		_
(J.)
1	_	١
		′
-	_	_
7	2	2
-	ソニトファてこ	,
:	=	7
į	ŧ	ļ
(Ξ	J
	_	
_		_
		_
Ī	7	1
ζ	777	J
٠	-	Ł
•	٠.	•
r		>
ċ	=	>
r	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>)
C	Ξ	>

fon	, 9 9	0	Return of Organization Exempt From Income	Tax	OMB No. 1545-0047
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva	ite foundati	(ions) 20 18
Den	artment of	the Treasury	▶ Do not enter social security numbers on this form as it may be made	. ,,,,,	Open to Public
	nal Reven	ue Service	► Go to www.irs.gov/Form990 for instructions and the latest informat	tion.	Inspection
<u>A</u>	For the	2018 cale	ndar year, or tax year beginning JULY 1 , 2018, and enting	JUNE 30	,20 19
В	Check if	applicab le:	C Name of organization THE JASON WITTEN S.C.O.R.E. FOUNDATION, INC.	D Emp	ployer identification number 26-1334187
Ц	Address	change	Doing business as		
П	Name ch	ange	Number and street (or P O. box if mail is not delivered to street address)	E Tele	phone number
\Box	Initial reti	JITI.	2020 WILLOWMET CIRCLE		615-330-6969
	Final retur	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		
	Amended	return	BRENTWOO, TENNESSEE 37027	G Gros	ss receipts \$ 522,304
	Application	on pending		this a group return	n for subordinates? 🗌 Yes 🗹 No
_				vre all subordir	nates included? 🗌 Yes 🔲 No
<u>1</u>	Tax-exen	npt status:		If "No," atta	ch a list. (see Instructions)
7	Website:	•		Group exemp	tion number >
				2008 M S	tate of legal domicite: TN
P	art i	Summ	<u> </u>		
	1	Briefly de	scribe the organization's mission or most significant activities: _TO RAISE AWA	ARENESS A	AND TO PROVIDE AID TO
9		FAMILIES	AND INDIVIDUALS IMPACTED BY DOMESTIC VIOLENCE AND DOMESTIC ABUSE.		
ПВП					
Governance	2	Check thi	s box ▶☐ if the organization discontinued its operations or disposed of more	than 25%	of its net assets.
စ္ပိ	3	Number o	of voting members of the governing body (Part VI, line 1a)	[3	3
9 ق	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		3
Activities &	5	Total num	ber of individuals employed in calendar year 2018 (Part V, line 2a)	🔀	5 0
\$	6	Total num	ber of volunteers (estimate if necessary)	🗔	10
Ac	7a '	Total unre	elated business revenue from Part VIII, column (C), line 12	7	a 0
			ated business taxable income from Form 990-T, line 38	7	b 0
				or Year	Current Year
.	8	Contribut	ons and grants (Part VIII, line 1h)	972,8	00 522,304
Revenue			service revenue (Part VIII, line 2g)		0 0
96		-	nt income (Part VIII, column (A), lines 3, 4, and Zd)	6	87 1,615
Æ			enue (Part VIII, column (A), lines 5, 6दि, €, (9c) (0c/, [ard) 11e)		0 0
			nue-add lines 8 through 11 (must-equal-Part-VIII; column (A), Jine 12)	973,4	87 523,919
			d similar amounts paid (Part X2 column (A) lines 1-3)	647,0	
			aid to or for members (Part IX; column (A), line 4).		0 0
m			ther compensation, employee penefits (Part IX, column (A), lines 5-10)		0 0
Expenses	16a	Profession	nal fundralsing fees (Part IX, column((A) cline 11e)	30,50	00 0
pe	ь -	Total fund	raising expenses (Part IX, column-(P), line 25)	ra-me TV H frag yagray	
ŭ			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	102.8	
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	780,36	
i			ess expenses. Subtract line 18 from line 12	193,12	
- S		.510,1001		of Current Ye	
Net Assets or Fund Balances	20	Total asse	ats (Part X, line 16)	321,24	
SE			ities (Part X, line 26)		0 0
夏島			s or fund balances. Subtract line 21 from line 20	321,24	220,268
	rt li		ure Block		
			, I declare that I have examined this return, including accompanying schedules and statements, and	to the best	of my knowledge and belief it is
			te. Declaration of preparer (other than officer) is based on all information of which preparer has any kn		,
	T		20 w	11-	12-19
Sig	n	Signa	ture of officer	Date	
Her		in Es	WORD W EUSER - DERCER		
	1		or print name and title		
			e preparer's name Preparer's signature Date ,	T	
Pai		q_ ·	SE TATRO (3 ε Talu 11/12/1	9 Self-e	k If P01351893
	parer	·	DOCUMENTA TATTO OC		20 1050074
Us	e Only	Firm's na		Firm's EN	615-440-5020
Mar	the IDS	Firm's ad		Phone no.	
			this return with the preparer shown above? (see instructions)	• • •	
FOR	raperwo	rk Reduc	tion Act Notice, see the separate instructions. Cat. No 11282Y		Form 990 (2018)

