trustee	es, foundation managers ar	nd their compensation	. See instruction	<u>s</u>				
	,	(b) Title, and average	(c) Compensation (If			(0)	Evnen	se acc	ount
	(a) Name and address	hours per week devoted to position	not paid, enter	employee benefit				lowand	
00.	Addıtıonal Data Table	devoted to position	-0-)	deferred comp	ensation	1			
	Additional Data Table								
						1			
						1			
						1			
2	Compensation of five highest-pa	 id emplovees (other than t	l hose included on line :	 1—see instructio	ns). If no	ne, er	nter "	NONE.	71
				(d) Contribu					
(a)	Name and address of each employee	paid (b) Title, and average hours per week	(c) Compensation	employee b				se acco	
	more than \$50,000	devoted to position		plans and de compensa		ot	ner all	owanc	es
ONI	=			Compense					
	-								
ot2	I number of other employees paid over	l er \$50 000. .		1	•				
<i></i>	ser or other employees paid ove			· · · · ·	-				2011

3 Five highest-paid independent contractors for professional se	rvices (see instructions). If none, enter "NON	IE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		
Part IX-A Summary of Direct Charitable Activities		
ust the foundation's four largest direct charitable activities during the tax year Include organizations and other beneficiaries served, conferences convened, research papers p		Expenses
1 IN 2018, JACKSON CHARITABLE FOUNDATION WAS IN THE SECOND Y DISCOVERY EDUCATION (D E) TO PROMOTE CHA-CHING MONEY SMA FAMILIES ACROSS THE COUNTRY IN 2018, D E CREATED FIVE NEW DEVELOPMENT, STANDARDS-ALIGNMENT AND TWO NEW FAMILY ACT. THEY ALSO CONDUCTED THE 2017 CHA-CHING PLEDGE CHALLENGE WITHEY ALSO CONDUCTED A "IDEVELOPMENT DAY IN NASHVILLE IN 2018 THE ABOVE IN COMBINATE DUCATORS AND FAMILIES GENERATED MORE INTEREST IN CHA-CHALLOWING US TO REACH APPROXIMATELY 1,500,000 STUDENTS IN 2 IN 2018, JUNIOR ACHIEVEMENT USA ROLLED OUT THE BRAND NEW 3 FEATURING CHA-CHING THE COMPLETELY REDEVELOPED CURRICULL AND REACHES APPROXIMATELY 430,000 3RD GRADE STUDENTS IN T	ART KIDS WITH EDUCATORS, STUDENTS AND CLASSROOM ACTIVITIES INCLUDING DESIGN, IVITIES INCLUDING DESIGN, IVITIES INCLUDING DESIGN & DEVELOPMENT VINNERS EVENT AND 2018 CHA-CHING DAY OF DISCOVERY" TEACHER PROFESSIONAL TION WITH MARKETING EFFORTS TO REACH ING FINANCIAL EDUCATION MATERIALS, 018 THROUGH THIS PARTNERSHIP RD GRADE CURRICULUM "JA OUR CITY" JM INCORPORATES 5 EPISODES OF CHA-CHING	627,000
SPONSORED THE REDEVELOPMENT OF THIS 3RD GRADE CURRICULUN CONTRIBUTED TO JA USA, JA MICHIGAN, AND JA TENNESSEE		608,012
3 IN 2018, THE FOUNDATION SPONSORED 250 HIGH SCHOOLS TO USE PERSONAL FINANCE CURRICULUM DURING THE 2018-19 SCHOOL YE. BE TAUGHT TO 20,000+ STUDENTS		500,000
4 IN 2018, THE FOUNDATION SPONSORED LATINOS FOR A SECURE RET	TREMENT TO CONDUCT 10 FINANCIAL	
WELLNESS WORKSHOPS FOR LATINO FAMILIES AND COLLEGE STUDE		92,000
Part IX-B Summary of Program-Related Investments (s	ee instructions)	
Describe the two largest program-related investments made by the foundation duri	ng the tax year on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

2.010.493

2,010,493

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Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

