Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

► Do not enter social security numbers on this form as it may be made public. Q()

OMB No 1545-0047

Form **990-PF** (2019)

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Open to Public Inspection For calendar year 2019 or tax year beginning 2019, and ending January 1 December 31, 2019 Name of foundation A Employer identification number The Jason Project, Inc. 47-1943889 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 1818 The Woods Drive 904 354=7378 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Jacksonville, FL 32246 .G Check all that apply: ☐ Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, Address change □ Name change check here and attach computation Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at | J Accounting method:
Cash Accrual F If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), under section 507(b)(1)(B), check here line 16) ► \$ (Part I, column (d), must be on cash basis) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books income ıncome purposes the amounts in column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► ☐ if the foundation is not required to attach Sch.'B SCANNED MAR 0 9 2022 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities Gross rents 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 54,250.55 13 Compensation of officers, directors, trustees, etc ol o ol 14 Other employee salaries and wages 0 15 Pension plans, employee benefits 0 ol ol 0 Legal fees (attach schedule) 16a 0 Accounting fees (attach schedule) ol nΙ ol **Operating and Administrative** Other professional fees (attach schedule) ol 0 17 Interest 0 0 18 Taxes (attach schedule) (see instructions) 0 o 0 19 Depreciation (attach schedule) and depletion . 20 Occupancy 0 ۸l 21 Travel, conferences, and meetings 0 Printing and publications . . . 0 23 Other expenses (attach schedule) 24.549.86 0 24 Total operating and administrative expenses. Add lines 13 through 23 24.549.86 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 24,549.86 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements а 29,700.69 **Net investment income** (if negative, enter -0-) . Adjusted net income (if negative, enter -0-) .

| Part II | | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | year | |
|---------------|--------|---|-----------------------------|----------------|--|--|
| | | should be for end-of-year amounts only. (See instructions.) | (a) Book Value · | (b) Book Value | (c) Fair Market Value | |
| | 1 | Cash—non-interest-bearing | - 6,652.77 | 36,016.54 | 36,016.54 | |
| | 2 | Savings and temporary cash investments | 0 | 0 | 0 | |
| | 3 | Accounts receivable ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | 0 | . 0 | 0 | |
| | 4 | Pledges receivable ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | 0 | 0 | | |
| | 5 | Grants receivable | 0 | 0 | 0 | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | |
| | | disqualified persons (attach schedule) (see instructions) | o | 0 | o | |
| · | 7 | Other notes and loans receivable (attach schedule) | | | | |
| | | Less: allowance for doubtful accounts ▶ | _ O | 0 | 0 | |
| ţ | 8 | Inventories for sale or use | 0 | 0 | 0 | |
| Assets | 9 | Prepaid expenses and deferred charges | 0 | 0 | 0 | |
| As | 10a | Investments—U.S. and state government obligations (attach schedule) | / 0 | 0 | 0 | |
| | b | Investments—corporate stock (attach schedule) | 0 | 0 | 0 | |
| | С | Investments - corporate bonds (attach schedule) | 0 | , 0 | 0 | |
| | 11 | Investments—land, buildings, and equipment: basis ▶ | | | | |
| | | Less. accumulated depreciation (attach schedule) ▶ | 0 | 0 | 0 | |
| | 12 | Investments—mortgage loans | 0 | 0 | 0 | |
| | 13 | Investments—other (attach schedule) | O | 0 | 0 | |
| | 14 | Land, buildings, and equipment: basis ▶ | | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ | . 0 | 0 | . О | |
| | 15 | Other assets (describe ▶) | 0 | 0 | 0 | |
| | 16 | Total assets (to be completed by all filers-see the | | | ` , ; | |
| | | instructions. Also, see page 1, item l) | 6,652.77 | 36,016.54 | 36,016.54 | |
| | 17 | Accounts payable and accrued expenses | 0 | . 0 | THE PERSON | |
| S | 18 | Grants payable | 0 | 0 | | |
| Liabilities | 19 | Deferred revenue | 0 | | | |
| iji | 20 | Loans from officers, directors, trustees, and other disqualified persons | 0 | 0 | | |
| ia | 21 | Mortgages and other notes payable (attach schedule) | <u> </u> | 0 | DESCRIPTION OF THE PROPERTY OF | |
| | 22 | Other liabilities (describe ►) | 0 | 0 | PERSONAL PROPERTY | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | | |
| Balances | | Foundations that follow FASB ASC 958, check here | | | | |
| nc | | and complete lines 24, 25, 29, and 30. | | | | |
| ala | 24 | Net assets without donor restrictions | 0 | 0 | | |
| _ | 25 | Net assets with donor restrictions | 0 | 0 | | |
| Fund | | Foundations that do not follow FASB ASC 958, check here ▶ □ | | | | |
| Fu | | and complete lines 26 through 30. | | | | |
| ō | 26 | Capital stock, trust principal, or current funds | 0 | 0 | | |
| ts | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0 | 0 | | |
| Se | 28 | Retained earnings, accumulated income, endowment, or other funds | 0 | 0 | | |
| As | 29 | Total net assets or fund balances (see instructions) | 6,652.77 | 36,016.54 | | |
| Net Assets or | 30 | Total liabilities and net assets/fund balances (see | | | | |
| | | instructions) | 6,652.77 | 36,016.54 | | |
| | rt III | Analysis of Changes in Net Assets or Fund Balances I net assets or fund balances at beginning of year—Part II, colu | | | | |
| 1 | | | | | | |
| _ | | of-year figure reported on prior year's return) | | 6,652.77 | | |
| _ | | r amount from Part I, line 27a | | | 29,700.69 | |
| 3 | | er increases not included in line 2 (itemize) | | 3 | | |
| 4 | | lines 1, 2, and 3 | | 4 | 36,353.46 | |
| 5 6 | | reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)— | Part II. column /h\ lii | 5 ne 29 6 | | |
| _ 0 | TOTA | The assets of fund balances at end of year (line 4 minus line 5)— | raitii, Colui IIII (D), III | 15 43 · . D | 36,353.46 | |