Form 99	990 (2018)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: TO RAISE AWARENESS AND TO PROVIDE AID TO FAMILIES AND INDIVIDUALS IMPACTED BY DOMES' ABUSE	
2	Did the organization undertake any significant program services during the year which were not I prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, a services?	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest progrexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grathe total expenses, and revenue, if any, for each program service reported.	am services, as measured by ints and allocations to others
4a	a (Code:) (Expenses \$including grants of \$) (Revenu	e\$)
4b	(Code:) (Expenses \$including grants of \$) (Revenu	
		·
		·····
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
	Other program on inco (December 12 Celestric C)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e		



Form 990 (2018) Part 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		,	
2	complete Schedule A	1 2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
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		\
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<u>~</u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	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	11c		<u>√</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>√</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>√</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
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		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>✓</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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		-
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		√
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	√
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		√
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		√
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		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	_	
Part '				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	· ·	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	√	
			990	(2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			. ugo u			
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1			
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		✓			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
-	gifts were not tax deductible?	6b		ļ			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		1			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c		1			
	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		√			
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓				
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-				
	Section 501(c)(7) organizations. Enter:	30					
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		1				
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	Ì	Ì				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.		Ī				
	Enter the amount of reserves the organization is required to maintain by the states in which	l					
	the organization is licensed to issue qualified health plans						
-	Enter the amount of reserves on hand	14-		<u>√</u>			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		-			
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טרו					
	excess parachute payment(s) during the year?	15		✓			
	If "Yes," see instructions and file Form 4720, Schedule N.						
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\overline{}$			
	If "Yes," complete Form 4720, Schedule O.		1				
		Form	990	(2018)			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sec						
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u> .		. 🗆			
Secti	on A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3					
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
_	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	3					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	√				
3	Did the organization delegate control over management duties customarily performed by or under the direct	1					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		/			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	√			
6	Did the organization have members or stockholders?	6		✓			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	7b	✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	✓				
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
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		y			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode)				
	on the control of the		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		1			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	Ť				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.						
13	Did the organization have a written whistleblower policy?	12c	✓	<u></u>			
14	Did the organization have a written document retention and destruction policy?	14		V			
	Did the process for determining compensation of the following persons include a review and approval by	14					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1					
а	The organization's CEO, Executive Director, or top management official	15a	√				
b	Other officers or key employees of the organization	15b	√				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		→			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			I			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Section	on C. Disclosure	100					
17	List the states with which a copy of this Form 990 is required to be filed ▶						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-						
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	,,,,,,	,.	(-)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	oract :	nolicy	and			
	financial statements available to the public during the tax year.	•	•	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re THOMAS E TATRO, ESQ 2000 GLEN ECHO ROAD, SUITE 103, NASHVILLE, TENNESSE 37215	cords	>				

	222	(0040)	
-om	990	(2018)	

			-
Pa	α	e	1

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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.

