EXTENDED TO AUGUST 17, 2026

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 private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 **and ending** SEP 30, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JACKSON HEALTH FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) — Room/suite
1611 NW 12TH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
MIAMI, FL 33136

F Name and address of principal officer: FLAVIA LLIZO
1611 NW 12TH AVENUE, MIAMI, FL 33136

D Employer identification number
65-0077727

E Telephone number
305-585-4483

G Gross receipts $ 24,163,908.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates 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.JACKSONHEALTHFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1987 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE JACKSON HEALTH SYSTEM, A CODE SEC 170(B)(1)(A)(III) ORGANIZATION, WITH THE SUPPORT

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,226,909.	21,483,583.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	342,688.	300,394.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,883,200.	1,209,832.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,452,797.	22,993,809.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,056,318.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,462,183.	2,160,530.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,082,545.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,440,354.	865,875.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,902,537.	4,082,723.
19	Revenue less expenses. Subtract line 18 from line 12	550,260.	18,911,086.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	25,018,941.	44,670,494.
21	Total liabilities (Part X, line 26)	170,916.	637,544.
22	Net assets or fund balances. Subtract line 21 from line 20	24,848,025.	44,032,950.

Part II Signature Block

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

Sign Here

Signature of officer — Date

FLAVIA LLIZO, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
OCTAVIO R. VERDEJA		03/26/26	☐	P00678119

Firm's name VERDEJA & ALVAREZ, LLP — Firm's EIN 20-4989621

Firm's address 255 ALHAMBRA CIR STE 630
CORAL GABLES, FL 33134-7417 — Phone no. 305-446-3177

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

0000007 07/26/25

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012708578C-9	02/28/2023	02/29/2028	501(C)(3) ORGANIZATION

This certifies that

JACKSON HEALTH FOUNDATION INC
1611 NW 12TH AVE
MIAMI FL 33136-1005

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.