# **COMMITTEE ON NATURAL RESOURCES**

# **Disclosure Form**

# As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight Hearing: "Federal Geospatial Spending, Duplication and Land Inventory Management," May 3, 2012, Colorado Springs, CO

For Individuals:								
1. Name:								
2. Address:								
3. Email Address:								
4. Phone Number:								
* * * *								
For Witnesses Representing Organizations:								
1. Name: Leonard Gilroy								
2. Name of Organization(s) You are Representing at the Hearing: Reason Foundation								
3. Business Address: 3415 S. Sepulveda Blvd., Suite 400, Los Angeles, CA 90034								
4. Business Email Address: [Information redacted for privacy]								
5. Business Phone Number: [Information redacted for privacy]								

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

# I received a Masters Degree in Urban and Regional Planning from Virginia Tech.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have been a member of the American Planning Association (APA) since 1996, and was a member of the APA's American Institute for Certified Planners from 1999 through 2011.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Since 2001, I have researched privatization, asset management and government reform issues as a policy analyst at Reason Foundation, a nonprofit think tank that advances free market policies. Prior to joining Reason Foundation, I worked for an urban planning consulting firm in Louisiana, where my responsibilities included operating a geographic information system (GIS) and developing thematic maps for planning projects.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

#### N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

# N/A

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

#### N/A

### In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

# I am testifying at the invitation of the Subcommittee on Energy and Mineral Resources, in my capacity as Director of Government Reform at Reason Foundation.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

#### N/A

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

#### N/A

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

# Fiscal Year 2008

riscai i cai 2000		
Canada:	24 donations	\$3,216.30
Hong Kong	1 donation	\$150.00
New Zealand	1 donation	\$25.00
Switzerland	2 donations	\$525.00
Thailand	1 donation	\$500.00
United Kingdom	14 donations	\$2,197.00
TOTAL FY2008	43 donations	\$6,613.30

### Fiscal Year 2009

Canada	18 donations	\$1,060.00
Singapore	1 donation	\$1,000.00
United Kingdom	13 donations	\$3,834.00
TOTAL FY2009	32 donations	\$5,894.00

#### Fiscal Year 2010

Australia	7 donations	\$454.60
Canada	31 donations	\$2,760.00
Estonia	1 donation	\$120.00
Finland	2 donations	\$30.00
Germany	1 donation	\$50.00
Greece	1 donation	\$100.00

Hong Kong	2 donations	\$1,100.00
Hungary	1 donation	\$25.00
Japan	1 donation	\$100.00
New Zealand	1 donation	\$100.00
Norway	3 donations	\$150.00
Singapore	1 donation	\$1,000.00
United Kingdom	9 donations	\$4,625.00
TOTAL FY2010	61 donations	\$10,614.60

# Fiscal Year 2011

Australia	7 donations	\$480.00
Canada	29 donations	\$1,773.24
Estonia	1 donation	\$50.00
Germany	1 donation	\$10.00
Mexico	1 donation	\$50.00
Netherland	1 donation	\$100.00
Singapore	2 donations	\$2,000.00
Slovenia	1 donation	\$250.00
Sweden	1 donation	\$25.00
Switzerland	2 donations	\$200.00
United Kingdom	4 donations	\$4,110.00
TOTAL FY2011	50 donations	\$9,048.24

# Fiscal Year 2012 (to date)

Australia	7 donations	\$1,660.00
Canada	26 donations	\$2,034.00
Germany	1 donation	\$75.00
Hong Kong	1 donation	\$1,000.00
Mexico	1 donation	\$100.00
Netherland	1 donation	\$100.00
Netherlands	2 donations	\$30.00
New Zealand	1 donation	\$50.00
Norway	1 donation	\$10.00
Singapore	1 donation	\$1,000.00
Slovenia	1 donation	\$250.00
South Africa	1 donation	\$100.00
Spain	1 donation	\$20.00
Sweden	1 donation	\$100.00
Switzerland	2 donations	\$200,100.00
United Kingdom	5 donations	\$46,580.78
TOTAL FY2012	53 donations	\$253,209.78

