_Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OVB No. 1545 0047 2005

20

Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury internal Revenue Service 2005, and ending For the 2005 calendar year, or tax year beginning D Employer Identification Number Check if applicable: 62-1714715 The Jason Foundation, Inc. IRS label Address change 181 East Main Street #5 E Telephone number Name change Hendersonville, TN 37075 615-264-2323 specific instruc-Initial return Accounting method: Cash X Accrual Final return Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt Application pending charitable trusts must attach a completed Schedule A H (a) Is this a group return for affiliates?.... Yes (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates . G Web site: ► N/A H (c) Are all affiliates included?..... (If 'No,' attach a list. See instructions.) Organization type ► X 501(c) 3 ◀ (insert no.) 4947(a)(1) or (check only one). . H (d) Is this a separate return filed by an Check here ► ☐ if the organization's gross receipts are normally not more than organization covered by a group ruling? Yes \$25,000. The organization need not file a return with the IRS; but if the organization Group Exemption Number... chooses to file a return, be sure to file a complete return. Some states require a if the organization is not required complete return. to attach Schedule 8 (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 494,403. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) Contributions, gifts, grants, and similar amounts received: 164,223. a Direct public support..... 1a 23,755. 1 b 41,444. c Government contributions (grants) 1 c 229,422. d Total (add lines \$ _ ia :hrough 1c) (cash \$ _ 229,422. noncash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93)..... 2 3 3 Membership dues and assessments..... 5,114. 4 Interest on savings and temporary cash investments..... 5 5 Dividends and interest from securities..... 6a c Net rental income or (loss) (subtract line 6b from line 6a)..... 7 7 Other investment income (describe...... (B) Other 8a Gross amount from sales of assets other 8a than inventory...... 8ь b Less: cost or other basis and sales expenses d Net gain or (loss) (combine line 8c, columns (A) and (B))..... 9 Special events and activities (attach schedule). If any amount is from gaming, check here..... a Gross revenue (not including \$ reported on line 1a) 28,687. b Less: direct expenses other than fundraising expenses..... 9Ы 41,530. ...Statement.1 c Net income or (loss) from special events (subtract line 9b from line 9a) 9с 10a Gross sales of inventory, less returns and allowances..... c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10 c 189,650. 11 465,716. Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)..... 554,388. Program services (from line 44, column (B)) 13

14 Management and general (from line 44, column (C)).....

15 Fundraising (from line 44, column (D)).....

Total expenses (add lines 16 and 44, column (A)).....

Excess or (deficit) for the year (subtract line 17 from line 12).

Other changes in net assets or fund balances (attach explanation).

19 Net assets or fund balances at beginning of year (from line 73, column (A))

14

15

16

17

18

19

120,950.

17,163.

692,501.

-226,785.

666,971.

440,186.

