Form 990

Return of Organization Exempt From Income Tax

le Code 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

<u>A</u>	For th	e 2011 calen	dar year, or tax year beginning , 2011, and endin	g		
В	Check if	applicable:	C	D Emp	oyer Iden	tification Number
	Adi	dress change	The Jason Foundation, Inc.	62	-1714	1715
	□Na	me change	18 Volunteer Drive		hone num	
	 	ial return	Hendersonville, TN 37075	1		1-2323
	\vdash	minated		<u>01</u>	J 204	-2323
	H	ended return				à 1 000 1 cm
	 		F Name and address of principal officer:		receipts	
	∐ Api	plication pending	i de la companya de	H(a) Is this a group ref H(b) Are all affiliates in		
				If 'No,' attach a li		structions) Yes No
<u> </u>		xempt status	X 501(c)(3)			
<u>J</u>				H(c) Group exemption		
K			X Corporation Trust Association Other L Year of Formati	ion: 1997 M	State of	legal domicile: TN
	in L	Summar	y			
	1	Briefly descri	be the organization's mission or most significant activities: The Jasor	<u>n Foundatio</u>	<u>n's</u>	core mission
Activities & Governance	-	is_ror_t	he awareness and prevention of youth suicide.	<u>Please refe</u>	er_to	<u>(Schedule O) </u>
Jan	-	for our _	formal mission statement and further descripti	ou of one 7	miqu	e
Ver	2 (organiza Chask this ba	tional module.			
Ĝ	3	Viimber of vo	x In the organization discontinued its operations or disposed of moting members of the governing body (Part VI, line 1a)	re than 25% of it	snetas	
భ	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 4	20 18
Ţ.	5	Total number	of individuals employed in calendar year 2011 (Part V, line 2a)		5	15
À.	6	Total number	of volunteers (estimate if necessary)		6	40
ĕ	7a 1	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
	bl	Vet unrelated	business taxable income from Form 990-T, line 34		7b	0.
				Prior Yea		Current Year
à.	8 (Contributions	and grants (Part VIII, line 1h)	602,	567.	620,279.
Revenue			ice revenue (Part VIII, line 2g)	,		
eve			come (Part VIII, column (A), lines 3, 4, and 7d)		165.	5,000.
Œ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			550,124.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		311.	1,175,403.
	13 (Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)			
			to or for members (Part IX, column (A), line 4)			
ıð.	15 9	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	696,	412.	623,657.
136	16a F	Professional f	undraising fees (Part IX, column (A), line 11e)			
Expenses	b T	otal fundrais	ing expenses (Part IX, column (D), line 25) ► 21, 482.	100000000000000000000000000000000000000		
Q			es (Part IX, column (A), lines 11a-11d, 11f-24e)	374,	300	267 611
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)			367,611.
			expenses. Subtract line 18 from line 12			991,268.
გ <u>წ</u>		to volido 1033	expenses, outstact fine 16 from fine 12		590.	184,135.
ak Prior	20 T	ntal assets (Part X, line 16)	Beginning of Curre	nt rear	End of Year
Net Assets Fund Balanc			(Part X, line 26)	2,357,	586.	2,556,942. 30,511.
te e						
	22 N rt II	Signature	fund balances. Subtract line 21 from line 20	2,342,	296.	2,526,431.
com	er penaltie plete. Dec	es of perjury, I de claration of prepar	clare that I have examined this return, including accompanying schedules and statements, and to the other than office) is based on all atomation of which preparer has any knowledge.	ne best of my knowledg	e and bel	ief, it is true, correct, and
			190 Dall	79	10	12 72
Cia	м	Signature	of of titles	Date	14/	<i>10/2</i>
Sig Hei	11 'A	, , ,	k Flatt		-	
1101	•		x FIACU vint name and title,	President		***************************************
		Print/Type pro				
.	_1		1/2 1/2 1/2 2/1	Check [- "	PTIN
Pai		1		self-employ	red .	P00293352
	parer Only	Firm's name	Parker, Parker & Associates			
USt	. Unity	Firm's addres		Firm's EIN		1240315
			Goodlettsville, TN 37072	Phone no.	(615	
	the IRS	S discuss this	return with the preparer shown above? (see instructions)			X Yes No