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
				(6	C)					
(A)	(B)	<i>.</i> .			ition			(D)	(E)	(F)
Name and Title	Average					e than o us both		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	익호	2	Q	줐	9.∓	ק	from the	related organizations	other compensation
	related	흑	ž	Officer	9	등등	Former	organization	(W-2/1099-MISC)	from the
	organizations	ct a	ģ		Key employee	γ ετ α	1 =	(W-2/1099-MISC)		organization
	below dotted line)	֓֞֓֞֟֟֓֓֓֟֟ <u>֟</u>	al tr) ye	ặ				and related organizations
	"""	Individual trustee or director	Institutional trustee		"	ens				o.g
			8			Highest compensated employee				
(1) JASON WITTEN	5									
DALLAS, TEXAS	 	1		ļ				l 0	0	0
(2) MICHELLE WITTEN	10							- " "-	-	
DALLAS, TEXAS	†	1						0	0	0
(3) EDWARD EUSEPI	5									
SMYRNA, TENNESSEE	1	✓						0	О	0
(4)										
(5)										
(6)										
(7)								-		
			L							
(8)	 									
(9)										-
(10)										
(11)										
40										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (cont	nued)		_
					-	C)			(D)				
	(A)			(B) Position (do not check more that						(E)		(F)	
	Name and title	Average hours per			•		ıs both or/trus		Reportable compensation	Reportable compensation from		imated ount of	
		week (list any hours for	├──		,	_		ΤŤ	from the	related organizations	1	other	
		related	Individual trustee or director	stitu	Officer	Key employee	npio greg	Former	organization	(W-2/1099-MISC)		pensation om the)rı
		organizations below dotted	cto	tion		혍	ye st cc	1 4	(W-2/1099-MISC)			inization	
		line)	trus	al tn) ě	ğ				1	l related nızatıon	
			8	Institutional trustee			Highest compensated employee						
				в			8						
(15)	N/A							l					
								ļ_					
(16)		ļ					l						
(47)			<u> </u>			_		\vdash					
(17)			ł			ļ							
(18)		 	ļ	-									
7.197		 	1										
(19)						\vdash		t					
X		†	1										
(20)													
(21)													
(22)		ļ											
(22)									ļ		1		
(23)		 											
(24)								-		,	-		
(24)													
(25)								 			<u> </u>		
120/													
1b	Sub-total			•			•		0	0			0
С	Total from continuation sheets to Part	VII, Sectio	n A					▶				-	
d	Total (add lines 1b and 1c)							>					0
2	Total number of individuals (including but		to th	ose	lıst	ed a	above	e) w	ho received me	ore than \$100,0	00 of		
	reportable compensation from the organi	zation 🕨							0				
												Yes	No
3	Did the organization list any former of							mp	loyee, or high	est compensate			
	employee on line 1a? If "Yes," complete \$										3		✓
4	For any individual listed on line 1a, is the												
	organization and related organizations individual									eaule J for su	cn4		
5	Did any person listed on line 1a receive o												
•	for services rendered to the organization?												√
Section	on B. Independent Contractors												
1	Complete this table for your five highest of	compensate	ed inc	lene	ende	ent (contra	acto	ors that receive	ed more than \$1	00.000 of		
·	compensation from the organization. Rep												£Χ
	year.										_		
	(A)								(B)		(C)		
	Name and business add	ress							Description of s	ervices	Compens	sation	
N/A								<u>_</u>					
									<u> </u>				
	Total number of independent contracto	re (makede	- h	+	3 13	imit.	ad +c		osa listad aba	wal who			
2	received more than \$100,000 of compens								use nsieu abl	VAC) WITO			
				۰۰۰۰۰							For	n 990	(2018)

Par	i VIII	Statement of Revenue				Dark VIII		
		Check if Schedule O contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ats sta	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
Sift lar	d	Related organizations	1d					
ž Ë	е	Government grants (contributions)	1e					
tior S. S.	f	All other contributions, gifts, grants,						
₫ Ĕ		and similar amounts not included above	1f	522,304				
a de	g	Noncash contributions included in lines 1						
	h	Total. Add lines 1a-1f			522,304			
nue				Business Code		·		
leve	2a							
8	b							
ΘŽ	d				-	· · · · · · · · · · · · · · · · · · ·		
S	e				-			
Program Service Revenue	f	All other program service reven						
Pro	g	Total. Add lines 2a-2f		▶				
	3	Investment income (including	divid	ends, interest,				
		and other similar amounts) .			1,615	1,615		
	4	Income from investment of tax-exe						
	5	Royalties						
		(i) Re.	a1 	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses Rental income or (loss)						
	ď			•				
	7a	Gross amount from sales of (i) Securi		(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss)		▶				
venue	8a	Gross income from fundraising events (not including \$						
Other Rev		of contributions reported on line 1 See Part IV, line 18						
5		Less: direct expenses						
		Net income or (loss) from fundra Gross income from gaming activ See Part IV, line 19	ities.					
	b	Less: direct expenses						
		Net income or (loss) from gamir						
		Gross sales of inventory, returns and allowances	less					
	b	Less: cost of goods sold						
ļ	с	Net income or (loss) from sales	of inve					
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	d	All other revenue			-			
	e	Total. Add lines 11a–11d	- 1	▶				
	12	Total revenue. See instructions			523 919	1 615	· .	