Partill Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

E	Oo not include amounts reported on line 6b, 3b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
22	Grants and allocations (att sch)							
	(cash \$							
	non-cash \$)							
	If this amount includes							
	foreign grants, check here	22						
23	Specific assistance to individuals (att sch)	23						
24	•	24		0.5.100	00.750			
25		25	123,000.	86,100.	30,750.	6,150.		
26	Other salaries and wages	26	190,345.	133,242.	47,586.	9,517.		
27	Pension plan contributions	27	6,229.	4,360.	1,557.	312.		
28	Other employee benefits	28						
29	Payroll taxes	29	23,683.	16,578.	5,921.	1,184.		
30	Professional fundraising fees	30						
31	Accounting fees	31						
32	Legal fees	32						
33	Supplies	33	11,857.	10,671.	1,186.			
34	Telephone	34						
35	Postage and shipping	35	4,056.	3,650.	406.			
36	Occupancy	36	37,417.	28,063.	9,354.			
37		37	6,783.		6,783.			
38	Printing and publications	38	69,211.	69,211.				
39	· ·	39	52,859.	52,859.				
40	Conferences, conventions, and meetings.	40	25,370.	25,370.				
41	Interest	41	20,010.	23/0101				
		42	19,228.	17,305.	1,923.			
42		42	19,220.	17,303.	1, 525.			
	Other expenses not covered above (itemize):	43	122 462	106,979.	15,484.			
	See Statement 2	43 a		100,313.	13,404.	 		
	b	43 b		ļ				
	c	43 c						
	d	43 d						
	e	43 e						
	f	43f						
	g	43 g						
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D),							
	carry these totals to lines 13 - 15)	44	692,501.	554,388.	120,950.	17,163.		
	nt Costs. Check . If you are following							
Are	any joint costs from a combined educations	al camp	paign and fundraising so	olicitation reported in (B)	Program services?	►∐ Yes X No		
	'es,' enter (i) the aggregate amount of these	e joint d	costs \$; (ii) the a	mount allocated to Prog	ram services		
\$			d to Management and ge	eneral \$; and (iv) th	e amount allocated		
to F	undraising \$.							
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orm 990 (2005) The Ja	son Foundation,	Inc.		62-171	<u>.4715</u>	Page 3
Part III Statement of	Program Service A	ccomplishments				
rganization. How the public of	perceives an organization	me people, serves as the principle in such cases may be deter a and fully describes, in Part	ermined by the information of	presented on	its return. The	refore.
What is the organization's prints of the organizations must describing the organizations is served, publications is a partial of the organizations and 4947(a)(1) nonex	pe their exempt purpose sued, etc. Discuss achie	See Statement achievements in a clear and every ments that are not measurust also enter the amount of	d concise manner. State the	number of od (4) organ-others.)	Program Service (Required for 50 (4) organization 4947(a)(1) true optional for co	I(c)(3) and ons and ists: but
organization.	The organizati ormal affiliati	curred to further on is represented ons with various	in 49 states throorganizations and	ond p		
(Grants and allocations) If this amount inc			55	4,388.
(Grants and allocations) If this amount inc				
(Grants and allocations	\$) If this amount in	cludes foreign grants, check	here >		
d				· ·		

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f Total of Program Service Expenses (should equal line 44, column (B), Program services)......

(Grants and allocations

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

554,388.

Part IV Balance Sheets (See Instructions)

Note:	Whe colu	re required, attached schedules and amounts within mn should be for end-of-year amounts only.	the description		(A) Beginning of year		(B) End of year
\top		Cash — non-interest-bearing.				45	
		Savings and temporary cash investments			564,662.	46	350,515.
		,,					
ļ	47 a .	Accounts receivable	47a 27,	,884.			
j		Less: allowance for doubtful accounts	47 b		15,102.	47 c	27,884.
- \	48 a	Pledges receivable	48a 7,	,889.			
		Less: allowance for doubtful accounts			13,463.	48 c	7,889.
-		Grants receivable			42,618.	49	5,000.
Ą	50	Receivables from officers, directors, trustees, and keemployees (attach schedule)	≥ y			50	
Š		Other notes & loans receivable (attach sch).	51 a				
A S S E T S		Less: allowance for doubtful accounts				51 c	
1		Inventories for sale or use				52	
		Prepaid expenses and deferred charges			2,611.	53	9,140.
1		Investments – securities (attach schedule)				54	
		Investments - land, buildings, & equipment: basis.		- r			
		Less: accumulated depreciation (attach schedule)	55 b			55 c	
	EC	Investments — other (attach schedule)				56	
		Land, buildings, and equipment: basis	1 1 400	,150.			
	b	Less: accumulated depreciation (attach schedule)Statement.4	57b 78	3,959.	66,882.	57 c	59,191.
i		Other assets (describe -).		58	
	59	Total assets (must equal line 74). Add lines 45 through			705,338.	59	459,619.
	60	Accounts payable and accrued expenses			25,350.	60	15,151.
Ļ		Grants payable				61	
Å		Deferred revenue				62	
B	63	Loans from officers, directors, trustees, and key employees (attack	n schedule)			63	
<u> </u>		Tax-exempt bond liabilities (attach schedule)				64a	
į		Mortgages and other notes payable (attach schedule)			12 017	64 b	4 202
E S		Other liabilities (describe - See Statement			13,017.		4,282
		Total liabilities. Add lines 60 through 65			38,367.	66	19,433
,,]	Organ	izations that follow SFAS 117, check here 🕨 🛛 🗓	and complete lines 67	7			
N E		through 69 and lines 73 and 74.		- 1	400 447	~	422 070
	67	Unrestricted			408,447.		422,878 16,279
A SSETS	68	Temporarily restricted			257,489.	68	1,029
Š		Permanently restricted			1,035.	69	1,029
O R	_	izations that do not follow SFAS 117, check here > 70 through 74.		Ì			
OZC	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equ	uipment fund			71	
B	72	Retained earnings, endowment, accumulated incon	ne, or other funds			72	
B41420mn	73	- Cald Page C7 Hear			666,971.	73	440,186
Š	74	Total liabilities and net assets/fund balances. Add	lines 66 and 73		705,338.	74	459,619
DΛ		Tom habilities and her about the					Form 990 (200

