

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



41735 09/10/2010 4 23 PM

SCANNED OCT 0 4 2010

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

<u> </u>	For the 200	9 calendar year, or tax year beginning	, and ending										
В	Check of applicat					D Emplo	oyer identificatio	n number					
П	Address change	use IRS THE JASPER FOUR	NDATION, INC.										
\equiv	Name change	print or Doing Business As			-	35-	-1842404						
片	Name change	type Number and street (or P O box if mail is not delivered to street	address)		Room/suite	E Teleph	none number						
Ш	Initial return	See PO BOX 295	,				9-866-58	99					
\Box	Termination	Specific City or town, state or country, and ZIP + 4				G Gross rece		20,752					
$\overline{\Box}$	Amended return		N 47978			G GIUSS IECE	ipis \$	20,102					
믬	Amended retur		1 11110			11/-> > 4							
\Box	Application pen	F Name and address of principal officer LINDA REINERS					a group return for	₩					
		PO BOX 295				affiliate H(b) Are all	affiliates	es X No					
			47070			indude							
			47978			If "No,"	attach a list. (see instr	uctions)					
	Tax-exempt		(1) or 527										
<u>J</u>	Website:						exemption number						
	Type of organiz			<u> </u>	Year of formation 1	991	M State of legal don	nicie IN					
<u> </u>	art I	Summary	······································										
	1 Brief	ly describe the organization's mission or most significant activ	rities										
a	T	O ASSIST DONORS IN CREATING A SOURCE	E OF ASSETS TO	O MEET	THE								
anc	0	NGOING AND CHANGING NEEDS AND INTER	ESTS OF THE PI	EOPLE (OF								
Governance	A	LL OF OUR JASPER AND NEWTON COUNTY	COMMUNITIES.										
Š	2 Che	ck this box 🕨 🦳 if the organization discontinued its operation	ns or disposed of more	than 25%	of its net assets								
ڻ مح	3 Num	ber of voting members of the governing body (Part VI, line 1a))			3	16						
Se Se	4 Nurr	ber of independent voting members of the governing body (Pa	irt VI, line 1b)			4	16						
Activities &	5 Total number of employees (Part V, line 2a) 5 4												
Ę	1	number of volunteers (estimate if necessary)		6	6								
⋖	1	gross unrelated business revenue from Part VIII, column (C)	ine 12			7a							
	Į.	inrelated business taxable income from Form 990-T, line 34	, III 10 1 <u>2</u>			7b		0					
	D Net	iniciated business taxable moonic from 1 off 555-1, inic 54			Prior Yea		Current Y						
	8 Conf	ributions and grants (Part VIII, line 1h)		Ī	572	2,377		5,905					
Revenue	ŀ	ram service revenue (Part VIII, line 2g)		İ		1 1							
Ş.	•	stment income (Part VIII, column (A), lines 3, 4, and 7d)		ľ	178	3,766	-1.00	9,948					
æ		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and		,792		0,209							
		revenue – add lines 8 through 11 (must equal Part VIII, colun		,935		3,834							
		ts and similar amounts paid (Part IX, column (A), lines 1–3)	/// (A), IIIC 12)			,115		9,636					
		fits paid to or for members (Part IX, column (A), line 4)		.,113		5,050							
			77	7,832		0,664							
ses		ries, other compensation, employee benefits (Part IX, column	(A), lines 5–10)	ŀ		,032		0,004					
penses	16a Proi	essional fundraising fees (Part IX, column (4), line 16). fundraising expenses (Part R column (4), line 25)	38,295	_	1.34 1.		78,-22,000	, , , , ,					
Ë			36,295	}	117	, 010		1 000					
	l	r expenses (Part IX, column (A), lines 11a-11d, 11f-2		}		,819		1,998					
		expenses Add lines 1330 (must equal Part 20 folium) (A),	line 25)	}		766		2,298					
- 0	19 Reve	nue less expenses Subtract line 18 from line 12			Beginning of Curr	2,831		6,132					
ts o	00 T-4-	The Chart X Inn ACT I CONFAIL LIT "		ŀ	8,809		End of Ye						
Sse Bala	20 Tota	assets (Part X, line 16)		}			10,28						
Net Assets or Fund Balances	21 Tota	liabilities (Part X, line 20)		ŀ		823		8,396 0 F00					
		ssets or fund balances. Subtract line 21 from line 20		j	8,712	.,990]	10,17	0,322					
<u> </u>	artîll †	Signature Block											
		Under penalties of perium, I declare that I have examined this return, and belief it is true affect, and complete. Declaration of preparer (of	including accompanying so ther than officer) is based o	chedules and on all informa	d statements, and to stion of which prepar	o the best of rer has any l	my knowledge nowledge						
٠.		VI CON KOO)		1 4	1-0/-	-1/					
Sig		Symula Jel	MUS)				<u>- 01</u>	/ _					
He	re	Signature of officer	V	a .c		Date							
		- LIDOA MENS	LACO	<u> </u>	DE DI	BEC	<u> 120 K. </u>						
		Type or print name and title											
_	Preparer's Preparer's Date Check if See												
Pai		signature / Marian Mari		09/10	0/10 self- employe	d ▶ □	(see instructions)	290					
	parer's	HUTH THOMPSON LL	₽	•		EIN ▶	35-20						
Us	e Only	f self-employed), PO BOX 970				Phone							
			7902-0970			1 .	765-428	-5000					
May	the IRS dis	cuss this return with the preparer shown above? (see instruct	 	<u>.</u>		no 🕨	703 420	$\overline{}$					
, <u></u>	vo al	Table Court that the property choth above . (oce mondet					Te	13 NO					

4d Other program services (Des	cribe in Schedule O)		
(Expenses \$	including grants of \$) (Revenue \$)
le Total program service expe	nses ▶ 442,687		
	·		

orm	990 (2009) THE JASPER FOUNDATION, INC. 35-1842404					F	age ·
	nrt IV 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				3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
•	Schedule C, Part II				4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part I				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		X
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_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or						
	quasi-endowments? If "Yes," complete Schedule D, Part V				10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,						
	VII, VIII, IX, or X as applicable				11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete				2.3	22	275
	Schedule D, Part VI						22
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						建 龙
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII						
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						學的
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						8
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						7 .5
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				1.8		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				12	X	30.00
124	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No	12		¥3-
12A	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	163	X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	127			13	Z 250 '	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				, ,,,,		
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				7.12		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance						
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services						
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on						
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						