Forn	n 990 (2011) Th	ne Jason	Foundation	n, Inc.				62-1	71471	5	Р	age 2
Pa	rt III 🧻 Stateme	ent of Prog	gram Service	e Accomp								
	Check if S	Schedule O c	contains a respo	onse to any	question in this Par	t III						X
1	Briefly describe t				***************************************							
	See Schedul	Le O										
								,,,,,,,,				
2	Did the organizat	ion undertak	ke any significa	nt program	services during the	vear which w	ere not liste	ed on the orio	r			
_										Yes	X	No
	If 'Yes,' describe								. Ц		[]	
3					ant changes in how	it conducts	any program	a carvicec?		Yes	X	No
3	If 'Yes,' describe		-	-	ark cranges in now	it conducts,	arry program	II SCIVICES:	· Ш	163	1	110
						in three laves				d bu a		
4	Section 501(c)(3)	anization's p) and 501(c)	rogram service (4) organization	accomplish and sections	ments for each of it on 4947(a)(1) trusts	are required	to report th	services, as r	rieasurei grants a	u by e. nd allo	xpens	ns to
	others, the total	expenses, ar	nd revenue, if a	iny, for eacl	n program service re	eported.			J			
4 :	(Code:) (Expens	es \$ 8	77,569.	including grants of	\$) (Revenue	\$)
					to further					ion.	Tl	he ´
					states and se							
					lous organiza				_====			
	dia intoin	<u> </u>	<u> </u>	1011_101			10 030110					
4 t	(Code:	(Expens	es \$		including grants of	\$) (Revenue	\$)

	(Codo:	1 \(\(\tau \)	¢		including grants of	ė		\ /Dougnus	ė			
40	: (Code:	(Expense	es 5		including grants of	۶) (Revenue	٩			
4 d	Other program se	rvices. (Des	cribe in Schedu	ıle O.)		·						
	(Expenses \$	······································	incl		s of \$) (Revenue	\$))	
40	Total program se			877.								

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	. 1	х	
2	ls the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	. 3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	. 4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	. 5		
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 Deart 1	2, 6		X
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			Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	. 8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
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	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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	11 a	х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11b		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its tota assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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.	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	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, Parts I and IV	14b		Х
	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 United States? If 'Yes,' complete Schedule F, Parts II and IV	15		<u>x</u>
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 United States? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		<u>X</u>
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. 21 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J ... 24a X 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 24c any tax-exempt bonds?..... 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete X 25b Schedule L, Part I..... Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II... X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III...... X 27 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): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Χ Schedule L, Part IV..... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... Х 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 30 Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X 32 Schedule N. Part II. . . . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I..... X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 Х 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35 a 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)? If 'Yes,' complete Schedule R, Part V, line 2..... Χ 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI..... 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 38 X Note, All Form 990 filers are required to complete Schedule O..... Form 990 (2011)

Form 990 (2011) The Jason Foundation, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			<u> </u>
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	2	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	-×_E	X
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 1.	5		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	. 3b	_	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		Х
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.	- 2		2.5
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
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	Х	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	х	
7 Organizations that may receive deductible contributions under section 170(c).			77.
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		7.7	7
services provided to the payor?	7a	Х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Х	İ
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		·
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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			
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			32. e -
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			6
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> X</u>
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	$oldsymbol{\bot}$	

Par	tVI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b bel	ow, a	nd f	or
31131131137137	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan- Schedule O. See instructions.	ges ii	7	
	Check if Schedule O contains a response to any question in this Part VI			. X
Sec	tion A. Governing Body and Management			
_	Enter the number of voting members of the governing body at the end of the tax year 1a 20		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
Ŀ	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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?See. Schedule .0	2	Χ	
	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		<u>x</u>
4	Did the organization make any significant changes to its governing documents			v
,,,	since the prior Form 990 was filed?	4 5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization assets	6		X
_	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		Х
E	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?			
		7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
	of 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	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		1
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Χ	-3000-3000-3000-00
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See . Schedule . O	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	^_	
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? The organization's CEO, Executive Director, or top management official	15 a	Х	
i	Other officers of key employees of the organization SeeSchedule. O	15b	X	
•	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	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		Х
Į	olf '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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed - A11			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) at inspection. Indicate how you make these available. Check all that apply.	vailabl	e for	public
	Own website X Another's website X Upon request	shle to		
	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the org		ion:	
	Clark Flatt 18 Volunteer Drive Hendersonville TN 37075 615-264-2323			
ВАА		Form	990	(2011)

	Form 990	(2011)	The	Jason	Foundation,	Inc.
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62-1714715