Form 990 (2005) The Jason Foundar	tion, Inc.			62-1	714	715 Page 5
Part IV-A Reconciliation of Revenu	e per Audited Financial	Statements w	ith F	Revenue per Re	turn	(See
instructions.)				•		•
a Total revenue, gains, and other support	per audited financial statement	s			a	8,543,076.
b Amounts included on line a but not on Pa						
1 Net unrealized gains on investments		ьт				
2Donated services and use of facilities				8,013,546.		
3Recoveries of prior year grants						
4Other (specify):						
				63,814.		
Add lines b1 through b4					ь	8,077,360.
c Subtract line b from line a					حا	465,716.
d Amounts included on Part I, line 12, but						1007110.
1 Investment expenses not included on Pa		l a1	i			
2Other (specify):						
		ר ו				
Add lines d1 and d2			 			
e Total revenue (Part I, line 12). Add lines					e	465,716.
Part IV-B Reconciliation of Expens	ses per Audited Financia	al Statements	with	Expenses per		Irn
	oo por	di Otatements	*****	Expenses per	1	
a Total expenses and losses per audited f	inancial statements				a	8,769,861.
b Amounts included on line a but not on P						0,703,301.
1 Donated services and use of facilities	•	1 51	ı	8,013,546.		
2Prior year adjustments reported on Part			+	0,013,340.		
3Losses reported on Part I, line 20			+			
			-			
Coo Stmt 7		1 1. 4	.]	62 014		
				63,814.	***	0 077 360
Add lines b1 through b4					- bl	8,077,360.
c Subtract line b from line a		• • • • • • • • • • • • • • • • • • • •			_ C	692,501.
d Amounts included on Part I, line 17, but		1	1			
1 Investment expenses not included on Pa			├			
2Other (specify):						
	·	·				
Add lines d1 and d2					d	
e Total expenses (Part I, line 17). Add lin						692,501.
Part V-A Current Officers, Director or key employee at any time du	ors, Trustees, and Key E	mployees (List	each	n person who was a	n offi	cer, director, trustee.
or key employee at any time do	(B) Title and average hours	(C) Compensati	<u> </u>	(D) Contributions		(E) Expense
(A) Name and address	per week devoted	(if not paid,	011	employee benef		account and other
(A) Name and address	to position	`enter -0-) ´		plans and deferre	ed	allowances
	2 - 11 - 6 679		-	compensation pla		
ALTON CLARK FLATT	President & CEO	72,0	00.		0.	0.
118 WYNCREST CT	40					
HENDERSONVILLE, TN 37075						
JOHN FLATT			0.		0.	0
100 CHIPWOOD DR	亅					
HENDERSONVILLE, TN 37075			, ,			
CONNIE FLATT	Secretary		0.		0.	0
118 WYNCREST DR						
HENDERSONWILLE TH 37075	7			i	- 1	

(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred compensation plans	account and other allowances
ALTON CLARK FLATT	President & CEO	72,000.	0.	0.
118 WYNCREST CT	40			
HENDERSONVILLE, TN 37075				
JOHN FLATT	Vice President	0.	0.	0
100 CHIPWOOD DR] 0			
HENDERSONVILLE, TN 37075				
CONNIE FLATT	Secretary	0.	0.	0 .
118 WYNCREST DR] 0			
HENDERSONVILLE, TN 37075				
DONNA MICHELLE RAY	Treasurer	51,000.	0.	0
1016 ANDERSON RD	40			
HENDERSONVILLE, TN 37075				
See attached listing	Director 0	0.	0.	0
,	1			