| Part | V Capital Gains an | d Losses for Tax on Investr | ment Income | | | | | |
|-----------------------|--|--|---|--|---|---------------------------------------|--|--|
| | | kind(s) of property sold (for example, real obuse, or common stock, 200 shs MLC Co | | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | | |
| 1a | none/ not applicable | | | | | | | |
| <u>b</u> | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| c | | | | | | | | |
| d_ | | | , | | | | | |
| <u>e</u> | | (f) Depreciation allowed | (a) Cost or | other basis | (b) Ga | n or (loss) | | |
| (e) Gross sales price | | (or allowable) | | nse of sale | | (f) minus (g)) | | |
| а | | | | • | | | | |
| <u>b</u> | | | | | | | | |
| <u>c</u> | | | | | | | | |
| <u>d</u> | | | | | • | | | |
| <u>e</u> | Complete only for assets sh | lowing gain in column (h) and owned | l by the foundation | on 12/31/69. | m 0 (0 - | 1.41 | | |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Exces | s of col (i) (j), if any | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) | | | |
| а | | | | | | - | | |
| <u>b</u> _ | | | ļ | | | | | |
| c | | | | | | | | |
| <u>u</u> | | | 1 | · | | · · · · · · · · · · · · · · · · · · · | | |
| 2 | Capital gain net income | | , also enter in Pa), enter -0- in Par | | 2 | | | |
| 3 | If gain, also enter in Par | ain or (loss) as defined in section t I, line 8, column (c). See instru | s 1222(5) and (6) uctions If (loss) | : , enter -0- ın } | | | | |
| Part | | der Section 4940(e) for Red | | | lncome | | | |
| | | rivate foundations subject to the | | | | | | |
| | • | | , 00011011 10 10(u) | , | | | | |
| If sect | ion 4940(d)(2) applies, lea | ve this part blank. | • | | | | | |
| | s," the foundation doesn't | e section 4942 tax on the distribition qualify under section 4940(e). D | o not complete t | his part. | · | ☐ Yes ☐ No | | |
| 1 | | nount in each column for each ye | ear; see the instru | uctions before m | aking any entries. | | | |
| Cale | (a) - Base period years ndar year (or tax year beginning i | n) Adjusted qualifying distribution | ns Net value o | (c) (d) f noncharitable-use assets (col_(b) divided by col_(col_(b) divided b | | | | |
| | 2018 | all of Part V not app | licable | | | | | |
| | 2017 | - | | | | | | |
| | 2016 2015 | | | | | | | |
| | 2013 | | | | | | | |
| | 2014 | | | | | | | |
| 2 | Total of line 1, column (c | d) | | | . 2 | | | |
| 3 | | o for the 5-year base period—di foundation has been in existence | | | | | | |
| 4 | Enter the net value of no | ncharitable-use assets for 2019 | from Part X, line | 5 | . 4 | | | |
| 5 | Multiply line 4 by line 3 | | | | . 5 | · | | |
| 6 | Enter 1% of net investme | ent income (1% of Part I, line 27I | b) | | . 6 | | | |
| 7 | Add lines 5 and 6 | | | | . 7 | | | |
| 8 | | ions from Part XII, line 4 eater than line 7, check the box | | | | none/ not applicable | | |
| | Part VI instructions | Jacon Mair line 1, officer the box | ii aic vi, iiiie 12 | , and complete | and part doing a | i /o tax iate. Gee tile | | |