Form **990** (2009)

19

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	1990 (2009) THE JASPER FOUNDATION, INC. 35-1842404		F	age 4
Pa	art IV : Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			1
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			ŀ
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	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, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	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	L	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	L	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		i	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1 :		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,]	***	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	**		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	[]		
	Part iV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	Part I	31		<u> </u>
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	i i		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		<u> </u>
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		l	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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.	1 1		

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

197 Note. All Form 990 filers are required to complete Schedule O

Form **990** (2009)

Part VI

Pa	rt V 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	1 1	1		1.63	110
	U.S. Information Returns. Enter -0- if not applicable	1a	7			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	ble				
	gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)				Ì	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by					
	this return?			3a	L	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 author	rity				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				i
	account)?			4a		X
b	If "Yes," enter the name of the foreign country. ▶			1	*	4
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	k				
	and Financial Accounts					
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 transaction?			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	g				
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			_6a_		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			á	~~	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3				1.03
	and services provided to the payor?			. 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		•	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	nal				
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			. 7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				*	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		<u> X</u>
9	Sponsoring organizations maintaining donor advised funds.				~-	<u> </u>
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
0	Section 501(c)(7) organizations. Enter	ایدا	ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter	 	1			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
_	amounts due or received from them)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	16	(A)	\$ E. C.	178
b	Enter the number of voting members that are independent	1b	16		Kari-	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				* 3.5.3.	(T)
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>	1	
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4	1	Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	1	X
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		x
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			£.30		8 2
	the year by the following					
а	The governing body?			8a	X	ma. Jean
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	1	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal				
	venue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				1	
	affiliates, and branches to ensure their operations are consistent with those of the organization?			106		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			J. J.		100
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c	X	1
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			Z.		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			* 3	300	4.4.3
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			- A		
	with a taxable entity during the year?			16a	1.	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					Air .
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				1 272 #63	XX.
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only					
	available for public inspection Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest					
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization ▶ LINDA REINERS 301 N VAN RENSSELAE					
RI	ENSSELAER TN 4797	8		219-86	6 - 5	899

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.												
(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
LINDA REINERS												
EXECUTIVE DI	40.00	X				Ш		51,861	0	0		
BEV RANDLE												
DIRECTOR	1.00	X						0	0	0		
DR. JOHN EGAN												
DIRECTOR	1.00	X				Ш		0	0	0		
DR. JOHN NICHOLS												
DIRECTOR	1.00	X						0	0	0		
GENE BELL												
DIRECTOR	1.00	X				LI		0	0	0		
GENE LEHMAN						1						
DIRECTOR	1.00	X						0	0	0		
JAMES FLICKNER												
DIRECTOR	1.00	Х						0	0	0		
MARGARET AHLER												
DIRECTOR	1.00	X				Ш		0	0	0		
NORMAN CHAPPELL												
DIRECTOR	1.00	X						0	0	0		
ROBERT LEWIS		•										
DIRECTOR	1.00	X						0	0	0		
STEVE KINSELL												
VICE PRESIDENT	1.00	Х		X				0	0	0		
RHONDA CHURCHILL		ļ.										
DIRECTOR	1.00	Х						0	0	. 0		
DR. JACK DRONE												
DIRECTOR	1.00	Х			l .			0	0	0		
ASHLEY HAYWORTH-H	OPP											
DIRECTOR	1.00	X						0	0	0		
DR. KATHY PARKISO	N								-			
PRESIDENT	1.00	X		X				0	0	0		
DAWN KEARNEY												
SECRETARY	1.00	Х		X				0	0	0		
DAVID SCHRUM					_							
TREASURER	1.00			X				0	0	0		
DAA										Form 990 (2009)		

		PER FOUND				plo	ees,	and	Highest Compensated En	nployees (continued)	
	(A) Name and Title	(B) Average hours per week	<u> </u>	_		C) all Key employee	at a Highest		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
			or director	Institutional trustee		ployee	Highest compensated employee		(W-2/1099-MISC)	(** 2 1888-1111GG)	organization and related organizations
_											
			-								
					ļ		ļ				
			-								
1b	Total		<u></u>					<u> </u>	51,861		
2	Total number of individuals (i reportable compensation from	•		to the	ose !	sted	abov	/e) v	who received more than \$100),000 in	
3 4 5	Did the organization list any fremployee on line 1a? If "Yes, For any individual listed on line the organization and related condividual Did any person listed on line services rendered to the organization that is the organization in the services rendered to the organization line ser	ormer officer, dire " complete Schedi ne 1a, is the sum o organizations great 1a receive or accr	ector o ule J f of repo ter tha	or su rtabl in \$1 mper	ich ir e coi 50,0 isatio	ndivid mper 00? on fro	dual nsatio If "Ye om ar	on a es," o ny u	nd other compensation from complete Schedule J for suc prelated organization for	h	Yes No 3 X 4 X
	tion B. Independent Contract Complete this table for your fi	tors							····	\$100,000 of	
1	compensation from the organ	ization		u iiiu	epen			T		(B) on of services	(C) Compensation
	Name a	(A) and business address							Descripti	on of services	Compensation
							 -				
2	Total number of independent	contractors (inclu-	ding b	ut no	ot lim	nted	to the	se I	sted above) who received		
	more than \$100,000 in compo	ensation from the	organi	zatio	n 🕨						o Form 990 (2009