4

5

b Total for prior years

a From 2013. **b** From 2014. c From 2015. . . . d From 2016. e From 2017.

a Enter amount for 2017 only.

f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part XII, line 4 > \$ 2,010,493 a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election **d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . . c Excess from 2016. . . . **d** Excess from 2017. . . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a

indicated below:

same amount must be shown in column (a))

3 Excess distributions carryover, if any, to 2018

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Part XIII Undistributed Income (see instructions) (a) (b) (c) Corpus Years prior to 2017 2017 1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018

2,010,493

2,010,493

factors



Enter gross	amounts unless otherwise indicated	Unrelated b	(b)	Excluded by section	(d)	(e) Related or exempt function income
_	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
	and contracts from government agencies					
	rship dues and assessments					
	t on savings and temporary cash					
5 Net ren	ds and interest from securities tal income or (loss) from real estate					
	financed property ebt-financed property					
	tal income or (loss) from personal property					
7 Other in	nvestment income					
	(loss) from sales of assets other than					
	ome or (loss) from special events					
LO Gross p	profit or (loss) from sales of inventory					
L1 Other n	evenue a					
L2 Subtota	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)					
	orksheet in line 13 instructions to verify calcu	lations)				
Part XVI	<u>-</u>			· · · · · · · · · · · · · · · · · · ·		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions)					l

orm 99	0-PF (2	2018)											Pa	ge 13
Part	XVII	Information Re Exempt Organi		ransi	fers To a	and Trans	actio	ns and	Relatio	nships With No	ncharit	able		
		anization directly or in han section 501(c)(3)	directly enga								ion 501		Yes	No
	•	rom the reporting foun	-	•				-						
												1a(1)		No
(2)	Other	assets										1a(2)		No
b Othe	er trans	actions												
(1)	Sales	of assets to a nonchar	ıtable exemp	t orga	nızatıon.							1b(1)		No
		ases of assets from a r										1b(2)		No
		of facilities, equipmer	•									1b(3)		No
		ursement arrangemen					•				•	1b(4)		No
		or loan guarantees. nance of services or m										1b(5) 1b(6)		No No
٠.		facilities, equipment, r	•		_						•	1c		No
	-	er to any of the above			-									110
	ny tran:	ls, other assets, or ser saction or sharing arra (b) Amount involved	ngement, sh	ow in	column (d		of the	goods, c	other asse		eived		ngemen	its
	_													
3 - T- 4b		d_adal		alala		4		L		k				
		dation directly or indire	•		•	,			, ,	_	/ 	Z No		
		n section 501(c) (other		n 201((3)) or i	n section 52	//.			Ц	res 🗷	סאו ב		
DITY	es, co	mplete the following s (a) Name of organization			l de) Type of orga	anizatio	on.	I	(c) Descriptio	n of relatio	nshin		
		(a) Hame or organization	211		,-	y Type or orge	amzacio			(C) Description	II OI TCIGCIO	лэт		
	l													
Cian	ofmy	r penalties of perjury, / knowledge and belief n preparer has any kno	, it is true, c								pased on	all infor	mation	n of
Sign Here	*	****				2019-05-09	9		*****		May tr return	ne IRS di	scuss th	nis
i i e i e						<u> </u>		— Þ.			with th below	ne prepa	rer shov	wn
	ľ s	ignature of officer or t	rustee			Date		,	Title			nstr)? [√ Yes	□ _{No}
	•	Print/Type preparer's	name	Prepa	arer's Sıgr	nature		Date		Chapte 4 16	PTIN			
										Check if self-		P00751	.307	
Daid		JULIE M PFEIFLE						2019-05-09 employed ▶ ☐						
Paid Prop	2505													
Prepa Use (Firm's name ► AND	REWS HOOP	ER PA	VLIK PLC						Firm's E	IN ▶38	-31337	790
JJE (Jilly	Firm's address ▶ 42	95 OKEMOS	RD ST	TE 200									