| Part | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- | -see | instruct | ions) | | |
|------|--|--------|--|--|--|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1. | | fit display | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | 1 | | n/a | | |
| | here ► □ and enter 1% of Part I, line 27b | 2017 | | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 2 | | 0 | | |
| 3 | Add lines 1 and 2 | 3 | | 0 | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | 4 | | 0 | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | 5 | | | | |
| 6 | Credits/Payments: | | | PARTE | | |
| а | 2019 estimated tax payments and 2018 overpayment credited to 2019 6a | | | | | |
| b | Exempt foreign organizations—tax withheld at source | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | ich and Probability on | 0 | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | 0 | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | 0 | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | 0 | | |
| 11 | Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ | 11 | | 0 | | |
| | VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or of | did it | Ye | s No | | |
| ıa | participate or intervene in any political campaign? | JIQ 11 | 1a | 1 | | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See | a tha | | | | |
| b | instructions for the definition | , uie | 1b | 1 | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate | oriale | 46504 75 | ng Sena | | |
| | published or distributed by the foundation in connection with the activities. | 511015 | | | | |
| · | · · | | 1c | | | |
| d | Did the foundation file Form 1120-POL for this year? | | | | | |
| u | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos | | | 心理的 | | |
| · | on foundation managers. ► \$ | ,cu | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | | |
| _ | If "Yes," attach a detailed description of the activities. | • | 100 TO 10 | E E E E E | | |
| • | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art | Halaa | | | | |
| 3 | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | ✓ | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | 4b | 1 | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | • | 5 | ✓ | | |
| | If "Yes," attach the statement required by General Instruction T. | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| | By language in the governing instrument, or | | | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions | that | | | | |
| | conflict with the state law remain in the governing instrument? | | 6 🗸 | <i>'</i> | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa | art XV | 7 🗸 | <u>'</u> | | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ | | 加州岛 | | | |
| | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger | neral | | | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | 8b √ | <u>' </u> | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(| (3) or | | | | |
| | 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Y | res," | | | | |
| | complete Part XIV | • | 9. | 1 | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing | their | | | | |
| | names and addresses | | 10 | ✓ | | |

Form **990-PF** (2019)

| Part | t VII-A Statements | Regarding Activities (continued) | | | | |
|------------|--|---|---|-------------------|------------------------------|------------|
| | | | | AND THE | Yes | No |
| 11 | | year, did the foundation, directly or indirectly, ow o)(13)? If "Yes," attach schedule. See instructions | n a controlled entity within the | 11 | | 1 |
| 12 , | | e a distribution to a donor advised fund over which ileges? If "Yes," attach statement. See instructions. | | 12 | | 1 |
| 13 | Did the foundation comply Website address ▶ none | with the public inspection requirements for its annual re | eturns and exemption application? | 13 | ✓ | |
| 14 | The books are in care of | N. James I. Ninnar | Telephone no. ▶ 90 | 4 354 | -7378 | |
| 1-7 | | /oods Drive Jacksonville, FL 32246 | ZIP+4 ► | 3224 | | |
| 15 | | empt charitable trusts filing Form 990-PF in lieu of Fo | | | | ▶ □ |
| | and enter the amount of t | tax-exempt interest received or accrued during the y | /ear ▶ 15 | | | |
| 16 | | dar year 2019, did the foundation have an interest in or other financial account in a foreign country? | | 16 | Yes | No ✓ |
| | See the instructions for e the foreign country ▶ | exceptions and filing requirements for FinCEN Form | 114. If "Yes," enter the name of | | | |
| Part | | Regarding Activities for Which Form 4720 M | lav Be Required | - Total Reventage | The strategy of the state of | I-mxx-i-m |
| | | em is checked in the "Yes" column, unless an exc | | 高金属 | Yes | No |
| 1a | | oundation (either directly or indirectly): | | | ANIM | WA |
| | (1) Engage in the sale or | exchange, or leasing of property with a disqualified lend money to, or otherwise extend credit to (or a | accept it from) a | | | |
| | (4) Pay compensation to(5) Transfer any income of | es, or facilities to (or accept them from) a disqualified, or pay or reimburse the expenses of, a disqualified or assets to a disqualified person (or make any of eit a disqualified person)? | person? Yes . No ther available for | | | |
| | foundation agreed to | or property to a government official? (Exception. Comake a grant to or to employ the official for ment service, if terminating within 90 days.) | a period after | | | |
| b | | to 1a(1)–(6), did any of the acts fail to qualify und 941(d)-3 or in a current notice regarding disaster ass | | 1b | | E |
| | Organizations relying on a | a current notice regarding disaster assistance, check | k here · ▶□ | | 4133 | 透影 |
| С | | ge in a prior year in any of the acts described in 1a e the first day of the tax year beginning in 2019? | a, other than excepted acts, that | 1c | | - 1 - 1 |
| 2 | | bute income (section 4942) (does not apply for yea ined in section 4942(j)(3) or 4942(j)(5)): | ars the foundation was a private | | | |
| а | 6d and 6e) for tax year(s) | | | | | |
| | | 20 , 20 , 20 , 20 | | | | 多点 |
| b | (relating to incorrect value | d in 2a for which the foundation is not applying the ation of assets) to the year's undistributed income? No" and attach statement—see instructions.) | | 2b | | |
| С | <u>-</u> | on 4942(a)(2) are being applied to any of the years list | | | 9417 | |
| 3а | | more than a 2% direct or indirect interest in any bus | | | | |
| , b | If "Yes," did it have excedisqualified persons after Commissioner under sectine 10-, 15-, or 20-year | ess business holdings in 2019 as a result of (1) any r May 26, 1969; (2) the lapse of the 5-year period (oction 4943(c)(7)) to dispose of holdings acquired by g r first phase holding period? (Use Form 4720, Sousiness holdings in 2019.) | y purchase by the foundation or in longer period approved by the lift or bequest; or (3) the lapse of chedule, C, to determine if the | 3b | | |
| 4a b | Did the foundation make | during the year any amount in a manner that would jed any investment in a prior year (but after December 3 d not been removed from jeopardy before the first day | 1, 1969) that could jeopardize its | 4a 4b | | ✓ ✓ |

