## 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

	For t	he 2008 calend	dar year, o	or tax year beginning , 2008	, and ending	3			
В	Check	if applicable:					) Employ	er identifi	ication Number
	A	ddress change	Please use IRS label	The Jason Foundation, Inc.			62-	17147	715
	$\square_{N}$	ame change	or print or type.	181 East Main Street #5		E	Telepho	<del></del>	
	$\vdash$	itial return	See specific	Hendersonville, TN 37075			•		·2323
	$\vdash$	ermination	instruc-			-	010	204	2323
			tions.				_		1 400 554
	$\boldsymbol{\vdash}$	mended return	E V	73 - 7 - 73 - 12			Gross r		
	∐ At	oplication pending		and address of principal officer: Clark Flatt		H(a) is this a			
				As C Above		H(b) Are all af If 'No.' at	mates inci tach a list.		ructions) Yes No
!		-exempt statu			527				
J				nfoundation.com		H(c) Group ex	emption nu	mber 🏲	
K		of organization:		tion Trust Association Other L	Year of Formation	on: 1997	Mis	tate of leg	gal domicile: TN
	i de la								
	1	Briefly describ	be the org	anization's mission or most significant activities: T	he Jasor	Found	ation	's co	ore mission
é		is for t	he awa	reness and prevention of youth su	icide.	Please	refer	to	(Schedule 0)
apc		for our	formal	mission statement and further de	scripti	on of c	ur un	ioue	
Ē		_organiza	tional	_module					
Š		Check this bo	x► []i	f the organization discontinued its operations or dispo	sed of more	than 25%	of its as	sets.	
প্র	3	Number of vo	ting memi	pers of the governing body (Part VI, line 1a)				3	18
Activities & Governance	4	Number of inc	dependent	voting members of the governing body (Part VI, line	1b)		[	4	14
Ξ	5	Total number	of employ	rees (Part V, line 2a)			, .   [	5	16
ij	5	Total number	of volunte	eers (estimate if necessary)				6	0
•	/a	Lotal gross ur	related bi	usiness revenue from Part VIII, line 12, column (C)			<i>.</i> [	7a	0.
	D D	Net unrelated	business	taxable income from Form 990-T, line 34		<u>.,,,,,,,,,</u>	<u>  </u>	7b	0.
						Pri	or Year	ŀ	Current Year
<u> </u>	8	Contributions	and grant	s (Part VIII, line 1h)			843,6	52.	858,362.
Revenue	9	Program serv	ice revenu	ie (Part VIII, line 2g)					
Š	10	Investment in	come (Pai	rt VIII, column (A), lines 3, 4, and 7d)			35,3		45,723.
<u>.</u>	11	Other revenue	Part VII				520,7	88.	499,899.
	12	Total revenue	— add lin	es 8 through 11 (must equal Part VIII, column (A), lin	e 12)	1,	399,0	47.	1,403,984.
				unts paid (Part IX, column (A), lines 1-3)					
	14	Benefits paid	to or for n	nembers (Part IX, column (A), line 4)					
	15	Salaries, othe	r compen	sation, employee benefits (Part IX, column (A), lines t	5-10)		523,4	82.	655,303.
Expenses				fees (Part IX, column (A), line 11e)					
ğ									
М					26,135.				
							419,2		471,026.
	18	lotai expense	s. Add in	es 13-17 (must equal Part IX, column (A), line 25)			942,7		<u>1,126,329.</u>
_	19	Revenue less	expenses	. Subtract line 18 from line 12			456,2	99.	<u>277,655.</u>
500						Beginn	ing of Ye	ar	End of Year
Assots d Balanc		Total assets (I					053,4		2,483,649.
Ž P	21	Total liabilities	(Part X, I	line 26)	*******		8,3	69.	160,934.
žZ	22	Net assets or	fund balar	nces. Subtract line 21 from line 20	<b></b>	2.	045,0	60.	2,322,715.
Ra		Signatu	ire Bloc	k/		<u></u>	0 10 / 0	<u> </u>	2,022,120.
		Under penalties	ef Cerusy, I	declare that I have beginned the seturn Actualing accompanying sch	adular and cial	amonte and t	a ika basi	of mu lead	and advantage to the
		true, correct el	nd complete.	declare that I have examined this return, including accompanying sch Declaration of pregarer (other tran officer) is based on all information	of which prepa	rer has any kr	owledge	or my kric	Meuge and beier, it is
Sig	ın	<b>         </b>	Trisell	Ace/		1	2/	rcs /c	29
Hei		Signature	of officer		<del></del> -	l Date	<u> </u>	<del>//                                   </del>	<u>-</u>
		Clark	Flatt				l lant	v	
			nt name and			Presid	ient		
		<del> </del>			Date	· I		Dren	perar's Idantifidae aumbor
Pai	Ч		$\bigcap$		74.6	Chec self-		(see	parer's identifying number instructions)
Pre		Preparer's signature	<b>►</b> ( %	461166	2/20/2		loyed 🏲	Щ	
	er's		<u> </u>	alle in Stylen	72010	7		JP0	0293282
Js	е	Firm's name (or yours if self-							
On	ly	employed), address, and ZIP + 4		NorthChase Dr - Suite 260		EIN		2-124	
				llettsville, TN 37072		Phon	e no. 🕨	(615)	859-8800
May	the If	RS discuss this	s return w	ith the preparer shown above? (see instructions)					X Yes No

Form 990 (2008) The Jason Foundation, Inc.	62-1714715	Page 2
Statement of Program Service Accomplishments (see instructions)		
1 Briefly describe the organization's mission:		
See Schedule O		
2 Did the organization undertake any significant program services during the year which were not listed on	the prior	
Form 990 or 990-EZ?		81.
If 'Yes,' describe these new services on Schedule O.	Yes X	No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? Yes X	No
If 'Yes,' describe these changes on Schedule O.		
4 Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expenses. Section 501(c)(3)	
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	allocations to objects, the total	
4a (Code: 997, 431. including grants of \$	) (Revenue \$	)
These program expenses are incurred to further the mission of		The
organization is represented in 50 states and several foreign co	<u>ountries_through_fo</u>	rmal_
and informal affiliations with various organizations and agenc	ies.	
	<b></b>	
4b (Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
~~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		
4c (Code:) (Expenses \$ including grants of \$	) (Revenue \$	,
including grants of	(Nevenue 3	
		·
4d Other program services. (Describe in Schedule O.)		
(Expenses \$ including grants of \$ ) (Revenue	\$ Y	
4e Total program service expenses ► \$ 997, 431. (Must equal Part IX, Line 25, column		