Pa	rt V	III Statement of Reve	nue											
						To	(A) tal revenue	(B) Related or		U	(C) nrelated			(D) Revenue
1								exempt function		b	usiness evenue		exclu	ided from tax der sections
Щ,						ļ		revenue		<u> </u>				513, or 514
gifts, grants illar amounts	1a	Federated campaigns	1a			4								
gra	ь	Membership dues	1b		0.647	-							ĺ	ļ
fts, arr	С	Fundraising events	1c		9,647	-								
agi	d	Related organizations	1d		- 100							-	1	ļ
sir	е	Government grants (contributions)	1e	2	28,406	-								
utic	f	All other contributions, gifts, grants, and similar amounts not included above												Ì
trib ott			1f		157,852	-						.		1
Contributions,	g		,	\$			COF 00F							!
	h	Total. Add lines 1a-1f		Τ.	<u> </u>		695,905				····	<u> </u>		<u> </u>
anu:	0-			۲	Busn. Code							-		
eve.	2a									· · · · · · · · · · · · · · · · · · ·		┵		
9	b			-		-						\dashv		
erż	c d			-		-						\dashv		***
SE	e			<u> </u>								\dashv		
gra	_	All other program service revenue	۵۱	<u> </u>		 						\dashv		
Program Service Revenue	ď	Total. Add lines 2a-2f	ue	L	<u> </u>			8 × *	Þ	y.		\dashv	*	· · · · · · · · · · · · · · · · · · ·
-	3	Investment income (including di	vidend	s interest a		 						一		
		other similar amounts)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o, ii iioi ooi, i	.		202,916							202,916
	4	4 Income from investment of tax-exempt bond proce			eds 🕨			[· · · · · · · · · · · · · · · ·				_		
	5			Допа р. сос	•							_		
	•	(i) Real		(ıı) Per	rsonal					-X.	Jan 2 ·			
	6a	<u> </u>	780	,,,		1				^&\circ	76.	<u> </u>	\$ 400	%/ i
	Ь	Less rental exps			-	1	» - ÷		,				M, *	; * :
	С		780			ľ ·					^	ł		, *
	d	Net rental income or (loss)					6,780		· · · · · · · · · · · · · · · · · · ·					6,780
	7a	Gross amount from (i) Securities	}	(11) O	ther									
		other than inventory 4,981,	370		5,710	1		•_	4	*		2	ř	y 20 13 1 1 1
	b	Less cost or other				1								1
		basis & sales exps 6,199	826		118	"	. ·				*		~	
	С	Gain or (loss) -1,218	456		5,592		ì.	_ <u> </u>				<u>. </u>		
	d	Net gain or (loss)	,		<u> </u>	-1	,212,864	-1,212	,864					
a l	8a	Gross income from fundraising event				ĺ							- 2 /8	1
ᇍ		(not including \$ 9,	647						**			ı	55.86	,
Other Revenu		of contributions reported on line 1c)						:			¥		3	: 4
2		See Part IV, line 18	a		19,927	· ·	,					- 1	`	'
훗		Less direct expenses	ь		4,642			· · · · · · · · · · · · · · · ·				-		<u> </u>
١		Net income or (loss) from fundra	aising e	events	<u> </u>		15,285	15	,285			4		
	9a	Gross income from gaming activities						**		(\$	*	ŀ		< }
		See Part IV, line 19	a					_				ı		
		Less direct expenses	ь[~ %		*	*			*~
		Net income or (loss) from gamir	ng activ	rities	<u> </u>							-		
- 1	10a	Gross sales of inventory, less	- 1					,	1					1
į		returns and allowances	a					*						
İ		Less cost of goods sold	ь[
ŀ	С	Net income or (loss) from sales	of inve	Y	<u> </u>							\dashv		
		Miscellaneous Revenue			Busn. Code			<u> </u>						
	11a	SCHOLARSHIP REFUND		 	900099	_	6,144		144			\dashv		
	b	ADMINISTRATIVE FEE REV	ENUE	-	900099		2,000	2,	000		 	\dashv		
	C	All alle an manifestion										+		
	d	All other revenue		L			8,144		\dashv			+		
·	e 42	Total Revenue Securetruction	^				-283,834	-1,189,	43E	\$		 	*	209,696
	12	Total Revenue. See instruction	<u> </u>				203,034	1,109,	433			ᆚ		203,030

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	379,636	379,636		
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			<u> </u>	
5	Compensation of current officers, directors,			†	·'
_	trustees, and key employees	51,861	15,558	15,558	20,745
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			i	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,936	10,491	11,445	
8	Pension plan contributions (include section 401(k)	21/300	10/131	11/440	·
J	and section 403(b) employer contributions)				
9	Other employee benefits	1,901		1,901	
-	Payroll taxes	4,966	1,771	1,862	1,333
10	•	3,300	1,111	1,002	1,333
11	Fees for services (non-employees)				
a	Management				
D	Legal	9,624		9,624	·
c	Accounting	9,024		9,024	
d	Lobbying			* *	
e	Professional fundraising services See Part IV, line 17	30 050			
f	Investment management fees	30,950 450	30,950 450		
g	Other		450		6 240
12	Advertising and promotion	6,349	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.000	6,349
13	Office expenses	8,929		8,929	
14	Information technology	2,732		2,732	
15	Royalties	01 100			
16	Occupancy	21,429		21,429	
17	Travel	1,614		1,006	608
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	370		370	
20	Interest			·	
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization	10,981		10,981	
23	Insurance	1,379		1,379	
			*	*	1
24	Other expenses Itemize expenses not	-	* .	,	;
	covered above (Expenses grouped together	1			
	and labeled miscellaneous may not exceed		. , ,	,,	-
	5% of total expenses shown on line 25 below)			<u> </u>	
а	ANNUAL GALA - EXPENSES	9,260			9,260
b	EDUCATIONAL PROGRAMS	2,686	2,686		
С	MISCELLANEOUS EXPENSES	2,600		2,600	
ď	DUES	1,496		1,496	
e	WOMEN'S LUNCHEON	1,145	1,145		
f	All other expenses	4		4	
25	, i	572,298	442,687	91,316	38,295
26	Joint costs. Check here ▶ If following	,			
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA	<u> </u>		<u>-</u>		Form 990 (2009)