| Part | VII-B Statements Regarding Activities | s for W | /hich Form | 4720 i | May Be R | equire | e d (contii | nued) | | | |
|--------|--|--------------------|---|------------------|------------------------------------|--|---|---------------------|----------------------|----------|----------|
| 5a | During the year, did the foundation pay or incura (1) Carry on propaganda, or otherwise attempt t (2) Influence the outcome of any specific public | any am o influe | ount to: ence legislation | on (sect | ion 4945(e) |))? . | Yes | ✓ No | | Yes | No |
| | directly or indirectly, any voter registration dr | | | | | - | ☐ Yes | ✓ No | | | , |
| | (3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions | n a cha | rıtable, etc., | organız | ation desci | ribed in | | ✓ No ✓ No | | | |
| | (5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to compare the compared to the prevention of cruelty to compare the compared to t | , charit | able, scientifi | c, litera | ıry, or educ | cational | _ | ☑ No | | | |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the in Regulations section 53.4945 or in a current no | | | | | | | scribed | 5b | | |
| С | Organizations relying on a current notice regarding the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility | he four | ndation claim | exemp | otion from | the tax | | ► □ □ No | | | |
| 6a | If "Yes," attach the statement required by Regulations section 53.4945-5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums | | | | | | | ☑ No | | | |
| b | b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If "Yes" to 6b, file Form 8870. | | | | | | | | 6b | | <u>/</u> |
| 7a | At any time during the tax year, was the foundation | | | | | | | | 1 | | |
| ь В | If "Yes," did the foundation receive any proceeds is the foundation subject to the section 4960 tax | | | | | | | ነ? . | 7b | | |
| Ū | remuneration or excess parachute payment(s) du | | | | | | | ✓ No | | | |
| Part | VIII Information About Officers, Direct | tors, 1 | rustees, F | ounda | tion Mana | agers, | Highly F | Paid E | mploye | es, | |
| 1 | and Contractors List all officers, directors, trustees, and found | ation r | nanagers an | d their | compens | ation S | ee instri | ıctions | | | |
| | (a) Name and address | (b) Title hou | e, and average rs per week ed to position | (c) Cor (If n | mpensation ot paid, ter -0-) | (d) (emplo | Contributions yee benefit erred compe | s to plans | (e) Exper | se acco | |
| ames | L. Nipper | , | | | · | | | | | | |
| 818 7 | he Woods Drive Jacksonville, FL 32246 | Preside | ent/ 10 | | 0 | | | 0 | | | · 0 |
| Chervi | L. Nipper | Vice Pr | esident/ 3 | | 0 | | | 0 | | | 0 |
| | he Woods Drive Jacksonville, FL 32246 | | | | | | | | | | |
| | M. Nipper rth Mitchell Ave. Bakersville, NC 28705 | Sec/Tre | ea .125 | | . 0 | | | 0 | | | 0 |
| 2 | Compensation of five highest-paid employee "NONE." | es (oth | er than thos | se inclu | uded on li | ne 1—: | see instr | uctions | s). If no | ne, e | nter |
| Í | a) Name and address of each employee paid more than \$50,00 | 0 | (b) Title, and a hours per v devoted to p | veek | (c) Comper | nsation | (d) Contribution employee plans and compens | benefit deferred | (e) Exper other a | ise acco | |
| ONE | | | | | | · · · · · | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | , | | | , | | | | | |
| | | | | | (| | | | | | |
| otal | number of other employees paid over \$50,000. | | | | | | | . ▶ | | 0 | |