Partive Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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			v
4		3	X	Х
5		5		
6		6		Х
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	7		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 hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	Λ
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u>, v</u>	X
14:	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part L	14b		х
15	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, Part II	15		Х
16	individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	_X_	
20	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.	19		X
21	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.  Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	20 21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
		25		
242	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	_	
<b>25</b> 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		<u> </u>
	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	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	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
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			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
£	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.	28a		X
ŀ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
ć	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV.	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	_	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	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	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line I	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35		Х
36	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	36		Х
37	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		Х
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PartV Statements Regarding Other IRS Filings and Tax Compliance		
		Yes No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	4	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and rep (gambling) winnings to prize winners?	ortable gaming 1c	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	16	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? 2b	Х
Note. If the sum of lines 1a and 2a is greater than 250, you be required to e-file this return. (see instru	clions)	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	by 3a	X
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 a financial account in a foreign country (such as a bank account, securities account, or other financial account.	authority over, a count)?	Х
b if 'Yes,' enter the name of the foreign country: >		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba Financial Accounts.	ank and	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion? 5b	X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity F Prohibited Tax Shelter Transaction?	Regarding 5c	Х
6a Did the organization solicit any contributions that were not tax deductible?	6a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution deductible?	ns or gifts were not 6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more t	than \$75? <b>7</b> a	Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	., , , ,,,,,, 7ь	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Form 8282?	s required to file	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pubenefit contract?	ersonal 7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act? 7f	Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098	3-C as required? 7h	X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 50 supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization.	nization, have	
excess business holdings at any time during the year?	8	
9 Section 501(cX3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:	30	
a Initiation fees and capital contributions included on Part VIII, line 12 10a	0.	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	0.	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from other members or shareholders	0.	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	0.	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99 in lieu of Form 1041		Х
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	0.	
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Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, d processes, or changes in Schedule O. See instructions.	escribe the circumstances,		Yes	No
18	Enter the number of voting members of the governing body	1a 18			
Ł	Enter the number of voting members that are independent	1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel officer, director, trustee or key employee?	ationship with any other	2	X	
3	Did the organization delegate control over management duties customarily performed by or ur of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization	's assels?	5		X
6	Does the organization have members or stockholders?		6		X
<b>7</b> a	Does the organization have members, stockholders, or other persons who may elect one or n governing body?	nore members of the	7a		Х
ł	Are any decisions of the governing body subject to approval by members, stockholders, or other		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following:	·			
e	The governing body?	.,	8a	X	
Ŀ	Each committee with authority to act on behalf of the governing body?		8b		<u>X</u>
9 <i>a</i>	Does the organization have local chapters, branches, or affiliates?		9a		X
ŀ	olf 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed describe in Schedule O the process, if any, the organization uses to review the Form 990	? All organizations must ee. Schedule O	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	11		Х
Sec	tion B. Policies				
				Yes	No
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12b	Х	
	Does the organization regularly and consistently monitor and enforce compliance with the police of the schedule of the schedul		12c		
	Does the organization have a written whistleblower policy?		13	X	<u> </u>
	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent islon:			
	The organization's CEO, Executive Director, or top management official?		15a		ļ
i	Other officers of key employees of the organization?. See Schedule 0		15b	X	
	Describe the process in Schedule O. (see instructions)				
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?		16a		X
Ī	o If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable tederal tax law, and taken steps to safeguard status with respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Sec	tion C. Disclosures				
17	List the states with which a copy of this Form 990 is required to be filed ►ALL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply.	d 990-T (501(c)(3)s only) ava	ilable	for pu	blic
	Own website X Another's website X Upon request				
19	statements available to the public. See Schedule 0				cial
20	State the name, physical address, and telephone number of the person who possesses the b Clark Flatt 181 East Main Street Hendersonville 37075 6		nizatio	on: 	

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Form 990 (2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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 \$100,000 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 the organization did no	t compens	sate ar	ny o	ffice	r, di	irector	, tru	stee, or key employee	),	
(A)	(B)			(4	c)			(D)	Œ)	(F)
Name and Title	Average hours per week	individual trustee or director	S Institutional trustee	checi Officer	Key employee	Highest compensated employee	T	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Clark Flatt									-	<u> </u>
President & CEO	40			X	X			94,500.	0.	<u> </u>
JOHN FLATT Vice President	0			Х				0.	0.	0.
CONNIE FLATT	_									
Secretary	00			<u>X</u>				0.	0.	0.
DONNA MICHELLE RAY Treasurer	40			х	v			67 500		
IICasulei	40				X			67,500.	0.	0.
									:	
										· ************************************

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Reart VIII Section A. Officers, Directors, Trus	1	Key	Er			ees	, ar				ont.)
(A)	(B) Average	Posi	llon /		c) kalli	hat a	กกรับวั	(D)	(E)	(F)	
Name and Title	hours per week	or director	Institutional trustee	Officer	Key employee	3 E	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fron related organization (W-2/1099-MISC)	Estimated amount of ot compensative from the organization and relate organization	q ou per
				_							
11.T-1.1								160.000			
1b Total							<b>&gt;</b>	162,000.		0.	0.
2 Total number of individuals (including those in 1a) who organization ► 0	no recei	ved	mor	re th	ian :	\$100 	),000	) in reportable co	npensalion from	the	No
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual</li> </ul>	ortable an \$150	com 0,000	pen )? If	sati 'Ye	on a	ind o	othe lete	r compensation fr Schedule J for su	om ich	3	X
5 Did any person listed on line 1a receive or accrue corendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	mpensa edule J	ation for s	fror such	n ar per	ny u rson	nrel	ated	organization for	services	5	X
1 Complete this table for your five highest compensate	d indep	ende	ent o	cont	ract	ors	that	received more that	an \$100,000 of		
compensation from the organization.  (A)				•				(В	<b>)</b>	(C)	
Name and business address	<u> </u>							Description of	of Services	(C) Compensatio	n ——
2 Total number of independent contractors (including t compensation from the organization ► 0	hose in	1) w	ho i	rece	ived	i mo	re t	l han \$100,000 in		10 mm	

	Ąτi.V	(III Statement of R	evenue			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
TS	18	a Federated campaigns	F	1a	13,525.				
GRAI		Membership dues	<b>-</b>	1b	118,433.				
FIS,		Related organizations.		1 d	110,433.				
S,SE	•	Government grants (contributi	<u>-</u>	1 e	310,000.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, similar amounts not included	grants, and	_	416 404				
TRIB	١,	similar amounts not included in Noncash contribns included in		1f	416,404. 52,102.				
	i	Total. Add lines 1a-1f				~~~~			
PROGRAM SERVICE REVENUE					Business Code				
REVE							1		
<u> </u>		·							
SER									
RAIN	6	<u></u>							
200		All other program servion Total. Add lines 2a-2f							
	3	Investment income (inc	ludina divid	ends.	interest and				
		other similar amounts)			🟲		47,284.	-	
	4 5	Income from investmen Royalties							
			(ī) Rea		(ii) Personal				
		Gross Rents							
i		Less: rental expenses Rental income or (loss)							
		Net rental income or (lo	ss)		<b>&gt;</b>				
		Gross amount from sales of	(ī) Securit		(ii) Other				
		assets other than inventory		· · · · ·					
	b	Less: cost or other basis and sales expenses.			1,561.	<b>7</b>			
	c	Gain or (loss)			1 571				
		Net gain or (loss)				-1,561.	-1,561.		
ä	8a	Gross income from function including \$	iraising eve	nts 3					
		of contributions reported							
OTHER REVEN		See Part IV, line 18 .		a					
F		Less: direct expenses .  Net income or (loss) fro		b		-37,378.			27 270
						-37,376.			-37,378.
		Gross income from gam See Part IV, line 19							
		Less: direct expenses.							
		Net income or (loss) fro							
		Gross sales of inventory and allowances							
		Less: cost of goods sold					<b>4</b>		
	C	Net income or (loss) from Miscellaneous Revenue	m sales of i ue	nven	Business Code				
		Reimbursement l				537,220.	537,220.		
		Miscellaneous 1	Revenue			57.	57.		
	q	All other revenue	<b>-</b> -	-					
		Total. Add lines 11a-11c		<u> </u>		537,277.			
					6d, 7d, 8c, 9c.				
		Total Revenue. Add line 10c, and 11e		., .,	· · · · · · · · · · · · · · · · · · ·	1,403,984.	583,000.	o.	-37,378.