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Form 990 (2005) The Jason Foundation,	Inc.		62-1714	715	Page 6
Part V-A Current Officers, Directors, Tru	stees, and Key E	mployees (continued)		Yes No
75 a Enter the total number of officers, directors, and trustees pe	rmitted to vote on organizat	ion business as board meetings	▶ 5		
b Are any officers, directors, trustees, or key emplished in Schedule A, Part I, or highest compens A, Part II-A or II-B, related to each other through identifies the individuals and explains the relation.	sated professional and the family or business i	d other independent controllers to at	ractors listed in Scheduli	es e 75b	X
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to this organization through common supervision.	loyees listed in form 9 sated professional and any other organization	990, Part V-A, or highest dother independent confined by whether tax exempt	compensated employees ractors listed in Scheduli or taxable, that are relate	e	X
Note. Related organizations include section 509	(a)(3) supporting orga	anizations.			
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the comperelated organization	ndividuals, explains the ensation arrangements	e relationship between the including amounts paid	is organization and the d to each individual by ea	ich	
d Does the organization have a written conflict of	interest policy?			75 d	X
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, directo during the year, list that person below a the instructions.)	or, trustee, or key emp	lovee received compens	ation or other benefits (c	described b	nelow)
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and other vances
				-	
					-
Part VI Other Information (See the instruc	tions.)				Yes No
76 Did the organization engage in any activity not	previously reported to	the IRS? If 'Yes,'		76	X
attach a detailed description of each activity 77 Were any changes made in the organizing or g					X
If 'Yes,' attach a conformed copy of the chang		but not reported to the in	(3)		
78a Did the organization have unrelated business of		0 or more during the yea	r covered by this return?	78 a	X
b If 'Yes,' has it filed a tax return on Form 990-T	-		•		
79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement	n, or substantial contr	action during the			X
80a is the organization related (other than by asso membership, governing bodies, trustees, office	ers, etc, to any other of	le or nationwide organiza exempt or nonexempt or	ition) through common ganization?	80 a	x X
b If 'Yes,' enter the name of the organization		chook whathar it is T	Namel of There		
81 a Enter direct and indirect political expenditures. b Did the organization file Form 1120-POL for th	. (See line 81 instruction	ons.)	81 a	0.	$\frac{1}{x}$
BAA	is year:	······································			n 990 (2005

Form 990	(2005) The Jason Foundation, Inc.	62-1	714715		P:	ege 7
Part V	Other Information (continued)					No
82 a Did sub	I the organization receive donated services or the use of materials, equipment, or facilities a ostantially less than fair rental value?	it no charge or at	8	32a	Х	
b If "	Yes,' you may indicate the value of these items here. Do not include this amount as					
	· · · · · · · · · · · · · · · · · · ·	826 8,013				
	the organization comply with the public inspection requirements for returns and exemption		_	83a	X	
	I the organization comply with the disclosure requirements relating to quid pro quo contribut I the organization solicit any contributions or gifts that were not tax deductible?			83 b 84 a	Х	X
						<u>^</u>
not	Yes,' did the organization include with every solicitation an express statement that such cont tax deductible?			84 Ь	N	
	1(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.		-	85 a	N.	
	the organization make only in-house lobbying expenditures of \$2,000 or less?		_	85 ь	N	A
sw	Yes' was answered to either \$5a or \$5b, do not complete \$5c through \$5h below unless the liver for proxy tax owed for the prior year.					
	es, assessments, and similar amounts from members		N/A			
	ction 162(e) lobbying and political expenditures		N/A			
_	gregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A			
	xable amount of lobbying and political expenditures (line 85d less 85e)		N/A			
g Do	ses the organization elect to pay the section 6033(e) tax on the amount on line 85f?		· · · · · · ·	85 g	N.	'A
	section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasona es allocable to nondeductible lobbying and political expenditures for the following tax year?			85 h	N,	'Α
86 50	11(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	,				
	e 12	86 a	N/A			
	ross receipts, included on line 12, for public use of club facilities		N/A			
87 <i>50</i>	11(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	N/A			
b Gr ag	ross income from other sources. (Do not net amounts due or paid to other sources gainst amounts due or received from them.)	87b	N/A			
or	any time during the year, did the organization own a 50% or greater interest in a taxable co an entity disregarded as separate from the organization under Regulations sections 301.77 'Yes,' complete Part IX	01-2 and 301.7701-3	ship, ?	88		X
89 a <i>50</i>	01(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year un-	der:				
se	ection 4911 - 0. ; section 4912 - 0. ; section 4	955	0.			
b <i>50</i> du ex	O1(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess uring the year or did it become aware of an excess benefit transaction from a prior year? If the prior year?	s benefit transaction Yes,' attach a stater	nent	89 b		Х
c Er	nter: Amount of tax imposed on the organization managers or disqualified persons during the ear under sections 4912, 4955, and 4958	e	>			0
	nter: Amount of tax on line 89c, above, reimbursed by the organization		-			0
b N	umber of employees employed in the pay period that includes March 12, 2005 (See instructi	ons.)		90 b		
	he books are in care of ► Clark Flatt Telephone nu	mber ► <u>615</u> -2	64-232	23		
Lo	ocated at - 116 Maple Row Blvd C, Hendersonville, TN,	ZiP + 4 >	37075	<u>-</u>		
b A	It any time during the calendar year, did the organization have an interest in or a signature of nancial account in a foreign country (such as a bank account, securities account, or other fire	or other authority over	er a	91 b	Yes	Nc X
	'Yes,' enter the name of the foreign country					
S	ee the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of financial Statements					
	transial Statements. It any time during the calendar year, did the organization maintain an office outside of the U	nited States?	<i>.</i>	91 c	:	X
	f 'Yes,' enter the name of the foreign country					
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check	here		N	/A	- [
	and enter the amount of tax-exempt interest received or accrued during the tax year.					N/