| Par | t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued) | nployees, |
|------|---|------------------|
| 3 | Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON | E." |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NON | E | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | I number of others receiving over \$50,000 for professional services | <u> </u> |
| Par | t IX-A Summary of Direct Charitable Activities | · |
| | at the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
| 1 | The Jason Project, Inc. has served at-risk students from Avery, Caldwell, Catawba, North Lincoln, and Gaston county middle schools and high schools by hosting the "Grandfather Challenge" series of hikes that take | |
| _ | place on Grandfather Mountain in Linville, NC. We have hosted 20 individual hikes (10 students each, for a | |
| 2 | total of 200 "hike experiences"), with a total of 50 hike participants, at a total cost of \$ 24,549.86, as shown in the full accounting attached. | |
| 3 | | |
| 4 | | |
| Dar | t IX-B Summary of Program-Related Investments (see instructions) | \$ 24,549.86 |
| | scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| | not applicable / please see statement above | |
| | | |
| | | 0 |
| 2 | | |
| | | 0 |
| All | other program-related investments. See instructions | |
| 3 | ······································ | |
| | | |
| Tota | I. Add lines 1 through 3 | 0 |
| | | |

| Part | Minimum investment Heturn (All domestic foundations must complete this part. Foreign see instructions.) | ign founda | tions, |
|------|--|-------------|-----------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes: | | |
| а | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 9,634 |
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 9,634 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 9,634 |
| 4 | Cash deemed held for charitable activities. Enter $1^{1}/_{2}\%$ of line 3 (for greater amount, see | | |
| | Instructions) | 4 | 144 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 9,490 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 474 |
| Part | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► □ and do not complete this part.) | oundation | S |
| 1 | Minimum investment return from Part X, line 6 | 1 | 474 |
| 2a | | | |
| b | Income tax for 2019. (This does not include the tax from Part VI.) 2b | J | |
| С | Add lines 2a and 2b | 2c | 0 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 474 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0 |
| 5 | Add lines 3 and 4 | 5 | 474 |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0 |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | line 1 | 7 | 474 |
| Part | XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 24,550 |
| b | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | 0 |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | 0 |
| b | Cash distribution test (attach the required schedule) | 3b | 0 |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 24,550 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | |
| - | Enter 1% of Part I, line 27b. See instructions | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 24,550 |
| • | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating | | · |
| | qualifies for the section 4940(e) reduction of tax in those years. | A MILERIEL | ine louridation |

| rait | Chaistribated income (see instruction | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|-----------|---|--|--|-----------------|---------------------------|
| .1 | Distributable amount for 2019-from Part XI, | | | | - , |
| | line 7 | | | WELL STREET | 0 |
| 2 a | Undistributed income, if any, as of the end of 2019: Enter amount for 2018 only | | | _ | |
| b | Total for prior years: 20 , 20 , 20 | The state of the s | O CONTRACTOR OF THE PROPERTY O | | |
| 3 | Excess distributions carryover, if any, to 2019: | | | | |
| a | From 2014 | | | | |
| b | From 2015 | | | | |
| C | From 2016 | | | | |
| a. | From 2017 | | | | |
| f | Total of lines 3a through e | O DESCRIPTION OF THE PROPERTY | | | |
| 4 | Qualifying distributions for 2019 from Part XII, | | | THE PROPERTY OF | |
| | line 4: ▶ \$ | | | | |
| а | Applied to 2018, but not more than line 2a . | Commence of the contract of th | | 0 | |
| b | Applied to undistributed income of prior years (Election required—see instructions) | | 0 | | |
| С | Treated as distributions out of corpus (Election required—see instructions) | 0 | | | |
| d | Applied to 2019 distributable amount | BENDAMEST THE | 是學學學是不過學學 | 等。不是是不是 | 0 |
| е | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 | Enter the net total of each column as | | ALTERNATION OF THE PROPERTY OF | | |
| • | indicated below: Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b | Prior years' undistributed income. Subtract | | - CONTROL OF STATE OF | | |
| | line 4b from line 2b | | 0 | | |
| С | Enter the amount of prior years' undistributed income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | 0 | | |
| d | Subtract line 6c from line 6b. Taxable amount—see instructions | | 0 | | |
| е | Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see | | | | |
| | instructions | | The state of the s | O | |
| f | Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2020 | | | | o |
| 7 | Amounts treated as distributions out of corpus | | | | |
| | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) | | | | |
| 8 | Excess distributions carryover from 2014 not | 0 | | | |
| 0 | applied on line 5 or line 7 (see instructions). | 0 | | | |
| 9 | Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a | 0 | | | |
| 10 | Analysis of line 9: | | | | |
| a | Excess from 2015 Excess from 2016 | | | | |
| י מ מי | Excess from 2017 | | | | |
| d | Excess from 2018 | | | | |
| · e | Excess from 2019 | | | | |
| | | | <u>-</u> | <u></u> - | Form 990-PF (2019) |