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Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	n nor any	relate	ed or	gan	izat	ion co	mpe	ensated any current of	fficer, director, or trus	tee.
(C)										
(A) Name and title	(B) Average hours per week	l unles	ss per	son i	s bot	an one n an offi ustee)	box, icer	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1) Thurbert Baker										
Board Member	0	X						0.	0.	0.
(2) John Colling										
Audit Committee	0	X						0.	0.	0.
(3) William Ferguson			Ī							
Board Member	0	X						0.	0.	0.
(4) Chad Fitzhugh										
Audit Committee	0	X						0.	0.	0.
(5) Gordon Gee										
Board Member	0	Х						0.	0.	0.
_(6) William Helou										
Board Member	0	Х						0.	0.	0.
(7) Joey Jacobs						J			,	
Board Member	0	Х						0.	0.	0.
(8) Jerry Diamond							İ			
Board Member	0	X						0.	0.	0.
(9) David Martin		-			ĺ					
Board Member	0	X						0.	0.	0.
(10) Dennis Osborne										
Board Member	0	Х						0.	0.	0.
(11) Mark Shurtleff					T					
Board Member	0	X						0.	0.	0.
(12) Paul Summers		İ								
Board Member	0	Х						0.	0.	0.
(13) Sandy Webster			ľ							
Board Member	0	Х	\bot					0.	0.	0.
(14) Jim Hood				Ţ						
Board Member	0	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trust	ees, k	(ey	Em			es,	and	Highest Com	pensated Em	ploy	ees (cont)
(A) Name and title	(B) Average hours per	box.	unte: er an	Pos heck ss pe	rson lirecto	than is both or/trus	n an lee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	5	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	relatéd organization (W-2/1099-MISC)		from the organization and related organizations
(15) Tom Mars Board Member	0	х						0.	().	0.
(16) Dennis McKinnon Board Member	0	Х			<u> </u>			0.	().	0.
(17) Clark Flatt President & CEO	40			Х				112,839.	().	3,188.
(18) John Flatt Vice President	0			Х				0.	().	· 0.
(19) Connie Flatt Secretary	0			Х				0.	().	0.
(20) Michele Ray Treasurer	40			х				82,504.	().	5,574.
(21)											
(22)											
(23)											
(24)					ļ						
(25)							<u> </u>				
1 b Sub-total	A						>	195,343. 0. 195,343.	().).).	8,762. 0. 8,762.
2 Total number of individuals (including but not limite from the organization ► 1	d to th	ose	liste	d ab	ove) wh	ю ге	ceived more than	\$100,000 of rep	ortable	e compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trus	stee,	key	em	ploy	/ee,	or h	ighest compensat	ed employee	,	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual.	han \$1	50,0	00?	If "	Yes'	com	nplet	te Schedule J for	from	. ,	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	omner	satio	an fr	'nm	anv	Hinra	elate	ed organization or	individual		5 X
1 Complete this table for your five highest compensa compensation from the organization. Report compe	ted ind	eper	nden the	t co	ntra enda	ctors	s tha	at received more t	han \$100,000 of in the organizati	on's ta	ax year.
(A) Name and business addres								(B Description)		(C) ompensation
									· · · · · · · · · · · · · · · · · · ·		
		,,									
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		t lim	ited	to t	hos	e list	ted a	above) who receiv	ed more than		

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS	THE CHIEF CHIEFT	b d d e f	Federated campaigns. Membership dues Fundraising events Related organizations. Government grants (contribut All other contributions, gifts, similar amounts not included Noncash contributions included	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b 95,542 d 95,542 f 511,348 \$ 27,883				
PROGRAM SERVICE REVENUE		2a b c d e f	All other program service Total. Add lines 2a-2f.	ce revenue	Business Code	620,279			
		3 4 5 6 a b c	Investment income (incother similar amounts). Income from investment Royalties	luding dividen t of tax-exemp (i) Real	ot bond proceeds. (ii) Personal	5,000.	5,000		
		7a b c d	Net rental income or (lo Gross amount from sales of assets other than inventory. Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
		b c a b	Gross income from fund (not including. \$ of contributions reported See Part IV, line 18 Less: direct expenses Net income or (loss) from Gross income from gam See Part IV, line 19 Less: direct expenses	d on line 1c) m fundraising ing activities.	a 33,530. b 62,764. events	-29,234.			-29,234.
	11	a b l c i	Net income or (loss) from Gross sales of inventory and allowances Less: cost of goods sold Net income or (loss) from Miscellaneous Revenue Reimbursement R Miscellaneous R	n sales of inve	a b	578,498.	578,498.		
		c _ d / e T	All other revenue Fotal. Add lines 11a-11d Fotal revenue. See instru			579,358. 1,175,403.	860. 584,358.	0.	-29,234.

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).