	rt X	Balance Sheet					Page 11
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			111,180	1_	87,266
	2	Savings and temporary cash investments			431,551	2	505,742
l	3	Pledges and grants receivable, net			33,469	3	50,000
İ	4	Accounts receivable, net				4	
ı	5	Receivables from current and former officers, directors, tru	stees,	key			
		employees, and highest compensated employees. Complet	e Part	ll of			
		Schedule L				5	The second secon
ļ	6	Receivables from other disqualified persons (as defined un	der se	ction			
- 1		4958(f)(1)) and persons described in section 4958(c)(3)(B)			,		
		Part II of Schedule L		•		6	
Assets	7	Notes and loans receivable, net			9,600	7	
SS	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or			注意 。		
		other basis Complete Part VI of Schedule D	10a	387,893		4	
	b	Less: accumulated depreciation	10b	121,178		10c	266,715
	11	Investments—publicly traded securities		·	7,626,921	11	9,007,839
	12	Investments—other securities See Part IV, line 11				12	, , ,
- 1	13	Investments—program-related See Part IV, line 11				13	
- 1	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			319,276	15	371,356
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,809,813	16	10,288,918
\neg	17	Accounts payable and accrued expenses				17	1,489
	18	Grants payable			18		
	19	Deferred revenue				19	
]:	20	Tax-exempt bond liabilities				20	· · · · · · · · · · · · · · · · · · ·
S	21	Escrow or custodial account liability. Complete Part IV of S	chedul	e D		21	
w :	22	Payables to current and former officers, directors, trustees,			\$ 1, W. 134		· · · *
国		employees, highest compensated employees, and disqualif	-				
흥미		persons Complete Part II of Schedule L				22	
1	23	Secured mortgages and notes payable to unrelated third pa	rties			23	
:	24	Unsecured notes and loans payable to unrelated third partie				24	
:	25	Other liabilities Complete Part X of Schedule D			96,823	25	116,907
	26	Total liabilities. Add lines 17 through 25			96,823	26	118,396
Si		Organizations that follow SFAS 117, check here	and		3, 2, 2, 4		**** • \
ဍ		complete lines 27 through 29, and lines 33 and 34.				^-	*
<u>=</u>	27	Unrestricted net assets		-878,283	27	-45,895	
Fund Balances	28	Temporarily restricted net assets		489,523	28	875,804	
밑	29	Permanently restricted net assets			9,101,750	29	9,340,613
21		Organizations that do not follow SFAS 117, check here	▶ [*		, , , , , , , , , , , , , , , , , , , ,
5		and complete lines 30 through 34.	_		·		
Net Assets or	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fu	nd			31	
As	32	Retained earnings, endowment, accumulated income, or ot	her fur	ds		32	
e	33	Total net assets or fund balances			8,712,990	33	10,170,522
Z ;	34	Total liabilities and net assets/fund balances		8,809,813	34	10,288,918	

Form 990 (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

3а

3b

SCHEDULE À (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

vam	e of th	e organizatioi		JASPER F	COUNDATION	, INC.						•	entification nu 2404	ımber	
∂ R a	art _i l	Reas	on for P	ublic Charity	Status (All orga	inizations	must co	omplete	this p	art.) S	ee ins	tructio	ns.		
The	organ	zation is not	a private fo	undation because	it is (For lines 1 thro	ugh 11, chec	k only on	e box)					•		
1		A church, co	nvention of	churches, or asso	ciation of churches o	described in s	section 1	70(b)(1)(۹)(i).						
2		A school des	cribed in se	ection 170(b)(1)(A	A)(iı). (Attach Schedu	ule E)									
3	\Box	A hospital or	a cooperati	ve hospital service	e organization describ	oed in sectio	n 170(b)(1)(A)(iii).							
4		A medical res	search orga	inization operated	in conjunction with a	hospital desc	cribed in s	section 1	70(b)(1)((A)(iiı). l	Enter th	e hospita	al's name,		
		city, and state	е												
5		•	•	d for the benefit of). (Complete Part I	a college or universit	ty owned or o	perated b	y a gover	nmental	unit des	cribed in	1			
6				•	vernmental unit desci	ribed in secti	ion 170/b)(1)(A)(v)							
7	_			-	ubstantial part of its s					the aen	eral pub	lic			
•		-		0(b)(1)(A)(vi). (Co	•		- 3			9	p				
8	(2.5)				70(b)(1)(A)(vi). (Com	plete Part II	١								
9	\vdash	•			more than 33 1/3 %	•	•	tributions	membe	ership fe	es and	aross			
·		•		• • • • • • • • • • • • • • • • • • • •	t functions—subject					•		-			
		•		•	d unrelated business		•								
		• •	_		, 1975 See section		•		1 (2)	Daoii	00000				
10			_		clusively to test for p		•	•	1/41						
11	_	_	_	•	clusively for the bene	•		-		arry out	the				
••		•	_	•	d organizations desci	•			-	•		ion			
		•			e type of supporting										
		a Type				III-Functional	•		d	Ō.	e IIIOt	her			
e		••		··	nization is not control				or more o						
_					nd other than one or	_				-		on			
		509(a)(1) or s		=			,,-								
f					nination from the IRS	Sthat it is a T	vne I. Tvr	e II. or Tv	/pe lil su	pporting	ı				
•		organization,		_		, triat it lo a 1	,,,,,,		, pc ca	ppormig					
		= :			on accepted any gift of	or contributio	n from an	v of the							لــا
g		following per		organizani	on accepton any gint			,							
				tly or indirectly con	ntrols, either alone or	together with	nersons	described	l in (ii)					Yes	No
		•		-	the supported organiz	_	Persons	acsonbec	()				11g(i	_	100
			-	a person describe	· · · · -	Lation							11g(i		+
				•	escribed in (i) or (ii) a	hove?							11g(i		
h		• •		•	supported organizat								[119]	<u>''/1</u>	1
	Name	of supported		(ii) EIN	(iii) Type of orga		(iv) Is the	organization	(v) Did v	on uopty	(iv)	ls the	(vii) A	mount of	
(.,		nization		(,	(described on lin			sted in your	the organ	nzation in	organiza	on in col		pport	
					above or IRC s		governing	document?		of your oort?	(i) organ	zed in the S ?			
					(see instructi	ions))	Yes	No	Yes	No	Yes	No			
				· · · · · · · · · · · · · · · · · · ·			<u> </u>		 	<u> </u>					
							1								
									1						
									1						
							1						!		
			<u> </u>										· · · ·		
			ļ												
									< **						
Ota	ı		I		I	المرخ فطور مريد فدر	1750 N. 164	.	1 1	ı	8 4 5	* (x			