Page 10

Partix 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).

Do i	All other organizations must com 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
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	162,000.	145,800.	11,340.	4,860.
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	Other salaries and wages	396,408.	356,767.	27,749.	11,892.
8	Pension plan contributions (include section 401(k) and section 403(b) employer				
	contributions)	15,687.	14,118.	1,098.	471.
9	Other employee benefits	36,556.	32,900.	2,559.	1,097.
10	Payroll taxes	44,652.	40,186.	3,126.	1,340.
11	Fees for services (non-employees).				
ē	Management		44 - 44 - 44 - 44 - 44 - 44 - 44 - 44		·
Ŀ	Legal				
•	Accounting	6,350.	3,175.	3,175.	
•	Lobbying				
€	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees.				
-	Other	2,880.	1,440.	1,440.	
12	Advertising and promotion	1,027.	815.	212.	
13	Office expenses	42,936.	33,673.	8,908.	355.
14	Information technology	21,674.	10,837.	10,837.	
15	Royalties.,	60 505	F.C. 050	4 077	1 076
16	Occupancy	62,526.	56,273.	4,377.	1,876.
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	71,824.	71,122.	702.	
19	Conferences, conventions, and meetings.	4,716.	4,716.		
20	Interest				<u>, ,</u>
21		<u> </u>			
22	Depreciation, depletion, and amortization	16,998.	15,298.	1,190.	510.
23	· · · · · · · · · · · · · · · · · · ·	11,892.	10,703.	832.	357.
24	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
4	Educational Programs	158,321.	158,321.	A STATE OF THE PARTY OF THE PAR	
	Printing and Publications	19,096.	16,590.	2,506.	·
	Postage and Shipping	13,754.	11,258.	2,496.	
	MISCELLANEOUS	10,036.	694.	9,342.	
	MILEAGE REIMBURSEMENT	7,169.	6,017.	1,152.	
	All other expenses	19,827.	6,728.	9,722.	3,377.
	Total functional expenses. Add lines 1 through 24f	1,126,329.	997,431.	102,763.	26,135.
26					
BAA					Form 990 (2008)

		(2008) The Jason Foundation, Inc.	62-	1714	715		Pag	e 11
Pa	<b>1</b>	Balance Sheet						
			(A) Beginning of year		E	(B) nd of ye	ar	
	1	Cash - non-interest-bearing		1				
	2	Savings and temporary cash investments	1,504,950.	2	1	1,846	, 75	6.
	3	Pledges and grants receivable, net		3		43		
	4	Accounts receivable, net	23,298.	4				20.
	5	Receivables from current and former officers, directors, trustees, key employees,						
	_	or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))						
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6				
<b>≮</b> SSETS	7	Notes and loans receivable, net		7				
S	8	Inventories for sale or use		8				
Š	9	Prepaid expenses and deferred charges	5,129.	9		4	, 98	0.
	10a	Land, buildings, and equipment: cost basis	NEW YORK OF THE PARTY OF THE PA					
		Less: accumulated depreciation. Complete Part VI of						
		Schedule D	. 216,553.	10c		204	. 59	9.
	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		340	96	.3
:	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,053,429.	16		2,483		
	17	Accounts payable and accrued expenses	<del></del>	17				33.
	18	Grants payable		18				
	19	Deferred revenue		19	<u> </u>	<u></u>		
Ļ	20	Tax-exempt bond liabilities		20				
Å	21	Escrow account liability. Complete Part IV of Schedule D.		21				
В	22					de de de		
L-AB-L-F-ES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		- C				
Ē		of Schedule L		22				
S	23	Secured mortgages and notes payable to unrelated third parties	1	23	<u> </u>			
	24	Unsecured notes and loans payable.		24		150		11
	25	Other liabilities. Complete Part X of Schedule D		25		153		
	26	Total liabilities. Add lines 17 through 25	8,369.	26	20 20 X	160	, 9:	)4.
Ē		Organizations that follow SFAS 117, check here   X   and complete lines						
T A		27 through 29 and lines 33 and 34.	1 400 050			5 C1 F	-1	-
<b>≮</b> WOEEE	27	Unrestricted net assets	1,488,353.	27		1,615		
Ę	28	Temporarily restricted net assets	555,678.	28	ļ	706		
O R	29	Permanently restricted net assets.	1,029.	29		1	, UZ	29.
		Organizations that do not follow SFAS 117, check here   and complete						
F-320		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds		30				
Ŗ	31	Paid-in or capital surplus, or land, building, and equipment fund		31				
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	ļ			
日本 上くさつ 上の	33	Total net assets or fund balances.	2,045,060.	_		2,322		
	34	Total liabilities and net assets/fund balances	2,053,429.	34	<u> </u>	2 <u>,483</u>	, 64	19.
	πX	Financial Statements and Reporting		<del></del>		- 1		
_		, , , , , , , , , , , , , , , , , , ,	٦			Ye	S SS S	No
		counting method used to prepare the Form 990: Cash X Accrual	Other					WEE V
2		re the organization's financial statements compiled or reviewed by an independent				2a		X
	p We	re the organization's financial statements audited by an independent accountant?.			·	2b }	+	

		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c if 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits?	3b		
BAA	Forn	n 990	(2008)

TEEA0111L 12/22/08

#### SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service nonexempt charitable trusts.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Opendo alibii Aliberator