	Title y sid of middle to the and the		000				
Note: Enter	gross amounts unless	Unrelated (A)	d ausine	ess income (B)	Excluded by se	ection 512, 513, or 514 (D)	(E) Related or exempt
otherwise in	odicated.	Business code		Amount	Exclusion code	Amount	function income
_	gram service revenue:						
a b							
e	licare/Medicaid payments		<u> </u>				
	& contracts from government agencies nbership dues and assessments						
	est on savings & temporary cash invmnts.	·- ·					5,114.
	dends & interest from securities						
	ental income or (loss) from real estate:						
	t-financed property		<u> </u>				
	debt-financed property		<u> </u>				
	er investment income.						
100 Gair	n or (loss) from sales of assets						
	er than inventory						41,530
	s profit or (loss) from sales of inventory.		<u> </u>	· 	 		41,530
	er revenue: a						
	scellaneous Revenue						60
c <u>Re</u>	imbursement Revenue		ļ				189,590
d			 		 	<u> </u>	
e 104 Subt	otal (add columns (B), (D), and (E)).			·			236,294
105 Tota	al (add line 104, columns (B), (C), a	nd (E))					236, 294
	105 plus line 1d, Part I, should equa						
Part VIII	Relationship of Activities t	o the Acco	omplis	hment of Ex	cempt Purpo	ses (See the instruction	ins.)
Line No.	Explain how each activity for which	income is re	eported	in column (E) o	f Part VII contrib	outed importantly to the	accomplishment
	of the organization's exempt purpo	ses (other th	an by p	roviding funds to	or such purpose	s).	
	See Statement 9						
							
Part IX	Information Regarding Tax	able Subs	idiarie	es and Disre	garded Entit	ies (See the instruction	ns.)
	(A)	(B)		(0	()	(D)	(E)
Name,	address, and EIN of corporation,	Percentag	je of	Nature of		Total	End-of-year
par	tnership, or disregarded entity	ownership in			activities	income	assets
N/A			ે				
			0/0				ļ
			%		·		<u> </u>
Part X	Information Regarding Tra	nsfers As	sociat	ed with Pers	onal Benefit	Contracts (See the	instructions.)
*******	organization, during the year, receive any fur						Yes X No
b Did th	ne organization, during the year, pay	y premiums,	directly	or indirectly, on	a personal ben	efit contract?	Yes X No
Note: /	f 'Yes' to (b), file Form 8870 and Fo	rm 4720 (see	instruct	ions).			
	Under cenalties of perjury, I declare that I hat true, correct, and complete. Declaration of cr	ve examined this	return, inc n officer) i	cluding accompanying s based on all inform	ig schedules and stat nation of which prepa	ements, and to the best of my rer has any knowledge.	knowledge and belief, it is
Please	► (/cust +	ETT -				1 3/29	2/06
Sign	Signature of officer	9			···	Date	/
Here	Clark Flatt, Presid	ent				·	
	Type or print name and title.						
Paid	Preparer's	, 0 (CPA) Date 2 21 0		Preparer's SSN or PTIN (See General Instruction W)
Pre-	signature Popular Popular	12.00			3/26/06	employed ►	P00293352
parer's Use	Firm's name (or Parker, Park						240215
Only	employed), address, and ZIP + 4 Goodlettsvil		- Suit 37072	te 260		100	240315 5) 859-8800
	INP 4 GOOGLELUSVII	TC, IN 3	1012			Phone no. ► (61	.31 033-0000

SCHEDULE A (Form 990 or 990-EZ)

organization Exchipt offder Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

Department of the Treasury Internal Revenue Service

Total number of other employees paid

over \$50,000

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization Employer identification number 62-1714715 The Jason Foundation, Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee penetit (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more hours per week account and other plans and deferred than \$50,000 devoted to position allowances compensation None

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services.

Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service (c) Co	mpensation
None		
	-	
Total number of other contractors receiving over \$50,000 for other services	0	

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

Schedule A (Form 990 or 990-EZ) 200

Schedule A (Form 990 or 990-EZ) 2005 The Jason Foundation. Inc. 62-1	714715	F	Sage 2
Part III Statements About Activities (See instructions.)		Yes	
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attento influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the loobying activities \(\bigsim \\$ \) \(\bigsim \N/A\) (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)			X
Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or wit taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or prin beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	h any icipal		
a Sale, exchange, or leasing of property?	2a	 	X
b Lending of money or other extension of credit?	2ь	<u>, </u>	X
c Furnishing of goods, services, or facilities?	20		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	20	<u> </u>	X
e Transfer of any part of its income or assets?	2 6		x
3a Do you make grants for scholarships, feilowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3.		v
b Do you have a section 403(b) annuity plan for your employees?			X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)		+	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?			Х
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	·	+-	$\frac{\hat{x}}{x}$
	<u> </u>	-1	1 1
Reason for Non-Private Foundation Status (See instructions.)			
The organization is not a private foundation because it is: (Please check only ONE applicable box.)			
A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).	*	•.	
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital section 170(b)(1)(A)(iii).	ospital's name	, city,	
and state • ,			_
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. (Also complete the Support Schedule in Part IV-A.)	Section 170(b)(1)(A)(;v).
11 a X An organization that normally receives a substantial part of its support from a governmental unit or from the control Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	jeneral public.		
11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33 from gross investment income and unrelated business laxable income (less section 511 tax) from businesses organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	3-1/3% of its si	upport	ipts
An organization that is not controlled by any disqualified persons (other than foundation managers) and suppressed described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section box that describes the type of supporting organization: Type 1 Type 2 Type 3	orts organizati 509(a)(2). Che	ons eck the	:
Provide the following information about the supported organizations. (See instruction	ons.)		
(a) Name(s) of supported organization(s)		ine nu om abo	
14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)			
BAA TEEA0402L 08/09/05 Schedule A (Form	990 or Form	990-E	Z) 200f

che	quie A (Form 990 or 990-EZ) 2005	The Jason F	oundation, In	c .	62-171471	i 5 Page 3
art	IV-A Support Schedule (Complete only flyou c	necked a box on line	10. 11, or 12.) <i>Use ca</i>	sh method of accour	nting.
lote:	You may use the worksheet in the	e instructions for conv	erting from the accru	al to the cash method	of accounting.	
egir	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	185,220.	747,783.	282,685.	253,349.	1,469,037.
16	Membership fees received					0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, ourpose					0.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,934.	4,752.	5,924.	10,262.	24,872.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See . Stmt . 10	303,316.	81,176.	159,189.	69,928.	613,609
23		492,470.	833,711.	447,798.	333,539.	2,107,518
24		492,470.	833,711.	447,798.	333,539.	2,107,518
25	Enter 1% of line 23	4,925.	8,337.	4,478.	3,335.	2,107,310
26			 	olumn (e), line 24		42,150
	Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	name of and amount contritor 2001 through 2004 excee	ibuted by each person (othe ded the amount shown in li	r than a governmental unit	or publicly with your	
(Total support for section 509(a)(l) test: Enter line 24,			▶ 26c	2,107,518
(d Add: Amounts from column (e) f		24,872.	19		
		22	613,609.	26b		
	Public support (line 26c minus lin					
	Public support percentage (line		ed by line 26c (denom	inator))	► 26f	69.70 %
	Organizations described on line a For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	, 16, and 17 that were	received from a 'disc n, each 'disqualified p	qualified person,' preperson.' Do not file this	are a list for your rec s list with your return	ords to show the a. Enter the sum of
	(2004)	(2003)	(2002)		(2001)	
	b For any amount included in line to show the name of, and amour \$5,000. (Include in the list organ After computing the difference b differences (the excess amounts	17 that was received for received for each year izations described in the etween the amount restricted for each year:	from each person (oth ear, that was more that ines 5 through 11b, as ceived and the larger	er than 'disqualified p an the larger of (1) the s well as individuals.) amount described in	ersons'), prepare a li e amount on line 25 f Do not file this list w (1) or (2), enter the su	ist for your records or the year or (2) ith your return. um of these
	(2004)	(2003)	(2002) _		_ (2001)	
	(2004) c Add: Amounts from column (e) f 17 d Add: Line 27a total	or lines: 15 _		16		
	17	20		21	27 c	:
	d Add: Line 27a total	a	nd line 27b total	<u> </u>		1
	e Public support (line 27c total mir	nus line 27d totai)				
	f Total support for section 509(a)(2) test: Enter amount	trom line 23, column	(e) ► 27 f		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