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

2ec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	325,116	393,287	585,703	572,377	69	5,905	2,572,388
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	325,116	393,287	585,703	572,377	69	5,905	2,572,388
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)	-%. \ ∜	, k	60 × 20	18 1. 12 · ·	,	i.e	12,799
6	Public support. Subtract line 5 from line 4		*	* 2	\$\frac{1}{2}\cdot\text{2}\cdot\	* ,	1.55	2,559,589
Sec	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4	325,116	393,287	585,703	572,377	69.	5,905	2,572,388
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	196,095	364,602	528,851	238,412	20:	9,696	1,537,656
9	Net income from unrelated business activities, whether or not the business is regularly carried on							. ,
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	₩ '				\$ 'X∙		4,110,044
12	Gross receipts from related activities, etc. (s	ee instructions)					12	212,547
13	First five years. If the Form 990 is for the o	rganızatıon's first, s	econd, third, fourth	i, or fifth tax year as	a section 501(c)(3	3)		
	organization, check this box and stop here				<u>. </u>			> _
Sec	tion C. Computation of Public Su	pport Percenta	ige					
14	Public support percentage for 2009 (line 6, c	column (f) divided by	y line 11, column (f))			14	62.28%
15	Public support percentage from 2008 Sched	lule A, Part II, line 1	4				15	69.26%
16a	33 1/3 % support test-2009. If the organiz	ation did not check	the box on line 13,	and line 14 is 33 1/	3 % or more, check	this box		_
	and stop here. The organization qualifies as	a publicly supporte	ed organization					► X
b	33 1/3 % support test-2008. If the organiz	ation did not check	a box on line 13 or	16a, and line 15 is	33 1/3 % or more, o	check this		
	box and stop here. The organization qualifie	s as a publicly sup	oorted organization					▶ 🔲
17a	10%-facts-and-circumstances test—2009.	. If the organization	did not check a bo	x on line 13, 16a, oi	16b, and line 14 is	10% or		
	more, and if the organization meets the "fact	s-and-circumstance	es" test, check this	box and stop here.	. Explain in Part IV	how the		
	organization meets the "facts-and-circumsta	nces" test The orga	anızatıon qualıfies a	as a publicly suppor	ted organization			▶ 🗌
b	10%-facts-and-circumstances test—2008.	. If the organization	did not check a bo	x on line 13, 16a, 16	6b, or 17a, and line	15 is 10% o	r	
	more, and if the organization meets the "facti	s-and-circumstance	es" test, check this	box and stop here.	. Explain in Part IV	how the		
	organization meets the "facts-and-circumsta	nces" test The orga	anızatıon qualıfies a	as a publicly suppor	ted organization			▶ □
18	Private foundation. If the organization did n	ot check a box on li	ne 13, 16a, 16b, 1	7a, or 17b, check th	ns box and see inst	ructions		▶ □

Page 3

35-1842404

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 Calendar year (or fiscal year beginning in) (c) 2007 (a) 2005 (b) 2006 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b С Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 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) 13 Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3 % support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 THE JASPER FOUNDATION, INC.

35-1842404

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SUPPORT SCHEDULE - UNUSUAL GRANTS

\$ 1,408,672

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Inspection * Name of the organization **Employer identification number** THE JASPER FOUNDATION, INC. 35-1842404 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds 5 37 Total number at end of year Aggregate contributions to (during year) 2,220 300,098 2 2,750221,596 Aggregate grants from (during year) Aggregate value at end of year 404,016 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other X Yes purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 THE JASPER	R FOUNDATION,	INC.	35-18	342404			Page 2
Pa	rt III Organizations Maintaining	Collections of Art, I	Historical Treas	ures, or Other S	Similar As	sets (c	ontinued	1)
3	Using the organization's acquisition, accession, collection items (check all that apply).	and other records, check	any of the following th	nat are a significant u	ise of its			
а	Public exhibition	d Loan	or exchange program	s				
b	Scholarly research	e Other		-				
c	Preservation for future generations	-				-		
	-							
4	Provide a description of the organization's collect Part XiV	tions and explain how the	y further the organiza	tion's exempt purpos	e in			
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be	maintained as part of the	organization's collect	tion?			Yes	☐ No
Pa	It IV Escrow and Custodial Arrai			tion answered "`	Yes" to Fo	rm 990), Part	
1a	Is the organization an agent, trustee, custodian of	or other intermediary for co	ontributions or other a	ssets not				-
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIV and	I complete the following ta	ble					
							Amount	_
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form	990, Part X, line 21?					Yes	No
	If "Yes," explain the arrangement in Part XIV	• • •					163	140
	rt V Endowment Funds. Comple	te if organization an	swered "Yes" to	Form 990, Part	IV. line 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year		(e) Four ye	ars back
1a	Beginning of year balance	9,258,399	10,587,984	à	- at-		<u> </u>	
b	Contributions	366,167	95,990	* **,	şin.			
_	Net investment earnings, gains,			\$.		397		·
Ū	and losses	1,310,603	-2,301,465	- ^		* ,	,	*
d	Grants or scholarships	178,602	471,744	[· &	7 X		* ** **	
	Other expenditures for facilities	170,002	4/4//44		A Br.	- , 		* ****
-	•	,				***	`	
	and programs	-953,173	1,380,996		* -		**	
. I	Administrative expenses	9,803,394	9,258,399		*, .			
g	End of year balance		9,236,399		<u> </u>	}		
2	Provide the estimated percentage of the year end							
a	Board designated or quasi-endowment	%						
-	Permanent endowment > $\frac{95.28}{73.2}$ %							
	Term endowment ▶4.72 %							
за	Are there endowment funds not in the possessio	n of the organization that a	are held and administ	ered for the				
	organization by						Y _€	
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(iı)	X
Ь	If "Yes" to 3a(II), are the related organizations list						3b	
4	Describe in Part XIV the intended uses of the org							
Pa	rt VI Investments—Land, Buildin	gs, and Equipment	<u>. See Form 990,</u>	Part X, line 10.				
	Description of investment	(a) Cost or other basis	(b) Cost or oth	, ,	umulated		(d) Book valu	ne
		(investment)	basis (other)		eciation			
1a	Land				* *			
b	Buildings		350	,235			350	,235
С	Leasehold improvements							
d	Equipment		37	, 658			37	, 658
е	Other							
Total	. Add lines 1a through 1e (Column (d) must equa	l Form 990, Part X, colum	ın (B), line 10(c))		>		387	,893
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					