Employer identification number

		n Foundat:								714715		
Par	Re	eason for Pu	blic Charity State	us (All organizations	s müst	comp	ete thi	s part	.) (see	instru	ctions)	
The c	rganiza	tion is not a priv	vate foundation becau	se it is: (Please check or	nly one c	organiza	tion.)					
1	Αc	hurch, conventi	on of churches or ass	ociation of churches desc	cribed in	section	170(b)(	I)(A)(i).				
2	As	chool described	i in section 170(b)(1)(/	AXII). (Attach Schedule E	Ξ.)							
3	Ah	ospital or coope	erative hospital service	e organization described	in sectio	n 170(b	χ1χΑχίί	i). (Atta	ch Sche	dule H.)		
4	A n	nedical research	n organization operate	d in conjunction with a h	ospital d	escribed	in sect	ion 170	(b)(1)(A)	(iii). Ente	er the hospi	lal's
	nan	ne, cily, and sta	ate:									
5	二 170	<b>(b)</b> (1)(A)(iv). (C	Complete Part II.)	of a college or university					mental i	unit desc	ribed in sec	:tion
6	∐ A f€	ederal, state, or	local government or	governmental unit descri	bed in se	ection 17	70(b)(1)(	A)(v).				
7	는 in s	ection 170(b)(1)	<b>)(A)(vi).</b> (Complete Pa	•			ernmen	tal unit	or from	the gene	ral public d	ascribed
8				70(b)(1)(A)(vi). (Complet		-						
9	inve	estment income	at normally receives: ( ted to its exempt funct and unrelated busine e section 509(a)(2). (Co	more than 33-1/3 % o lions — subject to certain ss taxable income (less somplete Part III.)	f its supp exception section 5	oort fron ons, and oll tax)	n contrib I (2) no i from bus	utions, nore th sinesse:	member an 33-1/ s acquire	ship fees 3 % of its ad by the	s, and gross s support fr organization	receipts om gross on after
10	An	organization org	ganized and operated	exclusively to test for pu	blic safe	ty. See	section	509(a)(4	). (see	instructio	ons)	
11	moi	e publicky supp	orted organizations d	exclusively for the benef escribed in section 509(a ation and complete lines	3)/1) or s	ection 5	09(a)(2)	tions of . See s	, or carr ection 5	y out the <b>09(a)(3)</b> .	purposes of Check the	of one or box that
		Type I	<b>b</b> ∏Type Ⅱ	с Птуре ІІ		•		ed		d 🗍	Type III-	Other
е	— thai	checking this bo n foundation ma (a)(2).	ox, I certify that the or anagers and other that	ganization is not controllen one or more publicly su	ed direct upported	ly or ind organiz	lirectly b ations d	y one o escribe	r more o d in sect	disqualification 509(a	ed persons a)(1) or sec	other tion
f	If th		received a written det	ermination from the IRS	that is a	Туре і,	Type II o	or Type	III supp	orting or	ganization,	П
~				tion accepted any gift or	r aantribi	dian fra		f tha fal	innina n		,,	, <b>—</b>
g	Jiii	Le August 17, 2	ooo, nas the organiza	tion accepted any gift of	COMMIDE	allon no	m any o	i the ioi	iowiiig þ	6120112:	Г	Yes No
	(i)	a person who	directly or indirectly o	controls, either alone or t	logelher	with ner	enns de	scribed	in (ii) ar	nd (iii)		res No
	(-)	below, the go	verning body of the si	upported organization?	ogo a los	· · ·	20112 00			ia (ai)	11g(i)	
	(ii)	a family mem	iber of a person desc	ribed in (i) above?							. 11 g (ii)	
	(iii)	a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?	-					. 11 g (iii)	
<u>h</u>	Pro	vide the following	ng information about t	he organizations the orga	anization	suppor	ls.					
	(i) Nam	e of Supported ganization	(ii) EIN	(iji) Type of organization	(iv)	ls the tion in col	(v) Did y	ou notify	(y)	s the	(vii) Amount	of Support
	O	ganization		(iii) Type of organization (described on lines 1-9 above or IRC section	I (ii) listed	d in vour	CO.	ization in (i) of	organizat (i) organi	ioก in col. zed in the		
			(see instructions))		governing document?		your support?		(i) organized in the U.S.?			
•					Yes	No	Yes	No	Yes	No		
					<u> </u>							
					İ							
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									[			
								ļ !	<u> </u>			
									1			
	_					<u></u>			<u> </u>	!		
	·											
							<u> </u>		l			
			TO SERVICE SERVICE	A SALE OF THE SALE								
Total												
BAA	For Priv	acy Act and Pa	perwork Reduction A	ct Notice, see the Instru	ctions fo	r Form !	990.		Schedul	e A (For	m 990 or 99	90-EZ) 2008

	edule <b>A</b> (Form 990 or 990-EZ) 200		on Foundatio	on, Inc.		62-1714715	Page 2
	Support Schedule for	Organization	s Described ir	Sections 170	l(b)(1)(A)(iv) a	nd 170(b)(1)(A)	(vi)
Sec	(Complete only if you checke stion A. Public Support	ed the box on line	5, 7, or 8 of Part	1.)	111		
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3	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						
4	Total. Add lines 1-3						
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						
Cale begi	ndar year (or fiscal yea <del>r</del> nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ties, etc. (see ins	tructions)			12	
	First five years. If the Form 990 is organization, check this box and	stop here	<u> </u>	i, third, fourth, o	fifth tax year as a	a section 501(c)(3)	▶ □
	tion C. Computation of Pu	blic Support I	Percentage				
	Public support percentage for 200 Public support percentage for 200		•			} <del></del>	<u>%</u> %
	33-1/3 support test — 2008. If the and stop here. The organization	organization did i	not check the box	on line 13, and t	he line 14 is 33-1/	3 % or more, chec	
b	33-1/3 support test — 2007. If the and stop here. The organization of	organization did i	not check a box o	n line 13. or 16a.	and line 15 is 33-1	1/3% or more, chec	ck this box
17a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts	neets the 'facts₊aı	nd-circumstances	' test, check this t	oox and stop here	. Explain in Part IV	how
h	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts a	nd-circumstances	test check this b	nov and stop here	Fyniain in Part IV	is 10% how the

BAA

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions . .

## 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)>	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	185,220.	234.996	1,185,928.	843,652.	858,362.	3,308,158.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	200/2201	202/3300	272007320.	0.107.002.	030,302.	1 - 1
3	purpose						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1-5	185,220.	234,996.	1,185,928.	843,652.	858,362.	3,308,158.
7 6	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
i	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11.						
	and 12 for the year or \$5,000.	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
٥	Public support (Subtract line						0.050.450
500	7c from line 6.)tion B. Total Support						3,308,158.
Jec	tion D. Total Support						
Cala	nelow room for fineal or beginning into his	4-> 0004	#A 000F	()0005	433,000	414000	
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	185,220.	234,996.	1,185,928.	843,652.	858,362.	3,308,158.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form						
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	185,220.	234,996.	1,185,928.	843,652.	858,362.	3,308,158.  94,788.  0. 94,788.
9 10 a E	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	185,220. 3,934.	234, 996. 5, 114.	1,185,928. 4,642.	843,652. 35,375.	858,362. 45,723.	3,308,158. 94,788.
9 10a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV. Total support. (add ins 9, 10c, 11, and 12)	3,934. 3,934. 303,316.	234, 996. 5, 114. 5, 114. 249, 085.	1,185,928. 4,642. 4,642. 255,801.	35,375. 35,375. 552,370.	858,362. 45,723. 45,723.	3,308,158.  94,788.  0. 94,788.  0. 1,944,587. 5,347,533.
9 10a 11 12	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV. Total support. (add ins 9, 10c, 11, and 12)	3,934. 3,934. 303,316.	234, 996. 5, 114. 5, 114. 249, 085.	1,185,928. 4,642. 4,642.	35,375. 35,375.	45,723. 45,723.	3,308,158.  94,788.  0.  94,788.  0.  1,944,587. 5,347,533.
9 10 a 11 12 13 14	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV. Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and	3,934. 3,934. 303,316.	234, 996. 5,114. 5,114. 249,085.	1,185,928. 4,642. 4,642.	35,375. 35,375.	45,723. 45,723.	3,308,158.  94,788.  0.  94,788.  0.  1,944,587. 5,347,533.
9 10 a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and	3,934. 3,934. 303,316. s for the organizat stop hereblic Support F	234, 996. 5, 114. 5, 114. 249, 085. lon's first, second	1,185,928. 4,642. 4,642. 255,801.	35,375. 35,375. 552,370.	858,362. 45,723. 45,723. 584,015.	3,308,158.  94,788.  0.  94,788.  0.  1,944,587. 5,347,533
9 10a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support, (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage for 20	3, 934.  3, 934.  303, 316.  s for the organizat stop here	234, 996.  5, 114.  5, 114.  249, 085.  ion's first, second	1,185,928. 4,642. 4,642. 255,801.	35,375. 35,375. 552,370.	858, 362. 45, 723. 45, 723. 584, 015. section 501(c)(3)	3,308,158.  94,788.  0.  94,788.  0.  1,944,587. 5,347,533
9 10a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage from 20	3, 934.  3, 934.  3, 934.  303, 316.  s for the organizat stop here	234, 996.  5, 114.  5, 114.  249, 085.  ion's first, second  Percentage (f) divided by line Part IV-A, line 276	1,185,928. 4,642. 4,642. 255,801.	35,375. 35,375. 552,370.	858, 362. 45, 723. 45, 723. 584, 015. section 501(c)(3)	3,308,158.  94,788.  0.  94,788.  0.  1,944,587. 5,347,533
9 10a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Public support percentage from 20 tion D. Computation of Inventional services and the computation of Invention of Inven	3, 934.  3, 934.  3, 934.  3, 934.  3, 934.  S for the organizat stop here	234, 996.  5, 114.  5, 114.  249, 085.  ion's first, second Percentage (f) divided by line Part IV-A, line 270 ne Percentage	1,185,928. 4,642. 4,642. 255,801. 3, third, fourth, or	35, 375.  35, 375.  552, 370.	858, 362. 45, 723. 45, 723. 584, 015. section 501(c)(3)	3,308,158.  94,788.  0. 94,788.  0.  1,944,587. 5,347,533
9 10a 11 12 13 14 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support, (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage from 2 Public support percentage from 2 Investment Income percentage for	3, 934.  3, 934.  3, 934.  303, 316.  s for the organizat stop here blic Support F 08 (line 8, column coor Schedule A, F vestment Incor	234, 996.  5, 114.  5, 114.  249, 085.  ion's first, second Percentage (f) divided by line Part IV-A, line 270 ne Percentage column (f) divided	1,185,928. 4,642. 4,642. 255,801. 4,13, column (f)	35, 375.  35, 375.  552, 370.  fifth tax year as a	858, 362. 45, 723. 45, 723.  584, 015. section 501(c)(3)	3,308,158.  94,788.  0. 94,788.  0. 1,944,587. 5,347,533
9 10a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage from 2 Public support percentage from 2 Investment income percentage from Income Investment Income Invest	3, 934.  3, 934.  3, 934.  3, 934.  3, 934.  3, 934.  Sofor the organizate stop here	234, 996.  5, 114.  5, 114.  249, 085.  ion's first, second Percentage (f) divided by line Part IV-A, line 27 me Percentage column (f) divided A, Part IV-A, line	1,185,928. 4,642. 4,642. 255,801. 3, third, fourth, or 13, column (f)) 2 by line 13, colume 27h	35, 375.  35, 375.  552, 370.  fifth tax year as a	858, 362.  45, 723.  45, 723.  584, 015.  section 501(c)(3)	3,308,158.  94,788.  0. 94,788.  0.  1,944,587. 5,347,533
9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV Total support, (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage from 2 tion D. Computation of Inv Investment Income percentage from 33-1/3 support tests — 2008. If the more than 33-1/3%, check this box	3, 934.  3, 934.  3, 934.  3, 934.  3, 934.  3, 934.  Sofor the organization did ox and stop here.	234, 996.  5, 114.  5, 114.  249, 085.  ion's first, second Percentage (f) divided by line Part IV-A, line 270 ne Percentage column (f) divided A, Part IV-A, line not check the boothe organization	1,185,928. 4,642. 4,642. 255,801. 3, third, fourth, or 13, column (f)) 2 by line 13, column e 27h x on line 14, and qualifies as a pub	35, 375.  35, 375.  35, 375.	858, 362.  45, 723.  45, 723.  584, 015.  584, 015.  15 16  17 18 an 33-1/3%, and liganization	3,308,158.  94,788.  0. 94,788.  0.  1,944,587. 5,347,533.
9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage from 2 Public support percentage from 2 Investment income percentage from Income Investment Income Invest	3, 934.  3, 934.  3, 934.  3, 934.  3, 934.  3, 934.  3, 934.  Solumn Part Incorpor Schedule A, Incorpor 2008 (line 10c, companied and stop here.  e organization did ox and stop here. e organization did this box and stop there.	249, 085.  249, 085.  249, 085.  Percentage (f) divided by line Part IV-A, line 270 ne Percentage column (f) divided A, Part IV-A, line not check the book here. The organization	1,185,928.  4,642.  4,642.  255,801.  4,642.  1, third, fourth, or  13, column (f))  2 by line 13, column e 27h x on line 14, and qualifies as a pub on line 14 or 19a, ration qualifies as	35, 375.  35, 375.  35, 375.  552, 370.  fifth tax year as a fifth	858, 362.  45, 723.  45, 723.  45, 723.  584, 015.  584, 015.  15 16  17 18 an 33-1/3%, and liganization re than 33-1/3%, and organization	3,308,158.  94,788.  0. 94,788.  0. 1,944,587. 5,347,533

Schedule A (Form 990 or 9	990-EZ) 2008	The Jasor	Foundation	n, Inc.	62-171	4715 Page 4
Partily, Supplement Part II, line	tal Informat 17a or 17b;	<b>ion.</b> Comple or Part III, Ii	te this part to ne 12. Provid	provide the exp e any other add	lanation required by litional information. (s	Part II, line 10; ee instructions)
Additional Expla						
Other income	represents	net_inco	me from spe	cial events	as shown on Form	990, Part
VIII Line 8c.	<u>In addti</u>	on to thi	s_amount,_r	eimbursement	revenue received	l and other
miscellaneous	income ma	ike up the	remainder	of this line	_amount	
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711	III.

## Schedule A, Part IV - Supplemental Information

Page 5

The Jason Foundation, Inc.

62-1714715

Nature and Source	2008	2007	2006	2005	2004
Special Events Reimbursement Income Miscellaneous Income	46,738. 537,220.	117,405. 434,965.	91,462. 164,339.	72,217. 176,868.	50,371. 252,945.
Total 5	<u>584,015.</u> <u>\$</u>	552,370. \$	255,801. \$	249,085. \$	303,316.

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations; complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations; complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

		' to Form 990, Part IV, line 5 (Proxy Tax), the ganizations: Complete Part III.	en		
Name	of organization			Employer identifica	tion number
The	Jason Foundation,	Inc.		62-171471	5
Pai	Tea To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	er section 501(c)	and section 527 or	ganizations.
1	Provide a description of the	organization's direct and indirect political ca	mpaign activities in P	art IV.	
3	Volunteer hours	*******************************			
	See the instruction	by all organizations exempt under ns for Schedule C for details.		•	·
1	Enter the amount of any exc	ise tax incurred by the organization under s	ection 4955	\$	
2	Enter the amount of any exc	ise tax incurred by organization managers i	inder section 4955		
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes XNo
48	Was a correction made?				Yes No
Ł	o If 'Yes,' describe in Part IV.				
Pai	To be completed See the instructio	<b>by all organizations exempt unde</b> ns for Schedule C for details.	r section 501(c),		
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ▶ \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other of	rganizations for secti	on 527 exempt	
3	Total of direct and indirect ex	cempt function expenditures. Add lines 1 ar	d 2 and enter here ar	nd on	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	State the names, addresses made. Enter the amount paid received and promptly and d committee (PAC). If addition	and employer identification number (EIN) of and indicate if the amount was paid from irectly delivered to a separate political orga al space is needed, provide information in t	f all section 527 politi the filing organization nization, such as a se Part IV.	cal organizations to whi 's funds or were political parate segregated fund	ch payments were il contributions I or a political action
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