	(To be completed UNLY by schools that checked the box on line 5 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nendiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:	-		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
l	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
•	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		<u> </u>
	c Employment of faculty or administrative staff?	33 c		-
	d Scholarships or other financial assistance?	33 c	-	-
	e Educational policies?	33 e		-
	f Use of facilities?	33 f		-
	g Athletic programs?	33 g	-	-
	h Other extracurricular activities?	33 H	1	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a	-	-
	b Has the organization's right to such aid ever been revoked or suspended?	341	,	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		
D 4	A Schedule A (Form 9	00 00 0	000 = 7	ን 20€

Part .	dule A (Form 990 or 990-8		on Foundation,				<u> -1714</u>	715 Pa
	VI-A Lobbying Ex (To be complete	penditures by Elec a ONLY by an eligible bi	cting Public Charit rganization that filed Fol	ies (See instruirm 5763)	ctions.) 		N/A
Check	< ► a if the organization	ation belongs to an affilia	ated group. Check	b if you	check	ed a and 'limi	tea contro	of provisions apply
		mits on Lobbying Expenditures			(a) Affiliated g totals		(b) To be complete for ALL electin	
	(The term	'expenditures' means ar	mounts paid or incurred	.)				organizations
36	Total lobbying expenditu	res to influence public o	pinion (grassroots looby	ring)	36			
37	Total lobbying expenditu	res to influence a legisla	itive body (direct lobbying	ng)	37			
38	Total lobbying expenditu	res (add lines 36 and 37)		38			
		xpenditures			39			
		kpenditures (add lines 38			40			
	Lobbying nontaxable amount. Enter the amount from the following table —							
	If the amount on line 40 is — The lobbying nontaxable amount is —							
	Not over \$500,000							
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000							
	Over \$1,000,000 but not over \$1,500,000. \$175,000 plus 10% of the excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000							
					42			
		amount (enter 25% of lin e 36. Enter -0- if line 42			42			
		e 38. Enter -0- if line 41			43			
44		amount on either line 43						
	Caudott. It there is all a		Averaging Period L		I			
		nizations that made a se Se	e the instructions for lin Lobbying Expend	es 45 through 5	50.)			
						T		
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003		(d) 200		(e) Totai
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
								×
47	Total lobbying expenditures							
	expenditures							
48	expenditures Grassroots non-							
48	Grassroots non-taxable amount							
48 49 50	Grassroots non-taxable amount (150% of line 48(e)) Grassroots lobbying expenditures	Activity by Nonelect	ting Public Chariti	es				
48 49 50	Grassroots non-taxable amount. Grassroots ceiling amount (150% of line 48(e)). Grassroots lobbying expenditures. Lobbying A (For reporting expenditure)	only by organizations tha	at did not complete Part	VI-A) (See inst				N/A
48 49 50 Par	Grassroots non-taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures TVI-B Lobbying A (For reporting of the year, did the organs	only by organizations that	at did not complete Part	VI-A) (See instocation.	includ	ing any	Yes No	
48 49 50 Par	Grassroots non-taxable amount (150% of line 48(e))	only by organizations that inization attempt to influe pinion on a legislative m	at aid not complete Part ence national, state or le atter or referendum, thr	VI-A) (See instance of the cough the use of	includ f:	ing any	Yes No	
48 49 50 Par During	Grassroots non- taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (For reporting of the year, did the orga mpt to influence public of a Volunteers	only by organizations that inization attempt to influe pinion on a legislative m	at aid not complete Part ence national, state or li atter or referendum, thr	OCAI legislation, ough the use of	includ	ing any	Yes No	
49 50 Par During atter	Grassroots non-taxable amount. Grassroots ceiling amount (150% of line 48(e)). Grassroots lobbying expenditures. Lobbying A (For reporting of the year, did the orgampt to influence public of a Volunteers. b Paid staff or managem	only by organizations that inization attempt to influe pinion on a legislative m ent (Include compensation	at aid not complete Part ence national, state or la atter or referendum, thr on in expenses reported	VI-A) (See inst ocal legislation, ough the use of d on lines c thro	includ f: ough h	ing any	Yes No	