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lir	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	554,911	554,911		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				_
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	54,000		54,000	-··
b	Legal	6,970		6,970	
C	Accounting				
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				<u> </u>
13	Office expenses				
14	Information technology	2,943		2,943	
15	Royalties				
16	Occupancy [
17	Travel	3,097		3,097	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	,			
23	Insurance	`			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	HOSPITALITY	1,777		1,777	
b	POSTAGE/DELIVERY	1,195		1,195	
C	MISCELLANEOUS	5		5	
d	All other areas				
e	All other expenses Total functional expenses. Add lines 1 through 24e	624,898	FF4 044	60.007	
25 26	Joint costs. Complete this line only if the	024,898	554,911	69,987	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	321,347	1	220,268
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net . ,		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	G	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	İ	oponooring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	•
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	==		
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	321,347	16	220,268
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
<u>=</u>		disqualified persons. Complete Part II of Schedule L		22	<u> </u>
Ē	23	Secured mortgages and notes payable to unrelated third parties		23	
_	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			<u>-</u> .
	23	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
<u> </u>		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
6		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	321,347	30	220,268
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	321,347	33	220,268
	34	Total liabilities and net assets/fund balances	321,347	34	220,268

Form 9	90 (2018)			Pa	agè 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			23,919
2	Total expenses (must equal Part IX, column (A), line 25)	2		62	24,898
3	Revenue less expenses. Subtract line 2 from line 1	3		(100	0,979)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32	21,247
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		22	20,268
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		_
_				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in		i 	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		√
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	piled or			
	Separate basis Consolidated basis Both consolidated and separate basis			.	ĺ
h	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	-
_	If "Yes," check a box below to indicate whether the financial statements for the year were audite	od on a	1-5	-	Ť
	separate basis, consolidated basis, or both:	ou on a		.	1
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiaht			
U	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		ĺ
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	,		. 1	'

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** (2018)

За

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

THE JASON WITTEN S C O R E FOUNDATION INC 26-1334187 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (Iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

18

	ule A (Form 990 or 990-EZ) 2018			_	_		Page 2
Par	(Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qua	
Sect	ion A. Public Support	quality direc	, the toote in	tod bolow, pi	ouse comple	to r art m.y	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	268,867	319,632	380,650	972,800	522,304	2,464,253
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			333,000	012,000	022,001	2,10 1,200
3	The value of services or facilities furnished by a governmental unit to the organization without charge				_		
4	Total. Add lines 1 through 3	268,867	319,632	380,650	972,800	522,304	2,464,253
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						2,464,253
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	268,867	319,632	380,650	972,800	522,304	2,464,253
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11	12	29	687	1,615	2,354
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 VI.)	;					
11	Total support. Add lines / through 10						2,466,607
12	Gross receipts from related activities, etc.	•	•		[12	
13	First five years. If the Form 990 is for th					ar as a section	
	organization, check this box and stop her				· · · · ·	<u> </u>	🕨
	ion C. Computation of Public Suppor			4 1 (0)	<u> </u>	44	400.04
14	Public support percentage for 2018 (line 6		•		-	14	100 %
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organization					15	100 %
.04	box and stop here. The organization qual					7370 01 111010, 0	▶ 🔽
b			• • •	-	a and line 15 i	s 331/3% or mc	_
_	this box and stop here . The organization						> 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "I organization)18. If the orga	inization did no and-circumsta	ot check a box inces" test, ch	on line 13, 16 eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check to the organization	his box and ston qualifies as	top here.