	other organizations must complete column (A) but Check if Schedule O contains a re				
Do 6b.	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	The state of the s				
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	204,105.	183,694.	14,288.	6,123.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		353,574.	318,216.	24,750.	10,608.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,812.	7,031.	547.	234.
9		14,094.	12,684.	987.	423.
10		44,072.	39,665.	3,085.	1,322.
11	Fees for services (non-employees):				
	a Management				
	b Legal c Accounting	9,393.	9,393.		
	d Lobbying	3,333.	3,333.		
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
	g Other	8,337.	8,337.		
	Advertising and promotion	2,366.	616.	1,750.	
13	- ·	71,316.	47,980.	22,965.	371.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	45,224.	44,844.	380.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		:		
19	Conferences, conventions, and meetings	4,980.	4,980.		
20	Interest				
21	Payments to affiliates			0.100	1 405
22		49,852.	44,867.	3,490.	1,495.
23		14,496.	13,046.	1,015.	435.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%				
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Educational Programs	108,468.	108,468.		
	b Printing and Publications	15,933.	11,693.	4,240.	
	c UTILITIES	11,032.	9,929.	772.	331.
	d MILEAGE REIMBURSEMENT	6,226.	6,226.		4.40
	e All other expenses	19,988.	5,900.	13,948.	140.
25	Total functional expenses. Add lines 1 through 24e	991,268.	877,569.	92,217.	21,482.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	SOP 98-2 (ASC 958-720)				
	001 30-2 (NOO 300-720)		<u> </u>	I	Form 990 (2011)

440,275.

720,950.

Form 990 (2011) The Jason Foundation, Inc. 62-1714715 Part X Balance Sheet (A) Beginning of year (B) End of year 1 Cash — non-interest-bearing..... 1 2 Savings and temporary cash investments. 917,489. 2

	3	Pledges and grants receivable, net		3	130,000
	4	Accounts receivable, net	67,414.	4	67,599.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ą	_	organizations (see instructions)		6	
ASSETS	7	Notes and loans receivable, net		7	
E	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges	6,345.	9	6,337.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	1,366,632.	10 c	1,318,780.
	11	Investments – publicly traded securities		11	***************************************
	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		15	3,001.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,357,882.	16	2,556,942.
	17	Accounts payable and accrued expenses	8,803.	17	21,742.
	18	Grants payable		18	
	19	Deferred revenue.		19	
Ĺ	20	Tax-exempt bond liabilities		20	
AB	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	(1 1 2 1 1 1 1 1 1 1
AB-L-+-#S	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
Š		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.	6,783.	25	8,769.
	26	Total liabilities. Add lines 17 through 25	15,586.	26	30,511.
X E T		Organizations that follow SFAS 117, check here ► X and complete lines			
_		27 through 29 and lines 33 and 34.			
女の田上の		Unrestricted net assets	2,340,620.	27	2,518,571.
Ĕĺ	28	Temporarily restricted net assets	1,676.	28	7,860.
		Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ► and complete			
F UZD		lines 30 through 34.			
- 1		Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ă		Retained earnings, endowment, accumulated income, or other funds		32	
B 々しくことにの		Total net assets or fund balances		33	2,526,431.
5	34	Total liabilities and net assets/fund balances	2,357,882.	34	2,556,942.

BAA

2,556,942. Form 990 (2011)

Forn	n 990 (2011) The Jason Foundation, Inc. 62-171	4/10		_ Pag	<u>je 12</u>
Pai	t XI Reconciliation of Net Assets				r—
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>	
		1 1		E 61	0.2
1	Total revenue (must equal Part VIII, column (A), line 12)	 	1,17		
2	Total expenses (must equal Part IX, column (A), line 25)	<u> </u>	······	$\frac{1,20}{4,13}$	******
3	Revenue less expenses. Subtract line 2 from line 1	 	2,34		
4	14et assets of fully balances at beginning of your throat equal 1 art 14 mile on a security 6 37.		., 34.	Z, Z.	0.
5	Other changes in riet assets or full balances (explain in schedule c).	+			<u> </u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	2	2,52	6,4	31.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
ı	b Were the organization's financial statements audited by an independent accountant?		2b	X	
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2c	X	
•	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued o separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	na			
3:	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le 	За		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3b		
BAA		F	Form s	990 (2	2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Name of the organization Employer identification number The Jason Foundation, Inc. 62-1714715 Part 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 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.) X 9 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. 11 Type II C Type III — Functionally integrated Type III - Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.... (i) 11 g (i) A family member of a person described in (i) above?.... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (ii) EIN (iv) Is the organization in (vi) is the organization in column (i) organized in the (vii) Amount of support column (i) listed in your governing document? (see instructions)) U.S.? Yes No Yes No Yes (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011 The Jason Foundation, Inc. 62-1714715 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