Schedule C (Form 990 or 990-EZ) 2008	The Jason For	undation, Inc.		62-1714	
Parell-A To be comple under section	eted by organiza n 501(h)). See the	<b>tions exempt unde</b> e instructions for S	r <mark>section 501(c)(3)</mark> chedule C for deta	that filed Form 576 ils.	8 (election
<b>—</b>		s to an affiliated group.			
B Check ► if the filing	organization checke	d box A and 'limited con	trol' provisions apply.		
(The term '	Limits on Lobbying expenditures' means	Expenditures — amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditure	es to influence public	opinion (grass roots lob	obying)		
<b>b</b> Total lobbying expenditure			ying)		
c Total lobbying expenditure		1b)			
d Other exempt purpose ex	•				
e Total exempt purpose exp	penditures (add lines	1c and 1d)			
<ul> <li>f Lobbying nontaxable amo both columns.</li> </ul>	ount. Enter the amour	nt from the following tabl	e in		
If the amount on line 1e, colum	ın (a) or (b) is	e lobbying nontaxable ar	nount is:		
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,00	•	),000 plus 15% of the excess o			
Over \$1,000,000 but not over \$1,		5,000 plus 10% of the excess o			
Over \$1,500,000 but not over \$17	• •	5,000 plus 5% of the excess ov	er \$1,500,000		
Over \$17,000,000	<del></del>	00,000.	,		
g Grassroots nontaxable an h Subtract line 1g from line					
i Subtract line 1f from line					
I If there is an amount other	er than zero on either	line 1h or line 1i, did the	e organization file Form	4720 reporting	
section 4911 tax for this y					Yes No
(Some	4- organizations that r columns l	Year Averaging Period U nade a section 501(h) el below. See the instruction	Inder Section 501(h) ection do not have to c ons for lines 2a through	omplete all of the five	
	Lobbyi	ng Expenditures During	4-Year Averaging Perio	pd	
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling					
amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))				1000	
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	1 990 or 990-FZ1 2008

Schedule C (Form 990 or 990-EZ) 2008 The Jason Foundation, Inc. 62-1714715 Page 3 To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details. (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?. X c Media advertisements?.... X d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body?.... X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? X X I Other activities? If 'Yes,' describe in Part IV. I Total lines 1c through 1i ..... ٥. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?... b If 'Yes,' enter the amount of any tax incurred under section 4912 ...... d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?..... To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details. Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?...... Partill To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details. Dues, assessments and similar amounts from members 1 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. **2**a b Carryover from last year 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ... 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Rart IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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Part Supplemental Information (continued)		
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## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Employer Identification number

	e Jason Foundation, Inc.		62-1714715
Pa	Organizations Maintaining Dono the organization answered 'Yes'	or Advised Funds or Other Similar Futor Form 990, Part IV, line 6.	inds or Accounts Complete if
		(a) Donor advised funds	(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	funds are the organization's property, subject t	to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit??	s, and donor advisors in writing that grant fund he benefit of the donor or donor advisor or othe	s may be
Pä	Conservation Easements Complete	ete if the organization answered 'Yes	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat	Preservation (	of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a of the tax year.	qualified conservation contribution in the form	of a conservation easement on the last day
			Held at the End of the Year
	a Total number of conservation easements		
	Total acreage restricted by conservation easen		
	Number of conservation easements on a certifi		
	Number of conservation easements included in		
3	Number of conservation easements modified, t	transferred, released, extinguished, or terminat	ed by the organization during the taxable
	year >		
4	Number of states where property subject to con		_
5	Does the organization have a written policy reg enforcement of the conservation easement it h		
6	Staff or volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing easements during the y	rear ► \$
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	etion Yes No
9	In Part XIV, describe how the organization rep- include, if applicable, the text of the footnote to conservation easements.		
Pá	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	or Other Similar Assets e 8.
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	ic exhibition, education, or research in furtherer	nt and balance sheet works of art, historical nce of public service, provide, in Part XIV,
ı	o if the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	c exhibition, education, or research in furtherar	nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>&gt;\$</b>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets fo 116 relating to these items:	or financial gain, provide the following
é	Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part X	1	<b>⊳\$</b> _
ł	Assets included in Form 990, Part X		

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

Schedule <b>D</b> (Form 990) 2008 The J	Jason Foundation, Inc.		62-171	4715 Page 2
Part (() Organizations Maintai	ining Collections of Art, Histo	orical Treasures, c	or Other Similar As	sets (continued)
3 Using the organization's accession that apply):	n and other records, check any of the	following that are a sig	gnificant use of its collec	tion items (check all
a Public exhibition	<b>d</b> Loan o	or exchange programs		
<b>b</b> Scholarly research	e 🗌 Other	•		
c Preservation for future genera	ations			
Part XIV.	nization's collections and explain how	•		in
5 During the year, did the organizations assets to be sold to raise funds re	tion solicit or receive donations of art, ather than to be maintained as part of	historical treasures, or the organization's colle	other similar	Yes No
Part IV Trust, Escrow and Cu		ete if organization		Form 990, Part
1 a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian, or other intermediary f	for contributions or othe	er assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement i	in Part XIV and complete the following	g table:		
				Amount
_ ·				
e Distributions during the year			1e	
			1f	
2a Did the organization include an ar	mount on Form 990, Part X, line 21?			Yes No
<b>b</b> If 'Yes,' explain the arrangement i	in Part XIV.			
Part V Endowment Funds Co	mplete if organization answer	ed 'Yes' to Form 9	990, Part IV, line 10	),
	(a) Current year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,029.			
<b>b</b> Contributions				Period States
c Investment earnings or losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance	1,029.			
2 Provide the estimated percentage	of the year end balance held as:			
a Board designated or quasi-endow	vment ► %			
b Permanent endowment >	100.00%			
c Term endowment ▶				
3a Are there endowment funds not in organization by:	n the possession of the organization the	hat are held and admin	istered for the	Yes No
(i) unrelated organizations				3a(i) X
(ii) related organizations				3a(ii) X
•	rganizations listed as required on Sch			3b X
* *	uses of the organization's endowmer			<u> </u>
Part VI Investments—Land, B				
Description of investment		(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		175,000.		175,000.
<b>b</b> Buildings		,		•
c Leasehold improvements				
d Equipment		112,218.	83,119.	29,099.
e Other		26,695.	26,195.	500.
otal. Add lines 1a-1e (Column (d) show			<del></del>	204,599.
BAA	and aquai i only 220, i all M, column (	-,, 10(0),, 1111111		dule <b>D</b> (Form 990) 200

Schedule D (Form 990) 2008 The Jason Foundat	ion, Inc.	62-1	714715 Page 3
PartVII Investments-Other Securities See F		T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	uation arket value
Financial derivatives and other financial products.			
Closely-held equity interests.			
Other			
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments—Program Related (See	1		
(a) Description of Investment type	(b) Book value	(c) Method of val Cost or end-of-year m	uation arket value
			21,701,701,20
			· · · · · ·
4444			
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)			
Part X Other Assets (See Form 990, Part X,	line 15)		
	scription		(b) Book value
Construction in Progress			340,962.
Rounding			1.
	· · · · · · · · · · · · · · · · · · ·		
Total. Column (b) Total (should equal Form 990, Part X, col	(B), line 15)		340,963.
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		<b>17.0</b> 0 (1.00)
Federal Income Taxes			CONTROL OF THE
Construction Payable	150,99		
Payroll Tax Liabilities	2,5		
***************************************	<del>-  </del>		
<del></del>			
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	► 153,50	01.	