Schedule D (Form 990) 2009 THE JASPER FOUNDATION		35-1842404	Page
Part VII Investments—Other Securities. See Form 9	990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	ŀ	Cost or end-of-year market val	ue
Financial derivatives			
Closely-held equity interests			
Other			
	-		
	-		
	-		
	-	· · · · · · · · · · · · · · · · · · ·	
	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>	· ** ** .	
Part VIII. Investments—Program Related. See Form	990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	ue
5.0° - 1 0.		-	
**************************************		-	
- Marin A-1-1	·		
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX Other Assets. See Form 990, Part X, line 15	•		
(a) Description		(b) E	Book value
			-
		-	
			······································
			
		*	
	· · · · · · · · · · · · · · · · · · ·		
Total (Column (h) must squal Form 000, Bort V, and (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X, Ine	25		
(a) Description of liability	(b) Amount		* \$
ederal income taxes	116 00		, 2
FUNDS HELD	116,907	4	, ,,
·		·	
		<u> </u>	
		<u>.</u> .	
] ',	
		,	
		1 "	
		- *	
otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 116,907	1	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 THE JASPER FOUNDATION, INC.	35-184240		Page 4
Pa	rt XIa Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	-283,834
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	572,298
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-856,132
4	Net unrealized gains (losses) on investments		4	2,335,361
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	-21,697
9	Total adjustments (net) Add lines 4 through 8		9	2,313,664
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	1,457,532
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements		1	2,029,554
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	$ _{2a} _{2a}$ 2,335,361		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	787.1	
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	2,335,361
3	Subtract line 2e from line 1		3	-305,807
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	7 10	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b 21,973		
С	Add lines 4a and 4b		4c	21,973
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	-283,834
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per R	eturn	
1	Total expenses and losses per audited financial statements		1	572,022
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	, *	
b	Prior year adjustments	2b	7.	
С	Other losses	2c	1`	
ď	Other (Describe in Part XIV)	2d	1 1	
	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	572,022
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b 276		
	Add lines 4a and 4b		4c	276
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	572,298
	rt XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4. Part IV. lines 1b		
-	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines	·		
	art to provide any additional information			
	ART X - LIABILITY UNDER FIN 48 FOOTNOTE			
_A	CCOUNTING STANDARDS REQUIRE ENTITIES TO DIS	CLOSE_IN THEIR FI	NANC	[AL
S'	TATEMENTS THE NATURE OF ANY UNCERTAINTIES I	N THEIR TAX POSIT	CION.	TAX
- X I	ARS INCLUDING 2006 AND LATER ARE SUBJECT T			
_A <u>I</u>	<u> JTHORITIES. AREAS THAT IRS AND STATE TAX A</u>	UTHORITIES CONSID	ER_WE	<u> </u>
_E <u>2</u>	KAMINING TAX RETURNS OF A CHARITY INCLUDE,	BUY_MAY_NOT_BE LI	MITE	TO,
TZ	AX-EXEMPT STATUS AND THE EXISTENCE AND AMOU	NT OF UNRELATED E	BUSINE	SS
_ <u></u>	·	_ =		

Rart XIV Supplemental Information (continued)		
INCOME THE FOUNDATION DOES NOT BELIEVE THAT IT HAS ANY	UNCERT	AIN TAX
POSITIONS_WITH RESPECT TO THESE OR OTHER MATTERS, AND TH	<u>IEREFORE</u>	HAS_NOT
_RECORDED ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES	THE_FOU	NDATION IS
_NOT_AWARE_OF ANY CIRCUMSTANCES OR_EVENTS THAT_MAKE IT_RE	ASONABL	Y POSSIBLE
THAT_TAX_BENEFITS_MAY_INCREASE_OR_DECREASE_WITHIN_12_MON	THS_OF	THE DATE OF
THESE_FINANCIAL_STATEMENTS		
PART XI, LINE 8 - RECONCILATION OF CHANGES - OTHER	. <u></u>	
_FASB 136 ADJUSTMENT	\$	
_FINANCIAL_STATEMENT/_TAX_RETURN_CLASSIFICATIONS	\$	<u>118</u>
_FASB 136 ADJUSTMENT	\$	393
_FINANCIAL_STATEMENT/_TAX_RETURN_CLASSIFICATIONS	\$	118
_ROUNDING	\$	1
PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN -	OTHER	
_FASB 136 ADJUSTMENT	<u> </u>	22,091
_FINANCIAL_STATEMENT/_TAX_RETURN_CLASSIFICATIONS	\$	
	. 	
PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN	- OTHER	
_FASB 136 ADJUSTMENT	_ <u>\$</u>	393
_FINANCIAL_STATEMENT/_TAX_RETURN_CLASSIFICATIONS	_ \$	118
_ROUNDING	_ \$	1

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding**

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

See separate instructions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open To Public

lame of the organization THE JASPER FOUNDAT	ION, INC.	i			35-18424	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required				red "Yes" to Form 9	990, Part IV, line	17.
1 Indicate whether the organization raised funds through an	y of the following a	ctivities	Che	ck all that apply	•	
a Mail solicitations	e Solicitation	of non	-gove	rnment grants		
b Internet and email solicitations	f Solicitation	of gov	ernme	ent grants		
c Phone solicitations	g Special fu	ndraisir	ng eve	nts		
d In-person solicitations						
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in						Yes No
b If "Yes," list the ten highest paid individuals or entities (fur to be compensated at least \$5,000 by the organization	ndraisers) pursuan	t to agre	eemer	nts under which the fundi	raiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(III) Did raiser custo contribi	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		+				
		 		·		
		-				
		+			<u>-</u> .	
						