| • | • | | | | | |
|--------|--|--|-------------------|----------------------|---------------------|---------------------|
| | 90-PF (2019) . | | | | | Page 10 |
| Part | | | | | 9) | |
| 1a | If the foundation has received a ruling foundation, and the ruling is effective for | | | | | |
| ь | Check box to indicate whether the four | | - | | ection | 3) or 4942(j)(5) |
| 2ä | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | 7 | , |
| | income from Part I or the minimum investment return from Part X for | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total |
| | each year listed | | | | | |
| b | 85% of line 2a | Part XIV n/a | | | | |
| С | Qualifying distributions from Part XII, line 4, for each year listed . | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | |
| а | "Assets" alternative test-enter: | | / | | | |
| | (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed . | | | | | - |
| С | "Support" alternative test—enter | | / | | | |
| | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | / | | <u> </u> | | |
| Part | | | - | the foundation h | ad \$5,000 or m | ore in assets at |
| | any time during the year – | | s.) | | | · - |
| 1 a | Information Regarding Foundation List any managers of the foundation whefore the close of any tax year (but of | who have contribut | | | | by the foundation |
| None | | | | | | |
| b | List any managers of the foundation ownership of a partnership or other er | | | | | rge portion of the |
| None | | | | | | |
| 2 | Information Regarding Contribution Check here ▶ ✓ if the foundation unsolicited requests for funds. If the foundation complete items 2a, b, c, and d. See in | only makes contri oundation makes g | butions to pres | elected charitable | • | • |
| а | The name, address, and telephone nu | | ress of the perso | on to whom applica | ations should be ac | ddressed: |
| This s | ection is not applicable | | | | | |
| | The form in which applications should | be submitted and | information and | d materials they sho | ould include: | |
| С | Any submission deadlines: | | | | | |
| d | Any restrictions or limitations on aw factors: | vards, such as by | geographical a | areas, charitable fi | elds, kinds of ins | titutions, or other |

| 3 Grants and Contributions Paid During | ne Year or Approve | ea tor Futu | ire Payment | |
|--|---|----------------------|-------------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | COMMIDATION | |
| Name and address (home or business) a Paid during the year I This section is not applicable | or substantial contributor | recipient | · | |
| | | | | |
| b Approved for future payment | <u> </u> | · · · · · | | la |
| . This section is not applicable | | | | |
| | | I | | ile l |
| Total | | | 🕨 3 | b |