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.

	edule D (Form 990) 2008 The Jason Foundation, Inc.	62-171471	5 Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,403,984.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,126,329.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		277,655.
4	Net unrealized gains (losses) on investments	, , ,	21170001
5	Donated services and use of facilities		
6	Invadence conservation		
_			<del> </del>
7	Prior period adjustments.		
8	· · · · · · · · · · · · · · · · · · ·	***	
9	Total adjustments (net). Add lines 4-8.		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.		277,655.
	**************************************		
1		. 1	17,711,753.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
E	Donated services and use of facilities	)92.	
c	Recoveries of prior year grants 2c		
C	Other (Describe in Part XIV). See Part XIV	000.	
e	Add lines 2a through 2d	2e	16,222,092.
3	Subtract line 2e from line 1	3	1,489,661.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
		577.	
	Add lines 4a and 4b		-85,677.
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		1,403,984.
Đă.	IXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Petum	1,103,301.
			17,434,098.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	I I	17,434,030.
	1 1		
	Donated services and use of facilities	192.	
	Prior year adjustments 2b		
	Losses reported on Form 990, Part IX, line 25		
	· · · · · · · · · · · · · · · · · · ·	577.	
	Add lines 2a through 2d		16,307,769.
	Subtract line 2e from line 1	3	1,126,329.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b.		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b		
_ 5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	, 5	1,126,329.
Par	XIV Supplemental Information		
Com	plate this part to provide the descriptions required for Bort II. lines 2. 5, and 0. Bort III. lines 1. and 4. Bor	A IV Spen 1b and	Ohr Don't V
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pai I; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	tiv, mes in and	ZD, Fall V,
	Part V. Line 4 - Intended Uses Of Endowment Fund		
	The endowment fund was formed to support the cost of operations o	of the Organ	nization.
			<del></del>
	All income is retained in the endowment until it reaches the endo	wment goal.	Once
	. He was not	T. W. C. W. T. M. C. L. C.	
	the goal is reached, quarterly distributions of the principal wil	1 he made	
		<b></b> -	
	· · · · · · · · · · · · · · · · · · ·	<del> </del>	

Schedule D (Form 990) 2008  Part XIV Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	
<del></del>	
~ <b>~~</b> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

800	Schedule D, Part XIV - Supplemental Information	Page (
	The Jason Foundation, Inc.	62-171471
Schedule D, I Other Revenu	Part XII, Line 2d le Included In F/S But Not Included On Form 990	
Special Eve	ents In-Kind \$ Total \$	20,000. 20,000.
Schedule D, I Other Revenu	Part XII, Line 4b e Included On Form 990 But Not Included In F/S	
Loss on Dis Special Eve	posal \$ nts Expenses Total \$	-1,561. -84,116. -85,677.
Schedule D, F Other Expens	art XIII, Line 2d es And Losses Per Audited F/S	
Special Eve Special Eve	nts Expenses \$ nts In-Kind Total \$	32,014. 72,102. 104,116.

## SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service

Open to Public 9

Name of the organization						Employer identifica	ition number	
The Jason Foundation, In	c.					62-171471		
Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.								
1 Indicate whether the organization Mail solicitations Email solicitations Phone solicitations	Email solicitations  Phone solicitations  Solicitation of government grants  X Special fundraising events							
☐ In-person solicitations				•				
2a Did the organization have 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?								
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or enti	ties (frindi	raisers) nu	rsuant to agreements u	nder whi	h the fundrale		
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(Iv) Gross receipts from activity	(or re	ount paid to etained by) iser listed in col.(i)	(vi) Amount paid to (or retained by) organization	0
		Yes	No					_
						· · · · · · · · · · · · ·		
			_					
								_
				• <b>•</b> • • • • • • • • • • • • • • • • •				
Total							(	 J.
3 List all states in which the organize or licensing.	ation is registere	ed or licen	sed to soli	cit funds or has been no	otified it i	s exempt from		
		- <del></del>		· <del></del>			<del></del>	
<del></del>				· <b></b>				
						<b>-</b>		- –
						<del></del>		. —
						<b></b> -		· <b></b>
	<del></del>	- <b>-</b>		· <b></b>				- —
	<b></b>	<del></del>		· <b></b>		<b></b>		-
						<b></b>		
								-
				·				

	1 O Net gaining income summary, combine intes i and i in column (u)			
			YES	NO
9	Enter the state(s) in which the organization operates gaming activities:			
2	a Is the organization licensed to operate gaming activities in each of these states?	9a		
ł	b If 'No,' Explain:			
10:	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		L
ı	b if 'Yes,' Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to			
	administer charitable gaming?	12	L	

Schedule G (Form 990 or 990-EZ) 2008 The Jason Foundation, Inc.	62-1714715	Page 3
13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility  13a  13b  14 Provide the name and address of the person who prepares the organization's gaming/special events book	<u> </u>	YES NO
Name: ►		
15a Does the organization have a contact with a third party from whom the organization receives gaming reverse bill 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$ cilf 'Yes,' enter name and address:  Name: ▶	the amount	
Address: ►  16 Gaming manager information  Name: ►		
Gaming manager compensation ► \$  Description of services provided: ►		
Director/officer Employee Independent contractor  17 Mandatory distributions  a is the organization required under state law to make charitable distributions from the gaming proceeds to	retain the	
state gaming license?	.   17	

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions with Interested Persons** 

**2002** 

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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ļ	