OKEMOS, MI 488646201

Phone no (517) 706-0800

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation DANIELLE ROBINSON EXC DIRECTOR ٥ 0 20 00 1 CORPORATE WAY LANSING, MI 48951 KRISTAN RICHARDSON **SECRETARY** O 0 2 00 1 CORPORATE WAY LANSING, MI 48951 0 ROBERT LEROY HILL TREASURER 2 00 1 CORPORATE WAY MARK MANDICH DIRECTOR 0 0 1 00 225 WEST WACKER DR CHICAGO, IL 60606 GREG CICOTTE DIRECTOR 0 0 1 00

LANSING, MI 48951				
MATHEW LAKER	A TREASURER	0	0	0
300 INNOVATION DR FRANKLIN, TN 37067	1 00			
BARRY STOWE	DIRECTOR	0	0	0
300 INNOVATION DR FRANKLIN, TN 37067	1 00			

0

0

0

DIRECTOR

DIRECTOR

1 00

1 00

300 INNOVATION DR FRANKLIN, TN 37067

1 COPORATE WAY LANSING, MI 48951 EMILIO PARDO

300 INNOVATION DR FRANKLIN, TN 37067

DANA RAPIER

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year

627,000

1,919,645

▶ 3a

a Talu during the year			
DISCOVERY EDUCATION ONE DISCOVERY PLACE SILVER SPRING, MD 20910		FOR EDUCATIONAL PROGRAMS	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

SILVER SPRING, MD 20910			
JUNIOR ACHIEVEMENT USA 1 EDUCATION WAY		FOR EDUCATIONAL PROGRAMS	6
SUITE 2G			

JUNIOR ACHIEVEMENT USA 1 EDUCATION WAY SUITE 2G COLORADO SPRINGS, CO 80906		FOR EDUCATIONAL PROGRAMS	600,547
GIRLS ON THE RUN		FOR EDUCATIONAL PROGRAMS	2,669

SUITE 2G COLORADO SPRINGS, CO 80906			
GIRLS ON THE RUN 51160 BITTERSWEET RD SUITE 202		FOR EDUCATIONAL PROGRAMS	2,669

COLORADO SPRINGS, CO 80906			1
GIRLS ON THE RUN 51160 BITTERSWEET RD SUITE 202 GRANGER IN 46530		FOR EDUCATIONAL PROGRAMS	2,669

GIRLS ON THE RUN		FOR EDUCATIONAL PROGRAMS	2,6
51160 BITTERSWEET RD			
SUITE 202			
GRANGER, IN 46530			
•			

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
ST VINCENT CATHOLIC CHARITIES 2800 W WILLOW ST LANSING, MI 48917		FOR EDUCATIONAL PROGRAMS	2,669

LANSING, MI 48917			
FIRST TEE OF MID-MICHIGAN 1526 E MOUNT HOPE AVE		FOR EDUCATIONAL PROGRAMS	10,515
LANCING MI 40010			

FIRST TEE OF MID-MICHIGAN 1526 E MOUNT HOPE AVE LANSING, MI 48910		FOR EDUCATIONAL PROGRAMS	10,515
YMCA101 N WACKER DR		FOR EDUCATIONAL PROGRAMS	2,669

LANSING, MI 48910			
YMCA101 N WACKER DR		FOR EDUCATIONAL PROGRAMS	2,669

BANSING, MI 40310			
YMCA101 N WACKER DR CHICAGO, IL 60606		FOR EDUCATIONAL PROGRAMS	2,669

1,919,645

YMCA101 N WACKER DR		FOR EDUCATIONAL PROGRAMS	2
CHICAGO, IL 60606			

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
GIRL SCOUTS HEART OF MICHIGAN			FOR EDUCATIONAL PROGRAMS	2.669

recipient

1223 TURNER ST LANSING, MI 48906	FOR EDUCATIONAL PROGRAMS	2,669
MANY HANDS 1288 W GRAND RIVER AVE	FOR EDUCATIONAL PROGRAMS	2,669