			· •	•			
Sec	tion A. Public Support						
Cale: Degi:	ndar year (or fiscal year nning 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			i de la companya de l			
3	The value of services or facilities furnished by a governmental unit to the organization without charge				i.		
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	r -	ı	T :			
Cale cegi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	Topic and the state of the stat	T A A MIN A A A A A A A A A A A A A A A A A A A				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see ins	structions)				
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Sec	tion C. Computation of Pu	blic Support F	Percentage			···	
14	Public support percentage for 20	011 (line 6, colum	n (f) divided by li	ne 11, column (f))		14	<u>%</u> %
	Public support percentage from						
	a 33-1/3% support test — 2011. If and stop here. The organization	i qualifies as a pu	blicly supported o	organization			
	33-1/3% support test — 2010. If and stop here. The organization	qualifies as a pu	blicly supported o	organization			
17 8	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the facts	and-circumstance	es test check this	box and stop her	r e. Explain in Part	IV now
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- d-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	box and stop he i a publicly support	r e. Explain in Part ed organization	IV now the ►
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions., -
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support					*****	
Cale	ndar year (or fiscal yr 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.')						
	received. (Do not include	010 550	0.50 0.40				
•	any 'unusual grants.')	843,652.	858,362.	584,666.	602,568.	620,279.	3,509,527.
4	Gross receipts from admis- sions, merchandise sold or		}				
	services performed, or facilities						
	furnished in any activity that is related to the organization's		Ì				
	tax-exempt purpose						0.
3	Gross receipts from activities				***************************************		
	that are not an unrelated trade or business under section 513.]				0.
4	Tax revenues levied for the		***************************************				<u> </u>
	organization's benefit and			[
	either paid to or expended on its behalf						0.
5	The value of services or						<u> </u>
	facilities furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	843,652.	858,362.	584,666.	602,568.	620,279.	3,509,527.
7	a Amounts included on lines 1,						
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
	Amounts included on lines 2		<u> </u>				<u> </u>
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or				-		
	exceed the greater of \$5,000 or 1% of the amount on line 13			_		_	
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)				1.5		3,509,527.
Sec	tion B. Total Support						3,303,327.
	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	843,652.	858,362.	584,666.	602,568	620,279.	3,509,527.
	Gross income from interest,	,			002,000.	020,275.	3/303/32/.
	dividends, payments received on securities loans, rents,						
	royalties and income from						
	similar sources	35,375.	45,723.	15,267.	8,165.	5,000.	109,530.
ı	Unrelated business taxable income (less section 511						
	taxes) from businesses						_
	acquired after June 30, 1975 Add lines 10a and 10b	35,375.	4E 703	15 067	0 165	E 000	0.
	Net income from unrelated business	33,373.	45,723.	15,267.	8,165.	5,000.	109,530.
••	activities not included in line 10b,						
	whether or not the business is regularly carried on		•				0
12							0.
	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in Part IV.). See Part IV	552,370.	584,015.	687,701.	700,145.	612,888.	3,137,119.
			1,488,100.		1,310,878.	1,238,167.	6,756,176.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)
202	tion C. Computation of Pul	Stop nere	arcontono	7 7 1 1 4 4 7 7 1 1 1 4 4 3 4 4	*********	********	·····
	Public support percentage for 20			o 12 ooluma (6)			E1 0E 0.
							51.95 %
	Public support percentage from 2 tion D. Computation of Inve				* * * * * * * * * * * * * * * * * * * *	16	58.51 %
	Investment income percentage for				mn (f)	[+]	1 62 %
	Investment income percentage fr						1.62 %
	33-1/3% support tests – 2011. If						1.57 %
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	orted organization	► X
ь	33-1/3% support tests $-$ 2010. If line 18 is not more than 33-1/3%	the organization on the check this box a	did not check a bo nd stop here. The	ox on line 14 or li e organization qui	ine 19a, and line 1 alifies as a publicl	16 is more than 33 y supported organ	3-1/3%, and nization ►

Schedule A (Form 990 or 99	0-EZ) 2011 Th	e Jason Foun	dation, Inc.		62-1714715	Page 4
Part IV Supplementa Part II, line 1 (See instructi	<mark>il Information.</mark> 7a or 17b; and	Complete this p Part III, line 12	oart to provide t . Also complete	he explanations red this part for any a	quired by Part II, lind dditional information	ne 10; on.
Additional Explana	ation of Other	Income				
Other_income_re	epresents ne	et_income_fro	om_special_e	vents as shown	on Form 990, P	<u>art</u>
VIII Line 8c.	<u>In addtion</u>	to this amou	u <u>nt, reimbur</u>	sement revenue	received and o	ther
miscellaneous_	<u>income make</u>	up the remai	i <u>nder of thi</u>	s_line_amount.		
				<u> </u>		
				<u> </u>		
						<u> </u>
						

62-1714715

Page 4

2011	Schedule A, Part IV - Supplemental Information									
	62-1714715									
Part III, Line 12 - Otho	er Income									
Nature and Source	<u> </u>	2011	2010	2009	2008	2007				
Special Events Reimbursement Ind Miscellaneous Ind		33,530. 578,498. 860. 612,888. \$	135,878. 564,261. 6. 700,145. \$	547,473. 800.	46,738. 537,220. 57. 584,015. \$	117,405. 434,965. 552,370.				