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

Schedule A (Form 990 or 990-EZ) 2018

Part							
	(Complete only if you checked the						der Part II.
<u> </u>	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.) /	
	on A. Public Support	1 2014	43.0045	(1) 0040	4 11 0047		
Calen 1	dar year (or fiscal year beginning in) > Gifts, grants, contributions, and membership fees	(a) 2014 _	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	received. (Do not include any "unusual grants.")					_/	
2	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				/		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3		\	,'			<u>.</u>
	received from other than disqualified		\				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		,				
С	Add lines 7a and 7b		′	\			
8	Public support. (Subtract line 7c from line 6.)			\			
Secti	on B. Total Support			1			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(þ) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		1	\		,	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	<i>j</i> /					
b	Unrelated business taxable income (less	<i>iii</i>	İ	Ì			
	section 511 taxes) from businesses acquired after June 30, 1975			· ·			
С	Add lines 10a and 10b				1		
11	Net income from unrelated business						
	activities not included in line 10b, whether	/			\		
	or not the business is regularly carned on	/			\		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	<i>/</i>					
13	Total support. (Add lines 9, 10c,/11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon		, J.	ear as a section	n 501(c)(3)
Secti	on C. Computation of Public Suppor			<u> </u>	<u> </u>	· · ·	· · · ·
15	Public support percentage for 2018 (line			13, column (fl)		15	
16	Public support percentage from 2017 Sch					\16	%
	on D. Computation of Investment In					1	
17	Investment income percentage for 2018 (y line 13, colu	mn (f))	17,	%
18	Investment income percentage from 2017	7 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests - 2018. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m		6, and line
	17 is not more than 331/3%, check this box		-			- (_
b	331/3% support tests - 2017. If the organiz						31/3%, and
	line 18 is not more than 331/3%, check this I	-	_	-		٠.	_
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. Al	Supporting C	Organizations
---------------	--------------	---------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
•	below, the governing body of a supported organization?	11a	-	
h	A family member of a person described in (a) above?	11b	├─	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		├
Secti	on B. Type I Supporting Organizations	<u> 11C</u>		
Jecu	on B. Type I Supporting Organizations		<u> </u>	
1	Did the diverters twisters or marchambin of one or march diverted arranged and the diverters to the diverters of the diverter		Yes	No
ı	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	İ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		—	
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
C4		2		<u> </u>
Secti	on C. Type II Supporting Organizations	_		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
Secu	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_	•	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
_	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		Ì	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V		inctions	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Danta (N. C.
instructions. All other Type III non-functionally integrated supporting organ			
	IIZai		(B) Current Year
Section A—Adjusted Net Income	_	(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		1
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		 -
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	<u> </u>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount	1.0		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	T	· · · · · · · · · · · · · · · · · · ·	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	egrated Type III support	ing organization (see
(materiations)	-		- • •

Part	1 Type III Non-Functionally integrated 509(a)(3	s) Supporting Organi	zations (continued)	
Secti	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		-	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by line 9 amount			
Secti	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.	1		
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
<u>d</u>	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u></u>
4	Distributions for 2018 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		•	
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
	
_,	
_,	
- <i>-</i>	
.,	
	·
	,
·•••	
	·

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

■ Go to www.irs.gov/Form990 for the latest information.

	္ပ
5	an a
	O .
<u>刻</u>	en t
50	o o

OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%**□ (h) Purpose of grant or assistance Employer identification number ✓ Yes 26-1334187 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non- (f) Method of valuation cash assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 29,578 10,000 10,000 10,000 20,000 10,000 10,000 5,000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501C3 501C3 501C3 **501C3** 501C3 50103 **501C3** 50103 75-1590896 47-5328284 47-0863979 62-1844686 75-1734175 46-3554397 74-2320657 54-2035617 (p) EIN THE JASON WITTEN S C O R E FOUNDATION, INC 1 (a) Name and address of organization CONGRESSIONAL COALITION (4) UNIVERSITY OF TENNESSEE (6) DENTON COUNTY FRIENDS BOYS & GIRLS CLUB OF (7) SAFE ALLIANCE SHELTER (1) THE FAMILY PLACE or government THE GATEHOUSE Name of the organization SAFE HAVEN GREATER DALLAS OF THE FAMILY ON ADOPTION FOUNDATION Part Part II 8 <u>છ</u> ල 9 က <u>®</u> <u></u>

Schedule I (Form 990) (2019)

Cat No. 50055P

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)
Part III Grants an

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
က				,		
4	` .					
5						
ဖ						
7						
Vale V	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, III	le 2; Part III, columr	(b); and any other additi	onal information.
					,	
		,				

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2019

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

THE JASON WITTEN S C O R E FOUNDATION, INC	26-1334187
THE ORGANIZATION HAS PROVIDED A COPY OF THE 990 TO ALL GOVERNING MEMBERS OF THE FOUN	DATION, AND ALLOWED THEM TO C
FOR ACCURACY THE FOUNDATION'S GOVERNING DOCUMENTS, INCLUDING THE BYLAWS WHICH COM	NTAIN THE CONFLICT OF INTEREST
ARE AVAILABLE FOR REVIEW, ALONG WITH THE FORM 990 AND THE FORM 1023 AT THE OFFICES OF TI	HOMAS E TATRO, ESQ , 2000 GLEN
SUITE 103, NASHVILLE, TENNESSEE 37215	
JASON WITTEN AND MICHELLE WITTTEN ARE BOTH MEMBERS OF THE BOARD OF DIRECTORS AND AR	E A MARRIED COUPLE
·	
- 	
······································	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
•	
	·
iiiiii	

	······································