MANY HANDS 1288 W GRAND RIVER AVE		FOR EDUCATIONAL PROGRAMS	
SUITE 400 WILLIAMSTON, MI 48895			

SUITE 400 WILLIAMSTON, MI 48895			
ELE'S PLACE1145 W OAKLAND AVE		FOR EDUCATIONAL PROGRAMS	2,669

WILLIAMSTON, MI 48895			
ELE'S PLACE1145 W OAKLAND AVE LANSING, MI 48915		FOR EDUCATIONAL PROGRAMS	2,669

ELE'S PLACE1145 W OAKLAND AVE		FOR EDUCATIONAL PROGRAMS	2,669
LANSING, MI 48915			

LANSING, MI 48915		·
Total	 ▶ 3a	1,919,645

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or husiness)

LANSING, MI 48912

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
HOSPICE OF LANSING 3186 PINE TREE RD LANSING, MI 48911			FOR EDUCATIONAL PROGRAMS	2,669
ALZHEIMER'S ASSOCIATION 2111 UNIVERSITY PARK DR OKEMOS, MI 48864			FOR EDUCATIONAL PROGRAMS	3,213
		1		

recipient

1,919,645

ALZHEIMER'S ASSOCIATION 2111 UNIVERSITY PARK DR OKEMOS, MI 48864		FOR EDUCATIONAL PROGRAMS	3,213
BIG BROTHER'S BIG SISTER'S		FOR EDUCATIONAL PROGRAMS	12,737

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
BOYS AND GIRLS CLUB 4315 PLEASANT GROVE RD LANSING, MI 48910		FOR EDUCATIONAL PROGRAMS	2,669
			i

LANSING, MI 48910			
CASA OF EATON AND BARRY COUNTIES 1045 INDEPENDENCE BLVD CHARLOTTE, MI 48813		FOR EDUCATIONAL PROGRAMS	1,335
JUNIOR ACHIEVEMENT MICHIGAN 741 KENMOOR AVE SE		FOR EDUCATIONAL PURPOSES	6,377

1045 INDEPENDENCE BLVD CHARLOTTE, MI 48813			
JUNIOR ACHIEVEMENT MICHIGAN 741 KENMOOR AVE SE SUITE C GRAND RAPIDS, MI 49546		FOR EDUCATIONAL PURPOSES	6,377

Total .

1,919,645

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
SPECIAL OLYMPICS MICHIGAN - AREA 8 CENTRAL MICHIGAN UNIVERSI MT PLEASANT MI 48859		FOR EDUCATIONAL PURPOSES	2,669

MT PLEASANT, MI 48859	
SMALL TALK3400 PINE TREE RD SUITE 106 LANSING, MI 48911	FOR EDUCATIONAL PURPOSES 2,669
JUNIOR ACHIEVEMENT MIDDLE	FOR EDUCATIONAL PURPOSES 1,088

SUITE 106 LANSING, MI 48911		
JUNIOR ACHIEVEMENT MIDDLE TENNESSEE	FOR EDUCATIONAL PURPOSES	1,088
120 POWELL PL		
NASHVILLE, TN 37204		

E (10)11			
JUNIOR ACHIEVEMENT MIDDLE TENNESSEE 120 POWELL PL NASHVILLE, TN 37204		FOR EDUCATIONAL PURPOSES	1,088
Total	 	▶ 3a	1,919,645

Recipient If recipient is an individual, Purpose of grant or Amount Foundation show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year			
NASHVILLE FOOD PROJECT 5904 CALIFORNIA AVE NASHVILLE, TN 37209		TO PROVIDE FOOD TO THOSE IN NEED	1,088

recipient

YOUTH VILLAGES3320 BROTHER BLVD MEMPHIS, TN 38133		FOR EDUCATIONAL PURPOSES	!
DAVIS HOUSE CHILD ADVOCACY CENTER		FOR EDUCATIONAL PURPOSES	!