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The	Jason Foundation, Inc.	62-1714715
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered 'Yes' to Form 990, Part IV, line 6.	ccounts. Complete if
T. Session Sec	the organization answered 'Yes' to Form 990, Part IV, line 6.	·
		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 advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the asset in th	has
_	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 can 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?	
Pai	TIL Conservation Easements. Complete if the organization answered 'Yes' to Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	1 1 · · · · · · · · · · · · · · · · · ·	orically important land area
	Protection of natural habitat Preservation of a certif	ied historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation easement on the
	last day of the tax year.	The first the world of the Tee Vere
		Held at the End of the Tax Year
	Total number of conservation easements	
	Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a) 2c	
C	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	e organization during the
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 and enforcement of the conservation easements it holds?	violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements de	
	<u> </u>	
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 section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statem include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	ent, and balance sheet, and the organization's accounting for
Par	till Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ment and balance sheet works of
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research in fur in Part XIV, the text of the footnote to its financial statements that describes these items.	therance of public service, provide,
t	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemer historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	ance of public service, provide the
	(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 financiamounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ial gain, provide the following
а	Revenues included in Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	

Schedule D (Form 990) 2011 The	Tason Fo	undatio	n. Inc			62-17	14715		Page 2
Part III Organizations Mainta				orical Trea	sures. o			ontini	raye z ied)
3 Using the organization's acquisiti items (check all that apply): a Public exhibition			er records, ch		he following				
b Scholarly research c Preservation for future gener 4 Provide a description of the orga		llections a	e Other				ose in		
Part XIV. 5 During the year, did the organiza assets to be sold to raise funds r	tion solicit o	r receive d	onations of a	rt, historical to	treasures, o	or other similar	Yes		No
Part IV Escrow and Custodia line 9, or reported an	amount or	Form 9	omplete ii 90, Part X,	line organi. Iine 21.	zation an	swered Yes to Fe	orm 991	J, Pari	ίΙV,
1a Is the organization an agent, trus included on Form 990, Part X? b If 'Yes,' explain the arrangement					itions or oth	ner assets not	Yes		No
							Amour	it	
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance								г	٦
2a Did the organization include an a			art X, line 21				Yes	L	No
b If 'Yes,' explain the arrangement Part V Endowment Funds. Co			sization on	owarad Wa	ol to For	m 000 David IV II:	- 10		
Eart V Endowment Funds. Co				1			1		
1.2 Posinning of year halones	(a) Curren	ı year	(b) Prior yea	(C) I	Two years back	((d) Three years back	(e)	Four year	s back
1 a Beginning of year balance									
							_		
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance	<u></u>			~					
2 Provide the estimated percentage	of the curre	ent vear en	d balance (lin	e 1a. columi	n (a)) held	as.			
a Board designated or quasi-endow		,	8		(4))				
b Permanent endowment ►									
c Temporarily restricted endowmen	t ≻	!	%						
The percentages in lines 2a, 2b, a	and 2c shoul	d equal 10	0%.						
3a Are there endowment funds not in organization by:								Yes	No
(i) unrelated organizations									
(ii) related organizations									
b If 'Yes' to 3a(ii), are the related or							. 3b		
4 Describe in Part XIV the intended						·····			
Part VI Land, Buildings, and E	quipment								
Description of property		(a) Cost or	other basis	(b) Cost o	r other	(c) Accumulated	(d) E	Book va	lue

(investment) basis (other) depreciation 1a Land...... 175,000. 175,000. **b** Buildings..... 1,220,536. 91,861. 1,128,675. c Leasehold improvements..... 123,596. 108,490. 15,106. 25,789. 25,788. -1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).). 1,318,780.

BAA

Schedule **D** (Form 990) 2011

Total. (Column (b) must equal Form 990 Part X, column (B) line 12.). . > Part VIII Investments - Program Related. See Form 990, Part X, line 13. N/A (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)(2) (3)(4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). ► Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description (b) Book value

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)

Total. (Column (b) must equal Form 990, Part X, column (B), line 15.).

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

(a) Description of liability (b) Book value (1) Federal income taxes 8,769 (2) Payroll Tax Liabilities (3)(4)(5)(6)(7)(8)(9)(10)(11)8,769 Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)...

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(G) (H) (I)

(10)

Schedule D (Form 990) 2011 The Jason Foundation, Inc.	62-1714715	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1,	,175,403.
2 Total expenses (Form 990, Part IX, column (A), line 25)		991,268.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		184,135.
4 Net unrealized gains (losses) on investments		•
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV.)		
9 Total adjustments (net). Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	*****	184,135.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
1 Total revenue, gains, and other support per audited financial statements		,955,591.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		700,002.
a Net unrealized gains on investments		
b Donated services and use of facilities	24	
c Recoveries of prior year grants.		
d Other (Describe in Part XIV.) . See. Part . XIV	$\frac{1}{1}$	
e Add lines 2a through 2d.		717,424.
3 Subtract line 2e from line 1		238,167.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3 1,	230,101.
a Investment expenses not included on Form 990, Part VIII, line 7b		
	64	
b Other (Describe in Part XIV.) See . Part . XIV	and the same of th	CO 7C4
	ļ	-62,764.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		175,403.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		771 454
1 Total expenses and losses per audited financial statements	1 18,	771,454.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	24.	
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIV.) See. Part. XIV		
e Add lines 2a through 2d		780,186.
3 Subtract line 2e from line 1	, 3	991,268.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV.) 4b		
c Add lines 4a and 4b.	4c	001 000
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	991,268.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also company additional information.		b; ovide