	<u></u>	+			•	
756 - 750 - 764 P - 1 4 1 - 1 5 1 - 1						
Total						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

∰P 	art I	Fundraising E more than \$15	vents. Complete if the orga ,000 on Form 990-EZ, line 6	inization answered "Yes" to 6a. List events with gross i	o Form 990, Part IV, line receipts greater than \$5	e 18, or reported ,000.
a)			(a) Event #1 ANNUAL GALA (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	29,574			29,57
_	2	Less Chantable contributions	9,647			9,64
	3	Gross revenue (line 1 minus line 2)	19,927			19,92
	4	Cash prizes	:			
	5	Noncash prizes		: 		
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		·		
٥	8	Entertainment				
	9	Other direct expenses Direct expense summary	Add lines 4 through 9 in column (d)		<u> </u>	4,642
P	11 ařt l	Net income summary Co	ombine line 3, column (d), and line 10 plete if the organization answ)	Part IV, line 19, or repor	4 , 642 15 , 285 rted more
Revenue	:	111a11 \$15,000 C	on Form 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	7×86.0.25(80.05(6)
	6	Volunteer labor	No	No	No	
	7	Direct expense summary	Add lines 2 through 5 in column (d)		•	
	8	Net gaming income summ	nary Combine line 1, column d, and l	line 7	<u> </u>	Yes No
9 a b	ls t		organization operates gaming activit operate gaming activities in each of			9a
10a b		ere any of the organization's Yes," Explain	s gaming licenses revoked, suspende	ed or terminated during the tax yea	n	10a
11 12		-	gaming activities with nonmembers?		state.	11
		ne organization a grantor, t ned to administer charitable	peneficiary or trustee of a trust or a m e gaming?		inty	12

Sche	dule G (Form 990 or 990-EZ) 2009 THE JASPER FOUNDATION, INC.	35-18424	04	F	Page 3
				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %			
b	An outside facility	13b %	_		
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				'
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	;	٦٤,	
	amount of gaming revenue retained by the third party ▶ \$		-		
С	If "Yes," enter name and address of the third party				
	Name ▶		`	ŧ	
	Name				
	Address ▶		\$ ~	1	
16	Gaming manager information				
	Name ▶				Í
	Gaming manager compensation ▶ \$				
					ļ
	Description of services provided ▶				
	Director/officer Employee Independent contractor				Madical de comos
					1
17	Mandatory distributions				-
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				}
	retain the state gaming license?		17a	<i>3</i> 4	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			,	
	in the organization's own exempt activities during the tax year ▶ \$		1		

ğ
23
4
풁
₫
٤
8
735
4

SCHEDULE I (Form 990)

n 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

2009 OMB No 1545-0047

2009
Open to Public
Inspection

Part Control for experience Part Control for easier Part Par	Employer identification number	1011111	ints or assistance, and		S. Complete if the organization answered "Yes" to	es. Complete in the organization allowered res to those thought to the section of	s box ii no one recipient received more than \$5,000. Ose	non-cash (i) Method of valuation (g) Description of (h) Purpose of grant			EDUCATION		NOTH & CHICA			EDUCATION		TOWN TOWN			NOTH AVONG A NWOHNWOOD			PROGRAMMING			_
THE JASPER FOUNDATION, INC leral Information on Grants and Assistant zation maintain records to substantiate the amount of the genia used to award the grants or assistance? In the organization's procedures for monitoring the use on the organization's procedures for monitoring the use on the organization or government In the organization or government In the organization (b) Ein and address of organization In the organization (b) Ein and address of organization In the organization (c) Ein and address of organization In the organization (b) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization In the organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organization (c) Ein and address of organiz		9:0	grants or assistance, the grantees' eligibility for the gra	f grant funds in the United States	s and Organizations in the United Stat	t received more than \$5 000 Check this	al space is needed	t of cash grant				3		GOV 8.			GOV 13		3 24,			GOV		**	8		_
Part Gen 1 Does the organization article selection or the selection or	THE JASPER FOUNDATION.	leral Information on Grants and Assistanc	Does the organization maintain records to substantiate the amount of the githe selection criteria used to award the grants or assistance?	IV the organization's procedures for monitoring the use of	nts and Other Assistance to Governments	ns and critic Assistance to covernments	IV and Schedule I-1 (Form 990) if additional	(a) Name and address of organization (b) EIN	or government	CHRISTIAN HIGH SCHOOL	C0636 NT	2650E NI		47963	SCHOOL	w	47995		47903	TOWN OF BROOK			COALITION OF A DRUG FREE NEWTON CO		47963		_

Schedule I (Form 990) 2009

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

Enter total number of other organizations

Page 2

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 35-1842404 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant INC. Schedule I (Form 990) 2009 THE JASPER FOUNDATION, (b) Number of recipients (a) Type of grant or assistance Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THIS REPORT IS REVIEWED FOUNDATION MAKES PAYMENT TO THE ORGANIZATION FOR THE AMOUNT OF THE AWARD ONCE APPROVED BY THE BOARD OF DIRECTORS, GRANTEES ARE NOTIFIED OF THEIR AT THE CONCLUSION OF THE GRANT TERM OR PROJECT, WHICHEVER COMES FIRST, AWARD AND RECEIVE A TERMS OF GRANT FORM WHICH NEEDS TO BE SIGNED AND - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ONCE RECEIVED, THE GRANTEES ARE REQUIRED TO COMPLETE A FINAL REPORT. RETURNED IN ORDER TO RECEIVE THE GRANT AWARD. BY THE FOUNDATION'S EXECUTIVE DIRECTOR. PART I, LINE 2 Part IV

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service____

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public

OMB No 1545-0047

Name of the organization

THE JASPER FOUNDATION, INC.