YOUTH VILLAGES3320 BROTHER BLVD MEMPHIS, TN 38133		FOR EDUCATIONAL PURPOSES	544
DAVIS HOUSE CHILD ADVOCACY CENTER 101 FORREST CROSSING BLVD FRANKLIN. TN 37064		FOR EDUCATIONAL PURPOSES	544

DAVIS HOUSE CHILD ADVOCACY CENTER 101 FORREST CROSSING BLVD FRANKLIN, TN 37064		FOR EDUCATIONAL PURPOSES	544
Total	 	▶ 3a	1,919,645

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
NEEDLINK NASHVILLE1600 56TH AVE N		FOR EDUCATIONAL PURPOSES	544

NASHVILLE, TN 37209			
GENTRY'S EDUCATIONAL FOUNDATION 840 GLASS LN		FOR EDUCATIONAL PURPOSES	544
EDANIZITAL TAL 37064			

GENTRY'S EDUCATIONAL FOUNDATION 840 GLASS LN FRANKLIN, TN 37064		FOR EDUCATIONAL PURPOSES	544
SPECIAL OLYMPICS TENNESSEE		FOR EDUCATIONAL SERVICES	816

SPECIAL OLYMPICS TENNESSEE 461 CRAIGHEAD ST NASHVILLE, TN 37204		FOR EDUCATIONAL SERVICES	816

SPECIAL OLYMPICS TENNESSEE		FOR EDUCATIONAL SERVICES	8
461 CRAIGHEAD ST			
NASHVILLE, TN 37204			

461 CRAIGHEAD ST NASHVILLE, TN 37204		
		ĺ

NASHVILLE, TN 37204		
		1 919 645

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1001 PENNSYLVANIA AVE WASHINGTON, DC 20036 LAMP GROUP DBA RAMSEY ED FOR EDUCATIONAL PROGRAMS SOLUTIONS

LATINOS FOR A SECURE RETIREMENT

FOR EDUCATIONAL PROGRAMS

92,000

500,000

1749 MALLORY LN BRENTWOOD, TN 37027

REFUGEE DEVELOPMENT CENTER 600 W MAPLE ST SUITE A LANSING, MI 48906		FOR EDUCATIONAL PROGRAMS	2,669
Total	 	▶ 3a	1,919,645

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
HIGHFIELDS INC4305 S CEDAR ST LANSING, MI 48910		FOR EDUCATIONAL PROGRAMS	2,669

LANSING, MI 48910			
LANSING READING IS FUNDAMENTAL 750 FIRST ST NE SUITE 920		FOR EDUCATIONAL PROGRAMS	2,669

/ASHINGTON, DC 20002			
UITE 920		1	
50 FIRST ST NE		1	
ANSING READING IS FUNDAMENTAL		FOR EDUCATIONAL PROGRAMS	

Total .

HAVEN HOUSE 121 WHITEHTH C DD		FOR FRUCATIONAL PROGRAMS	2.0
SUITE 920 WASHINGTON, DC 20002			

WASHINGTON, DC 20002		
HAVEN HOUSE121 WHITEHILLS DR	FOR EDUCATIONAL PROGRAMS	2,669

HAVEN HOUSE121 WHITEHILLS DR EAST LANSING, MI 48823		FOR EDUCATIONAL PROGRAMS	2,669

1,919,645

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
TRI-COUNTY OFFICE ON AGING 5303 S CEDAR ST LANSING MI 48911		FOR EDUCATIONAL PROGRAMS	5,338

LANSING, MI 48911			
BLESSINGS IN A BACKPACK PO BOX 950291 LOUISVILLE, KY 40295		FOR EDUCATIONAL PROGRAMS	

PO BOX 950291 LOUISVILLE, KY 40295			_,
RESOLUTION SERVICES CENTER 516 S CREYTS RD SUITE A		FOR EDUCATIONAL PROGRAMS	2,669

2,669

LOUISVILLE, KY 40295			
RESOLUTION SERVICES CENTER 516 S CREYTS RD SUITE A SUITE A LANSING MI 48917		FOR EDUCATIONAL PROGRAMS	2,669

LOUISVILLE, KT 40233			
RESOLUTION SERVICES CENTER 516 S CREYTS RD SUITE A SUITE A LANSING, MI 48917		FOR EDUCATIONAL PROGRAMS	2,669
Total	 	▶ 3a	1,919,645