48 49 50 Par Curing atter	Grassroots non-taxable amount. Grassroots ceiling amount (150% of line 48(e)). Grassroots lobbying expenditures. Lobbying A (For reporting of the year, did the orgampt to influence public of a Volunteers. b Paid staff or managem c Media advertisements.	only by organizations that inization attempt to influe pinion on a legislative ment (Include compensation)	at aid not complete Part ence national, state or la atter or referendum, thr on in expenses reported	VI-A) (See inst ocal legislation, ough the use of d on lines c thro	includ f: ough h	ing any	Yes No	
48 49 50 Par During atter	Grassroots non- taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (For reporting of the year, did the orga mpt to influence public of a Volunteers b Paid staff or managem c Media advertisements. In Mailings to members, In	only by organizations that inization attempt to influe pinion on a legislative ment (Include compensations) and the public of the public inizations.	at aid not complete Part ence national, state or le atter or referendum, thr on in expenses reported	VI-A) (See inst ocal legislation, ough the use of d on lines c thro	includ f: ough h	ing any	Yes No	
48 49 50 Par Durir atter	Grassroots non- taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (For reporting of the year, did the orga mpt to influence public of a Volunteers b Paid staff or managem c Media advertisements d Mailings to members, le e Publications, or publish	only by organizations that inization attempt to influe pinion on a legislative ment (Include compensations) egislators, or the public and or broadcast statement.	at aid not complete Part ence national, state or le atter or referendum, thr on in expenses reported ents	VI-A) (See inst ocal legislation, ough the use of d on lines c thro	includ f: ough h.	ing any	Yes No	
48 49 50 Par During atter	Grassroots non- taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (For reporting of the year, did the orga mpt to influence public of the publications, or publish of the grants to other organizations.	only by organizations that inization attempt to influe pinion on a legislative ment (Include compensations) egislators, or the public and or broadcast statement for lobbying purp	at aid not complete Part ence national, state or le atter or referendum, thr on in expenses reported ents oses	VI-A) (See inst ocal legislation, ough the use of d on lines c thro	includ f: ough h.	ing any	Yes No	
48 49 50 Par Duriting	Grassroots non- taxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Lobbying A (For reporting of the year, did the organity of the public of the publications, or publishing for the publications, or publishing of the publications, or publishing of the publications of the publicatio	only by organizations that inization attempt to influe pinion on a legislative ment (Include compensations) and the public med or broadcast statement attors, their staffs, governments	at did not complete Part ence national, state or le atter or referendum, thr on in expenses reported ents oses ernment officials, or a le	Ocal legislation, ough the use of the don lines c through the use of the don lines c through the don l	includ	ing any	Yes No	
48 49 50 Par During atter	Grassroots non- taxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (For reporting of the year, did the organet to influence public of a Volunteers b Paid staff or managem c Media advertisements d Mailings to members, lie Publications, or publish f Grants to other organiz g Direct contact with legic h Rallies, demonstrations	only by organizations that inization attempt to influe pinion on a legislative ment (Include compensations) and or broadcast statement attempt to influe public actions for lobbying purposlators, their staffs, govers, seminars, conventions	ents ents ents ents ernment officials, or a les, speeches, lectures, and not complete Part	ocal legislation, ough the use of on lines c through the use of on lines c through the use of on lines c through the use of one lines c through the lines c through th	includ f: ough h.	ing any	Yes No	
48 49 50 Par During atter	Grassroots non- taxable amount	only by organizations that inization attempt to influe pinion on a legislative ment (Include compensations) and the public med or broadcast statement attors, their staffs, governments	ents ents	coal legislation, ough the use of	includ f: bugh h.	ing any	Yes No	

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		
ВАА		Schedule A (Form 990 or 990-EZ) 200