| | XVI-A Analysis of Income-Producing Acgross amounts unless otherwise indicated. | | siness income | Excluded by section | on 512, 513, or 514 | (e) |
|--------------------------------|--|----------------------|---------------|--|---------------------|--------------------------------------|
| | • | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income |
| 1 F | Program service revenue: | Business code | Amount . | Exolusion code | Amount | (See instructions.) |
| á | We have no income producing activities | | | | | |
| t | | | | | | |
| (| ; | | | | | |
| • | | | | | | |
| € | | | | | | |
| f | | ļ | | | | |
| - | Fees and contracts from government agencies | | | | | |
| | Membership dues and assessments | | | | | |
| | nterest on savings and temporary cash investments | | | | | |
| | Dividends and interest from securities | 3 | | | | |
| | Net rental income or (loss) from real estate: Debt-financed property | ! | | | | |
| | Not debt-financed property | | | | | |
| | let rental income or (loss) from personal property | | | | | |
| | Other investment income | | | | | |
| | Gain or (loss) from sales of assets other than inventory | | | 1 | | |
| | Net income or (loss) from special events | | | | | |
| | Gross profit or (loss) from sales of inventory | | | | | <u> </u> |
| | Other revenue: a | | | | | |
| k | | | | | | |
| | | | | 1 | | |
| Č | | | | | · <u>-</u> | |
| • | • | | • | | | |
| 12 5 | Subtotal. Add columns (b), (d), and (e) | ¢1 | | ٥ | | |
| | | | | | | |
| 13 | otal. Add line 12, columns (b), (d), and (e) | | | | 13 | 0 |
| 13 1 See v | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation | ıs.) | | • | 13 | 0 |
| 13 See v Part | rotal. Add line 12, columns (b), (d), and (e) rorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A | | ent of Exemp | ot Purposes | | |
| 13 1 See v | rotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | rotal. Add line 12, columns (b), (d), and (e) rorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | rotal. Add line 12, columns (b), (d), and (e) rorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A | | ent of Exemp | ot Purposes | | |
| 13 T See v Part Line | rotal. Add line 12, columns (b), (d), and (e) rorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A | | ent of Exemp | ot Purposes | | |
| 13 T See v Part Line | rotal. Add line 12, columns (b), (d), and (e) rorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A | | ent of Exemp | ot Purposes | | |
| 13 T See v Part Line | rotal. Add line 12, columns (b), (d), and (e) rorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A | | ent of Exemp | ot Purposes | | |
| 13 T See v Part Line | rotal. Add line 12, columns (b), (d), and (e) rorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | rotal. Add line 12, columns (b), (d), and (e) rorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Part Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | ot Purposes | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | t Purposes (e) of Part XVI- nds for such purpo | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | t Purposes (e) of Part XVI- nds for such purpo | | |
| 13 T See v Parti Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | t Purposes (e) of Part XVI- nds for such purpo | | |
| 13 T See v Part Line | Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur | | ent of Exemp | t Purposes (e) of Part XVI- nds for such purpo | | nportantly to the tions) |

| | | Organizat | ions | | | | | | | | | | | |
|---------------|--------------|--|---|-----------------------------|-----------------|--------------|---------------------|------------------------------|--------------------|---------------|--------------------|-------------------|---------------------|-----------------|
| 1 | ın : | | directly or indirectly other than section | | | | | | | | | | Yes | No |
| а | Trai | nsfers from the re | porting foundation to | | | | | | | | | 4 - (4) | | |
| | | Cash Other assets | | | | | | · · · · · · · · | | | | 1a(1) 1a(2) | | ✓ |
| b | | er transactions: Sales of assets to | a noncharitable exe | empt organiza | ation . | | | | | | | 1b(1) | | $\overline{}$ |
| | | | ets from a noncharit | | | | | | | | | 1b(2) | | √ |
| | | | s, equipment, or othe | | | | | | | | | 1b(3) | | √ |
| | | | arrangements | | | | | | | | | 1b(4) | | √ |
| | | | arantees | | | | | | | | | 1b(5) | | √ |
| | (6) | Performance of s | ervices or membersh | nip or fundrais | sing solici | tations | | | | | | 1b(6) | | √ |
| C | Sha | ring of facilities, e | equipment, mailing lis | sts, other ass | ets, or pa | id employ | ees . | | | | | 1c | | ✓ |
| d (a) Line | valu valu | e of the goods, o | of the above is "Ye other assets, or serviton or sharing arrang (c) Name of noncl | ces given by ement, show | the repor | ting found | dation. /alue of | If the fou | ndatior s, othe | rece rasse | ved les | s than ervices | faır m recei | arket ved. |
| (a) Line | , 110 | (b) Amount involved | (e) Hame of Honor | namadio exempt | - Organization | · · · · · · | u) Descri | phon or train | 31C13, tra | isaction | 13, 4114 311 | aring arr | angeme | |
| | | | | | | - | | | • | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | This section is not a | pplicable | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | des | cribed in section | rectly or indirectly a 501(c) (other than se e following schedule | ction 501(c)(3 | | | | | | | | ☐ Y € | es 🗸 | No |
| | | (a) Name of organ | nization | (b) T | ype of organ | nization | | · | (c) De | scriptio | n of relation | nship | | |
| | | | | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | | | | |
| | | | | | | | | | | - | | | | |
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| | I I I e | dor panalties of parities | I declare that I have examine | d this ration in the | idina nasar | anuna sek- | dulos en d | statoments | and to the | host of | mar lemanda | dao | holicé : | in triis |
| Sign Here | cor | rect, and complete Dec | laration of preparer (other th | an taxpayer) is bas | sed on all info | rmation of w | hich prepa | arer has any k ned 10/8/2 | nowledge | best of | May the with the p | RS discu | iss this shown b | return elow? |
| | Sig | nature of officer or tru | ···· N | Date | e | Title | | | | | | | | •• |
| Paid | | Print/Type prepare | r's name \int | Preparer's sig | nature | | | Date | | Chec | k 🔲 ıf | PTIN | | |
| Prepa | are | 1 | | | | | | | | self-e | mployed | | | |
| Use (| | Firm's name | | | | | | | Firm' | s EIN 🕨 | • | | | |
| | | Firm's address ▶ | | | | | | | Phon | e no | | | | |
| | | | | | | | | | | | | | | |