OMB No. 1545-0047

ns (sect that answ	ion 501 rered 'Ye:	(c)(3) ar s' on Form	nd section 990, Part I	n 501(c)( /, line 25a	(4) organiz or 25b, or F	zation orm 99	ıs on 0-EZ,	y). Part V	, line	40b.	
								(c) Corr	ected?		
		-		(b) Sescription						Yes	No
•			_								
							<b>&gt;</b> \$				
			ganization.				<u>► \$</u>				
rested F zations	Persons that an	swered '	Yes' on F	orm 990	), Part IV,	line 2	26 or	Forn	1 990	)-EZ,	
(b) Loan the orga	to or from inization?	(c) O principa	riginal I amount	il (d) Balance due ount		(e) in o	In default? (1) Ap by bo comr		roved ard or ittee?	ved (g) Wr lor agreen ee?	
То	From			-		Yes	No	Yes	Нo	Yes	No
	l 1		<b>⊳</b> ś	<u> </u>							
efitting i	nterest	ed Perso	ons.	orm 990	), Part IV,	line 2	27.				
Q	b) Relations	nip between in the organiz	terested perso ation	n and	(c) A	mount of	grant o	r type o	f assist:	ence	
			···· —					•			
volving izations	Interes	ted Pers swered '	<b>ons.</b> Yes' on f	orm 990	). Part IV.	line 2	28a, 2	28b.	or 28	 3c.	
<b>(b)</b> Re	elationship b sted person	etween and the	(c) Amor	unt of	T					(e) Sha organiz	aring of zation's
										Yes	No
Offi	cer			2,800.	Medical	Res	earc	h			X
	organizations  2, above, rested Fizations  (b) Loan the organizations  (c) Control of the contro	organization mana  2, above, reimburse rested Persons izations that an  (b) Lean to or from the organization?  To From  efitting interes izations that an  (b) Relationsh b) Relationship to interested person	organization managers or disected Persons. Izations that answered '  (b) Loan to or from the organization?  To From  efitting Interested Person izations that answered '  (b) Relationship between in the organizations that answered '  (b) Relationship between in the organizations that answered '  (b) Relationship between interested person and the organization organization '  (c) Organization '  organization interested person and the organization organization '  org	organization managers or disqualified pe  2, above, reimbursed by the organization rested Persons. izations that answered 'Yes' on F  (b) Loan to or from the organization?  To From  From  (c) Original principal amount  To From  (b) Relationship between interested person the organization  (b) Relationship between interested person the organization that answered 'Yes' on F  (b) Relationship between 'Yes' on F  (c) Amon interested person and the organization  (c) Amon interested person and the organization	organization managers or disqualified persons during above, reimbursed by the organization	created Persons. izations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, line 25a or 25b, or 25a or 25	organization managers or disqualified persons during the year under content that answered by the organization.  (b) Description of transaction  organization managers or disqualified persons during the year under content answered by the organization.  (c) Amount of the organization that answered 'Yes' on Form 990, Part IV, line 2  (d) Lean to or from the organization?  To From (c) Original principal amount (d) Balance due (e) In the organization that answered 'Yes' on Form 990, Part IV, line 2  (b) Relationship between interested person and the organization that answered 'Yes' on Form 990, Part IV, line 2  (c) Amount of the organization that answered 'Yes' on Form 990, Part IV, line 2  (d) Relationship between interested person and the organization fransaction \$ (d) Description (d) Descri	organization managers or disqualified persons during the year under specific organization managers or disqualified persons during the year under specific organization managers or disqualified persons during the year under specific organization managers or disqualified persons during the year under specific organization specific organization.	(b) Description of transaction  organization managers or disqualified persons during the year under  2, above, reimbursed by the organization	ins (section 501(c)(3) and section 501(c)(4) organizations only).  It that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line  (b) Description of transaction  organization managers or disqualified persons during the year under  2, above, reimbursed by the organization.  2, above, reimbursed by the organization.  **Secreted Persons.**  izations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990  (c) Original principal amount  (d) Balance due  (e) In default?  Yes No Yes No  Yes No Yes No  Yes No Yes No  Organizations that answered 'Yes' on Form 990, Part IV, line 27.  (b) Relationship between interested person and the organization that answered 'Yes' on Form 990, Part IV, line 27.  (c) Amount of grant or type of assists that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28 (d) Relationship between interested Persons.  Izations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28 (d) Relationship between interested Persons.  Izations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28 (d) Relationship between interested Persons on Form 990, Part IV, line 28a, 28b, or 28 (d) Relationship between interested Persons.  Izations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28 (d) Relationship between interested Persons on Form 990, Part IV, line 28a, 28b, or 28 (d) Relationship between interested Persons on Form 990, Part IV, line 28a, 28b, or 28 (d) Relationship between interested Persons on Form 990, Part IV, line 28a, 28b, or 28 (d) Relationship between Interested Persons on Form 990, Part IV, line 28a, 28b, or 28 (d) Relationship between Interested Persons of Italians of Ita	ins (section 501(c)(3) and section 501(c)(4) organizations only). It that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (b) Description of transaction  (c) Cor Yes  organization managers or disqualified persons during the year under Ps. above, reimbursed by the organization.  (c) Approved by the organization.  (d) Cor Yes  organization that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 27 organizations that answered 'Yes' on Form 990, Part IV, line 27 organizations that answered 'Yes' on Form 990, Part IV, line 27.  (b) Relationship between interested person and the organization that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.  (c) Amount of grant or type of assistance by Part IV, line 28a, 28b, or 28c.  (d) Pascription of transaction line organization and the organization of transaction line organization and the organization organization line organization organization line organization organization line org

#### SCHEDULE M (Form 990)

### **Non-Cash Contributions**

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545 0047

2008

Open to Rublic Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Jason Foundation, Inc.

Employer identification number

62-1714715

Pā	Part Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues			
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional Interests							
4	Books and publications	<del></del>						
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities-Closely held stock							
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory	X	6	7,850.				
20	Drugs and medical supplies			7,000.				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Goods & Prizes )	Х	3	44,252.				
26	Other ► ()	Λ.	<u> </u>	44,434.				
27					4.4			
28	Other ► (							
			<u></u>					
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	n during the	tax year for contributio	ns for which the	29			
	organization completed form 0200; fattiv, bories	ACKI IOWICO	gement		<u> </u>			
30a	During the year, did the organization receive by co							
	purposes for the entire holding period?			•				
ı	o if 'Yes,' describe the arrangement in Part II.				30a   X			
		41			o v			
	Does the organization have a gift acceptance police				s? 31 X			
<b>32</b> a	Does the organization hire or use third parties or renoncash contributions?	elated orgar	izations to solicit, proce	ess, or sell	20			
		• •			32a X			
	o If 'Yes,' describe in Part II.							
33	If the organization did not report revenues in colun describe in Part II.	nn (c) for a l	type of property for which	ch column (a) is checke	d,			

Schedule	M (Form 990) 2008	The Jason Fo	undation, Inc	•	62-	1714715	Page 2
Patti	Supplemental I and 33. Also co	<b>nformation.</b> Commplete this part	plete this part to for any additiona	provide the information.	tion required by	Part I, lines 3	30b, 32b,
		<del> </del>			<del></del>		
<del></del>					·		· <b></b>
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<b></b>				<del>-</del> <del></del> -			
		·					

## SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations to provide additional Information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number

The Jason Foundation, Inc.	62-1714715
Form 990, Part III, Line 1 - Organization Mission	<del></del>
The Jason Foundation's core mission is for the	awareness and prevention of youth
suicide. Please_refer_to_(Schedule_0)_for_our_	formal mission statement and further
description_of_our_unique_organizational_module	e
The Jason Foundation, Inc. (JFI) is dedicated	to the prevention of the "Silent
Epidemic" of youth suicide through educational	and awareness programs that equip
young persons, educators / youth workers and page	arents with the tools and resources to
help identify and assist at-risk youth.	
Youth suicide is the 3rd leading cause of death	n for our youth ages 10-24. One out
of every 14 young people in our nation reported	i in the 2007 CDC Youth Risk
Behavioral Survey that they had "attempted suic	cide" in the previous twelve months -
that equates to an average of over 4200 attempt	ts 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 I	Foundation, Inc. has become one of the
nation's leaders in youth suicide awareness and	i prevention. JFI's success comes
from its unique utilization of major In-Kind re	esources that helps provide a
"grass-roots" community type of delivery of pro-	ograms and services on a local / state
level. Symbolically speaking, JFI's In-Kind res	sources provide the "vehicle" for
delivery of our programs and services national	Ly. JFI, through the efforts of our
other funding partners/resources, is able to ke	eep the "vehicle" moving forward to
provide our services and programs at the local	and state levels. As a national
suicide awareness and prevention organization,	the ability to provide programs
directly to parents, schools, churches and other	er groups in a local community setting
creates more acceptance from the communities we	e serve.

Name of the organization

### Form 990, Part III, Line 1 - Organization Mission (continued)

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 2008 to \$17,711,753 and total "functional" expenses

to \$17,434,098 ("functional" includes In-Kind).

JFI's programs are in use in all fifty states. In 2008, 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.

#### Form 990, Part VI, Line 10 - 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 Board of Directors for consideration / changes and approval.

Schedule <b>O</b> (Form 990) 2008	Page 2
Name of the organization	Employer identification number
The Jason Foundation, Inc.	62-1714715
Form 990, Part VI, Line 19 - Other Organizaiton Documents Publicly Available	
Governing documents of the Foundation are made available to the	public upon request.
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