Employer identification number 35-1842404

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

IF THE FORM 990 IS COMPLETED ON TIME PRIOR TO THE DEADLINE AND THERE IS A

BOARD MEETING, IT WILL BE REVIEWED. OTHERWISE, THE FORM 990 IS REVIEWED BY

THE EXECUTIVE DIRECTOR AND AN OFFICER OF THE BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CONFLICT OF INTEREST POLICY IS ALWAYS REVIEWED PRIOR TO ANY GRANT

MAKING AND SCHOLARSHIP COMMITTEE MEETINGS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR PERFORMS A SELF EVALUATION WHICH IS PROVIDED TO THE

EXECUTIVE COMMITTEE FOR REVIEW. THE EXECUTIVE COMMITTEE ALSO PREPARES AN

EVALUATION OF THE EXECUTIVE DIRECTOR, DISCUSSES THE EVALUATIONS WITH THE

EXECUTIVE DIRECTOR, AND THEN MAKES A COMPENSATION RECOMMENDATION WHICH IS

APPROVED BY THE FULL BOARD OF DIRECTORS. IF AVAILABLE, THE BOARD UTILIZES

A STATE-WIDE COMPENSATION SURVEY BY THE INDIANA GRANTMAKER'S ALLIANCE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION IT IS NOTED ON THE ANNUAL REPORT THAT AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT OUR OFFICE. ALL OTHER DOCUMENTS AND POLICIES ARE IN OUR STANDARDS BOOK THAT IS AVAILABLE TO THE PUBLIC.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

ttach to your tay roturn

OMB No 1545-0172 2009

____(99

(99)

► See separate instructions.

► Attach to your tax return

achment 6'

Identifying number Name(s) shown on return THE JASPER FOUNDATION, INC. 35-1842404 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (c) Elected cost (a) Description of property (b) Cost (business use only) Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 11 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 3 m 30 24 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 2,280 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 701 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (f) Method (business/investment use (e) Convention (a) Classification of property (g) Depreciation deduction service only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property e 15-year property 20-year property S/L 25 yrs 25-year property S/L 27 5 yrs h Residential rental MM property MM 27 5 yrs S/L MM Nonresidential real 39 yrs S/L property MM Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L 12-year c 40-year 40 yrs MM S/L Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Totals

F	Oth	or Notos as	d Loans Receiva	· ·		
990 / 990-PF) 	er Notes and	u Luans Receiva	ible	1	2009
3307330-11	For calendar year 2009, or	tax year beginning		, and ending		2003
Name	1	tax yaur zaganing		, and onemig	Employer Identi	fication Number
THE JASPER FO	OUNDATION, INC.				35-18424	104
IIII OADIBIC IC	JONDITTON, INC.				35 1042.	304
FORM 990, PAR	RT X, LINE 7 - A	ADDITIONAL	INFORMATION	· · · · · · · · · · · · · · · · · · ·		
	Name of borrower			Relationship to dis	aualified nerson	
	T RECEIVABLE	ç. 		reducerionip to did	quamea person	
(2)						
(3)						
(4)						
(5)		.				
(6)			-			
(7)						<u>. </u>
(8)						· · · ·
(9) (10)		<u> </u>				
(10)			a make a second			
Original amount borrowed	Date of loan	Maturity date		payment terms		Interest rate
(1)	Date of loan	uute	1,00	payment terms		late
(2)					_	
(3)		·.·				
(4)						
(5)						
(6)					-	-
(7)						
(8)						
(9)						
(10)		*** * * * * * * * * * * * * * * * * * *		ا م م م		
	4.77	· · · · · · · · · · · · · · · · · · ·	- 14 xwspx - 5xc			*****
	urity provided by borrower			Purpose o	f loan	
(1)						
(2)						
(4)						
(3) (4) (5)					<u></u>	
(6)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(7)						
(8)				- 12		
(9)						
(10)	* /	<u> </u>			24.	## : 12°
				<u> </u>		<i>***</i> **
	ion furnished by lender		Balance due at beginning of year	Balance due at end of year		narket value 90-PF only)
(1)			9,600			
(2)						
(3) (4)				<u>.</u>		
(5)						· · · · · · · · · · · · · · · · · · ·
(6)		-	-	 -		
7)						.
(8)						
9)						
10)		İ	į.			

9,600

41735 THE JASPER FOUNDATION, INC. 9/10/2010 4:22 PM **Federal Statements** 35-1842404 FYE: 12/31/2009 **Taxable Dividends from Securities** Exclusion Postal Acquired after Unrelated Description Amount **Business Code** Code Code 6/30/75 DIVIDEND INCOME 61,337 14 FASB 136 DIVIDEND INCOME 795 14 TOTAL 62,132 Tax-Exempt Interest on Investments Unrelated Exclusion Postal Acquired after Description **Business Code** Amount Code Code 6/30/75 INTEREST INCOME 139,038 14 FASB 136 INTEREST INCOME 1,746 14 TOTAL 140,784

41735 THE JASPER FOUNDATION, INC. 35-1842404 FYE: 12/31/2009	Federal Statements	ments		9/10/2010 4:22 PM
Form 990, 1	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	for Service (Non-em	ployee)	,
Description PROFESSIONAL ADVISORS	Total Expenses 450	Program	Management General	Fund Raising
TOTAL	\$ 450	\$ 450	\$	v.
	Form 990, Part IX, Line 24f - All Other Expenses	Il Other Expenses		
Description	Total Expenses	Program Service	Management General	Fund Raising
OTHER TOTAL	w w	\$	ጭ ጭ 4 4	w w
				-

9/10/2010 4:22 PIM	•	,
	cription	
	lon	
1 1	ption	
	Description	
薍		
sual Grant		
art II - Unus		
Schedule A, Part II - Unusual Grants	Amount	1,408,672
Sche		\$ 1,4(
		12/31/09
		12
	Name] {
35-1842404 FYE: 12/31/2009	ST))]
」 4 ☆ I	Nam GRACE PAMPEL ESTATE	TOTAL