Schedule D (Form 990) 2011 The Jason Foundation, Inc. Part XIV Supplemental Information (continued)	62-1714715 Page 5
Part XIV Supplemental Information (continued)	

011	Schedule D, Part XIV - Supplemental Information	Page
	The Jason Foundation, Inc.	62-171471
Schedule D, Other Reven	Part XII, Line 2d ue Included In F/S But Not Included On Form 990	
Donated Se	rvices for Fundraising Event	14,400. 14,400.
Schedule D, Other Reven	Part XII, Line 4b ue Included On Form 990 But Not Included In F/S	
Special Ev	ents Expenses \$ Total \$\frac{\dagger}{\dagger}	-62,764. -62,764.
Special Eve Special Eve	ents Expenses	34,879. 42,283. 77,162.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer Identification number 62-1714715 The Jason Foundation, Inc Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e |X| Solicitation of non-government grants b X Internet and email solicitations f X Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... X No b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (vi) Amount paid to (or retained by) (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts or entity (fundraiser) have custody or control from activity of contributions? organization column (i) Yes Νo 1 2 3 4 5 6 7 8 9 10 0. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 3 or licensing. AL AK AZ AR CA CO CT DE FL GA HI IA ID IL IN KS KY LA ME MD MA MI MN MS MO MT NE NV ND OH OK OR PA RI SC SD TN TX UT VA WA WV WI

Schedule G (Form 990 or 990-EZ) 2011 The Jason Foundation, Inc. 62-1714715 Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (add column (a) (a) Event #1 (b) Event #2 (c) Other events Golf Tournamen through column (c)) (event type) (total number) REVENUE (event type) 129,072. 1 Gross receipts 129,072. 2 Less: Charitable contributions..... 95,542. 95,542. 3 Gross income (line 1 minus line 2) 33,530. 33,530. 4 Cash prizes..... 7,800. 7,800. DIRECT 6 Rent/facility costs 11,154. 11,154. 7 Food and beverages..... 9,863. 9,863. EXPENSES 9 Other direct expenses..... 33,947. 33,947. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 62,764. Net income summary. Combine line 3, column (d), and line 10..... -29,234. 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. (d) Total gaming (add column (a) through column (c)) (a) Bingo (b) Pull tabs/Instant (c) Other gaming REVENUE bingo/progressive bingo **1** Gross revenue..... **2** Cash prizes..... DIRECT 3 Non-cash prizes..... 5 Other direct expenses..... Yes Yes Yes 6 Volunteer labor..... No No 7 Direct expense summary. Add lines 2 through 5 in column (d)..... 8 Net gaming income summary. Combine lines 1, column (d) and line 7...... 9 Enter the state(s) in which the organization operates gaming activities: **b** If 'No,' explain:

b If 'Yes,' explain:

Sch	nedule G (Form 990 or 990-EZ) 2011 The Jason Foundation, Inc.	62-1714715	Page 3
	Does the organization operate gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit administer charitable gaming?	y formed to Yes	No
	Indicate the percentage of gaming activity operated in: a The organization's facility	13a	%
	b An outside facility.		
	Enter the name and address of the person who prepares the organization's gaming/special events books	and records:	
	Name ►		
	a Does the organization have a contact with a third party from whom the organization receives gaming reve b If 'Yes,' enter the amount of gaming revenue received by the organization ►\$ are of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party:	enue? Yes and the amount	No
	Name •		
	Address ►		i
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations organization's own exempt activities during the tax year > \$	•	
Ka	Supplemental Information. Complete this part to provide the explanations requi columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appeting part to provide any additional information (see instructions).	red by Part I, line 2 olicable. Also comp	26, olete
		A-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	
		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047 2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Jason Foundation, Inc.