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

| The Jason Project, Inc. 47-1943889 | | | | | | | |
|---|--|--|--|-------------|----------|--------------|----------|
| Organization type (check one): | | | | | | | |
| Filers of | f: | Section: | | | | | |
| Form 990 or 990-EZ | | ☐ 501(c)(| 501(c)() (enter number) organization | | | | |
| | | ☐ 4947(a)(1) no | onexempt charitable trust not treated as a private for | undation | <u>ر</u> | RECEIVE | <u> </u> |
| | , i | ☐ 527 political | ll organization | | 422 | OCT 0 6 2020 |) |
| Form 99 | 0-PF | ✓ 501(c)(3) exe | empt private foundation | | OGDEN, U | _ T | |
| | | ☐ 4947(a)(1) no | 1) nonexempt charitable trust treated as a private foundation | | | OODLIN, O | <u>-</u> |
| | | ☐ 501(c)(3) taxable private foundation | | | | | |
| | | | | | | | |
| | nly a section 501(c)(7 | | eneral Rule or a Special Rule. nization can check boxes for both the General Rule a | and a Spec | al R | ule. See | |
| General | Rule | | | | | | |
| Ø | For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | |
| Special | Rules | | | | | | |
| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| Caution | : An organization tha | t isn't covered by | the General Rule and/or the Special Rules doesn't fi | ıle Schedul | le B (| Form 990, | |

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| Name of organization | · · · · · · · · · · · · · · · · · · · | Employer identification number |
|-------------------------|---------------------------------------|--------------------------------|
| The Jason Project, Inc. | | 47-1943889 |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|---|--|--|
| (a) No. | (b) (c) Name, address, and ZIP + 4 Total contributions | | (d) Type of contribution | | |
| | Mr. Dano Davis 6400 San Pablo Rd. South Jacksonville FL 32224-5899 | \$ 1,000 | Person Payroll Noncash (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | Ted Couch Family Foundation 716 West Fletcher Avenue Tampa, Florida 33612 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | Go Fund Me O\nline internet fund raiser | | Person Payroll Noncash (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | Roslyn Lanier 13941 White Heron Pl Jacksonville FL 32224-4802 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | ECRS Software 500 Manor Ridge Boone, NC 28607-9852 | \$\$5,000.00 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | Delores Barr Weaver 2525 College Street, Suite 1122 Jacksonville, FL 32204 | \$ 13 500 00 | Person Payroli Noncash (Complete Part II for noncash contributions.) | | |

| Name of organization | | Employer identification number |
|-------------------------|--|--------------------------------|
| The Jason Project, Inc. | . PLEASE NOTE THIS IS PAGE 2 OF CONTRIBUTORS LIST !! | 47-1943889 |

| Dort I | | | noodod |
|------------|---|--------------------------------------|---|
| Part I | Contributors (see instructions). Use duplicate copi | les of Part I if additional space is | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | High Country Charitable Foundation, Inc. 610 Banner Elk Highway Banner Elk, NC 28604 | \$ 4,500.00 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | R.C. Development Company 145 Hilden Road, Suite 105 Ponte Vedra, FL 32081 | \$ 500.00 | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Rolling Hills Baptist Church 840 Permento Ave Jacksonville, FL 32221 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | AMY Wellness Foundation 31 Cross St Ste 266 Spruce Pine, NC 28777 Spruce Pine, NC 28777 | \$ 22,500.00 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | · | \$ \$ | Person |

| Name of organization | Employer identification number |
|-------------------------|--------------------------------|
| The Jason Project, Inc. | 47-1943889 |

| Part II | Noncash Property (see instructions). Use duplicate copies | of Part II if additional spa | ace is needed. |
|---------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | No Noncash Property was received | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | · · · · · · · · · · · · · · · · · · · | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Name of or | rganization | | | Employer identification number | | |
|---------------------------|---|--|---|--|--|--|
| | Project, Inc. | | | 47-1943889 | | |
| Part III | | the year from any ons completing Pare year. (Enter this in | one contributor. rt III, enter the tota formation once. Se | Complete columns (a) through (e) and I of exclusively religious, charitable, etc., | | |
| (a) No. | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | |
| | No gifts/ this Part III not applicable | | | | | |
| - | Transferee's name, address, and | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | nship of transferor to transferee | | |
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| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
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| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
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| (a) No. | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | |
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| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, and ZIP + 4 Relatio | | | ship of transferor to transferee | | |
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