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CENTER FOR FINANCIAL HEALTH 3815 W ST JOSEPH ST C-200 LANSING, MI 48917		FOR EDUCATIONAL PROGRAMS	11,377

LANSING, MI 48917			
CASA CLINTON COUNTY 1207 N OLD US 27		FOR EDUCATIONAL PROGRAMS	1,334
ST 10HNS MI 48879			

CASA CLINTON COUNTY		FOR EDUCATIONAL PROGRAMS	1,334
1207 N OLD US 27			
ST JOHNS, MI 48879			

Total .

1,919,645

efile GRAPHIC print - DO NOT F	PROCESS	As Filed D	ata -			DLN: 93491129016869
TY 2018 Accounting Fees Schedule						
_						
		JACKSON 81-3253		BLE FOU	NDATION INC	
Category	Ame	ount	Net Inve		Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES		8,900				8,625

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491129016869
TY 2018 Legal Fees Schedu	ule			_
Nar	me: JACKSON CH	HARITABLE FOUND	DATION INC	
E	IN: 81-3253602			
Catagory	Amount	Net Investment	Adjusted Not	Disbursements
Category	Amount	Income	Adjusted Net Income	for Charitable Purposes
LEGAL FEES	14,152			14,152

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491129016869	
TY 2018 Other Expenses Schedule					
Name:	JACKSON CHA	RITABLE FOUNDA	TION INC		
EIN:	81-3253602				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXPENSES					

11,000

11,000

DISCOVERY EDUCATION CONTEST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
	: JACKSON CH	ARITABLE FOUND	ATION INC			
TY 2018 Other Professional Fees Schedule						
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	,	DLI	N: 93491129016869		

57,071

57,071

CONSULTANTS

efile GRAPHIC print -	OO NOT PROCESS As Filed Data	.=		DLN: 93491129016869
Schedule B	Sched	dule of Contributors	5	OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF gov/Form990 for the latest info		2018
Name of the organizat			Employer id	entification number
Organization type (ch			81-3253602	
Organization type (cir	sck one)			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt ch	narıtable trust not treated as a	private foundation	
	☐ 527 political organization			
Form 990-PF	✓ 501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt ch	naritable trust treated as a priv	vate foundation	
	☐ 501(c)(3) taxable private	foundation		
	ation filing Form 990, 990-EZ, or 990 r property) from any one contributor		=	· ·
Special Rules				
under sections received from a	tion described in section 501(c)(3) fil 509(a)(1) and 170(b)(1)(A)(vi), that c ny one contributor, during the year, t ne 1h, or (ii) Form 990-EZ, line 1 Co	hecked Schedule A (Form 99) otal contributions of the greate	0 or 990-EZ), Part II, line 13,	16a, or 16b, and that
during the year,	tion described in section 501(c)(7), (a total contributions of more than \$1,0 the prevention of cruelty to children	000 exclusively for religious, c	haritable, scientific, literary, c	
during the year, If this box is che purpose Don't	tion described in section 501(c)(7), (contributions exclusively for religious cked, enter here the total contribution omplete any of the parts unless the lible, etc., contributions totaling \$5,000.	s, charitable, etc , purposes, to ons that were received during General Rule applies to this	out no such contributions tota the year for an <i>exclusively</i> re organization because it recei	led more than \$1,000 ligious, charitable, etc,
990-EZ, or 990-PF), bu	on that isn't covered by the General F it must answer "No" on Part IV, line form 990PF, Part I, line 2, to certify t	e 2, of its Form 990, or check	the box on line H of its	
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 0-PF	Cat No 30613X	Schedule B (Form 990	, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

JACKSON CHARIT	ABLE FOUNDATION INC	81-3253602	
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	litional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACKSON NATIONAL LIFE INSURANCE CO 1 CORPORATE WAY LANSING, MI 48951	\$ 1,910,920	Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		Cabadula B /Fa	000 000 E7 000 DE\ (0040\

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)