Employer identification number

62-1714715 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining amounts reported on Form 990, applicable contributions or noncash contribution amounts items contributed Part VIII, line 1g 1 Art – Works of art..... Art - Historical treasures..... Art — Fractional interests.... Books and publications..... Clothing and household goods..... 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property..... Securities - Publicly traded 9 Securities - Partnership, LLC, or trust interests. . 11 Qualified conservation contribution -Historic structures..... 14 Qualified conservation contribution — Other..... Real estate - Residential..... 16 Real estate — Commercial..... Real estate - Other.... 17 18 Collectibles.... 19 Food inventory..... 6,325 20 Drugs and medical supplies..... 21 Taxidermy..... 22 Historical artifacts..... 23 Scientific specimens 24 Archeological artifacts..... Other ► (Silent Auction ___)... 25 60 7,123 26 Other ► (Goody Bags 8 7,800 27 Other ► (Special Event 3 6,635 Other ► (28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a X b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?....

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

noncash contributions?....

b If 'Yes,' describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or self

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2011

31

32 a

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Schedule	M (Form	990) 2011	The	Jason	Founda	ition,	Inc.					62-1714	715	Page 2
Part II	Supple and 33	emental I B, and wh	nforma ether t	ition. Co he orga	omplete nization	this pa	rt to pr orting in	ovide Part	the inforr I, column	nation r (b), the	equired e numbe	by Part I er of contr ny addition	, lines 30t ibutions,	o, 32b, the
	numbe	er of item	s recei	ved, or	a combi	nation (of both.	Also	complete	this pa	rt for ar	ny addition	nal inform	iation.
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

The Jason Foundation, Inc.	62-1714715
Form 990, Part III, Line 1 - Organization Mission	
The Jason Foundation's core mission is for the	awareness and prevention of youth
suicide. Please refer to (Schedule 0) for our f	ormal mission statement and further
description_of_our_unique_organizational_module	
The Jason Foundation, Inc. (JFI) is dedicated t	o the prevention of the "Silent
Epidemic" of youth suicide through educational	and awareness programs that equip
young persons, educators / youth workers and pa	rents with the tools and resources to
help identify and assist at-risk youth.	
Youth suicide is the 3rd leading cause of death	for our youth ages 10-24. One out
of every 14 young people in our nation reported	in the 2007 CDC Youth Risk
Behavioral Survey that they had "attempted suic	ide" in the previous twelve months -
that equates to an average of over 4200 attempt	s each day in our nation.
Founded in 1997 after the tragic suicide death	of Jason Flatt - age 16 (JFI's
current Pres / CEO - youngest son), The Jason Fo	oundation, Inc. has become one of the
<u>nation's leaders in youth suicide awareness and</u>	prevention. JFI's success comes
from its unique utilization of major In-Kind res	sources that helps provide a
"grass-roots" community type of delivery of proc	grams and services on a local / state
level. Symbolically speaking, JFI's In-Kind reso	ources provide the "vehicle" for
delivery of our programs and services nationally	y. JFI, through the efforts of our
other funding partners/resources, is able to kee	ep the "vehicle" moving forward to
provide our services and programs at the local a	und state levels. As a national
suicide_awareness_and_prevention_organization,_t	he_ability_to_provide_programs
directly to parents, schools, churches and other	groups in a local community setting
creates more acceptance from the communities we	serve.

Employer identification number Name of the organization 62-1714715 The Jason Foundation, Inc. Form 990, Part III, Line 1 - Organization Mission Important financial information: As noted on Schedule D page 4, this provision of In-Kind resources that builds our national delivery module is a major component of JFI's total effort - raising "functional" total revenues in 2011 to \$18,955,591 and total "functional" expenses to \$18,771,454 ("functional" includes In-Kind). JFI's programs are in use in all fifty states. In 2011, over one million youth, educators and parents participated in one or more of JFI's programs or seminars. Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. Clark and Connie Flatt are married, and John Flatt is their son. Chad Fitzhugh is Clark Flatt's nephew. Michele Ray is Deanne Ray's mother-in-law, and both are members of management. Form 990, Part VI, Line 11b - Form 990 Review Process The independent auditor reviewed the Form 990 with management. The two significant members of management also service as Officers of the Board. After the review, any necessary changes were made. All board members were given an electronic copy of the Form 990 before it was filed. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts There is a member of the Board that serves as the corporate attorney for the Foundation. This individual monitors and ensures that the conflict of interest policy is followed. Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees The Pres / CEO and VP / COO in consultation develop a proposed personnel budget that is presented to the Executive Board for review / changes and approval. This proposed personnel budget excludes the salaries of the Pres / CEO or the VP / COO which can only be proposed by the Executive Board and confirmed by the Full Board of Directors. The approved personnel budget by the Executive Board (including the proposed salaries for the Pres / CEO and VP / COO) is then presented to the full

Schedule 0 (Form 990 or 990-EZ) 2011 Name of the organization	Page :
The Jason Foundation, Inc.	62-1714715
Form 990, Part VI, Line 15b - Compensation Review & Approval Process	for Officers & Key Employees (continued)
Board of Directors for consideration / changes and app	roval.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly	Available
Governing documents of the Foundation are made available to the public upon request.	