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

# Form 990 documents attached.

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning

# **Return of Organization Exempt From Income Tax**

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

Inspection

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

and ending SEP 30,

OCT 1, 2010

Open to Public

OMB No. 1545-0047

В	Check if applicabl	C Name of organization		D Employer is	dentifica	ation number
	Addre					
H	chang Name chang			٥	5-33	98239
H	□Initial	Doing Business As  Number and street (or P.O. box if mail is not delivered to street address)  Room	/cuito	E Telephone r		90239
F	return Termir	` '			310)	391-2245
F	ated Amen			G Gross receipts		8,255,930.
F				H(a) Is this a g		
	pendir	F Name and address of principal officer:DAVID NOTT		for affiliate		Yes X No
		SAME AS C ABOVE		H(b) Are all affili		
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or	527			st. (see instructions)
		te: WWW.REASON.ORG	_ 0	H(c) Group exe		· ·
			Year o			State of legal domicile; CA
	art I	Summary				<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: TO ADVA	NCE	A FREE	SOCI	ETY BY
Activities & Governance		DEVELOPING, APPLYING, AND PROMOTING LIBERTA	RIA	N PRINCI	PLES	INCLUDING
š	2	Check this box  if the organization discontinued its operations or disposed or	f more	than 25% of its	net ass	
Ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)			. 3	21
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)				19
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)				52
Ζţ	1	Total number of volunteers (estimate if necessary)				0
Act		Total unrelated business revenue from Part VIII, column (C), line 12				111,796.
	b	Net unrelated business taxable income from Form 990-T, line 34	·······		. 7b	<16,424.
			-	Prior Year 6,399,7	22	Current Year 7,179,389.
ne	1	Contributions and grants (Part VIII, line 1h)		768,3		757,865.
Revenue		Program service revenue (Part VIII, line 2g)		50,1		59,630.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<22,1		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,196,0		8,078,062.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,190,0	0.	0,070,002.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,771,6		4,162,930.
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)	·	3,771,0	0.	0.
ben	h	Total fundraising expenses (Part IX, column (D), line 25)   859,899				
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,092,1	66.	3,623,732.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,863,7		7,786,662.
	19	Revenue less expenses. Subtract line 18 from line 12		332,2		291,400.
Net Assets or Fund Balances	3			ginning of Curren		End of Year
sets	20	Total assets (Part X, line 16)		4,836,5		5,344,900.
ASS	21	Total liabilities (Part X, line 26)		899,9		1,091,966.
File	22	Net assets or fund balances. Subtract line 21 from line 20		3,936,5	90.	4,252,934.
P	art II	Signature Block				
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the be	st of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledg	e.	
		Observator of all and		Data		
Sig	n	Signature of officer		Date		
Hei	re	DAVID NOTT, PRESIDENT AND CEO  Type or print name and title				
			- 11	ate c	hook	PTIN
Do:	ч	Print/Type preparer's name Preparer's signature		if	heck	<b>- </b>
Pai		KURT KILWEIN  Firm's name NSBN LLP			elf-employed	
	parer Only	Firm's name NSBN LLP Firm's address 9454 WILSHIRE BLVD., 4TH FLOOR		Firm's E	:111	
USE	Only	BEVERLY HILLS, CA 90212-2907		Phone i	, / 3	10)273-2501
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		I HOHE I	10. ( )	X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:  TO ADVANCE A FREE SOCIETY BY DEVELOPING, APPLYING, AND PROMOTING
	LIBERTARIAN PRINCIPLES, INCLUDING INDIVIDUAL LIBERTY, FREE MARKETS,
	AND THE RULE OF LAW. WE USE JOURNALISM AND PUBLIC POLICY RESEARCH TO
	INFLUENCE THE FRAMEWORKS AND ACTIONS OF POLICYMAKERS, JOURNALISTS, AND
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	the prior Form 990 or 990-EZ?  If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
_	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,542,948. including grants of \$) (Revenue \$)
	SHARING FREE MARKET IDEAS THROUGH VIDEO JOURNALISM ONLINE
	589 VIDEOS PRODUCED
	AVERAGE OF 763,000 VIDEOS PLAYED EACH MONTH (INCLUDES YOUTUBE.COM
	PLAYCOUNT)
	PLATCOONT /
4b	(Code: ) (Expenses \$ 2,550,499 • including grants of \$ ) (Revenue \$ 757,806 • )
	REASON MAGAZINE
	DISCUSSING "FREE MINDS AND FREE MARKETS" SINCE 1968
	11 ISSUES PUBLISHED
	45,000 PAID/REQUESTED COPIES
	1,300 NEWSSTAND COPIES SOLD
	AVERAGE OF 4.1 MILLION USER VISITS PER MONTH AT REASONONLINE
4c	(Code: ) (Expenses \$ 2,211,232. including grants of \$ ) (Revenue \$ )
	REASON FOUNDATION
	RESEARCH AND ANALYSIS OF ISSUES RELATING TO PRIVATIZATION,
	TRANSPORTATION, EDUCATION, LAND USE AND THE ENVIRONMENT; EDUCATIONAL
	OUTREACH FROM A LIBERTARIAN PERSPECTIVE TO POLICYMAKERS, RELEVANT
	STAKEHOLDERS AND THE GENERAL PUBLIC
	9,995 ARTICLES CITING REASON EXPERTS
	TOTAL CIRCULATION OF ARTICLES: 2 BILLION
	1,491 MEDIA APPEARANCES BY REASON EXPERTS 23 APPEARANCES TO PROVIDE LEGISLATIVE TESTIMONY; 18 POLICY STUDIES; 12
	SURFACE TRANSPORTATION INNOVATIONS NEWSLETTERS; 12 AIR SECURITY
	NEWSLETTERS; 12 AIR TRAFFIC CONTROL NEWSLETTERS; 4 REASON REPORT
	NEWSLETTERS; 12 AIR TRAFFIC CONTROL NEWSLETTERS; 4 REASON REPORT NEWSLETTERS.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 310,805 • including grants of \$ ) (Revenue \$ )
40	(Expenses \$ 310,805 · including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 6,615,484 ·
40	Total program service expenses ► 0,0±0,±0±0

#### Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 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 X 3 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? If "Yes," complete Schedule C, Part II Х 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X 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, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a 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 Х 11b c 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 X 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

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19

20a

X

X

complete Schedule G, Part III

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

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		v	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		
	Schedule K. If "No", go to line 25	24a		X
	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	04-		
اہ	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		Х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		22
D	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 41						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х				
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 52						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х				
	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		Х			
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
_	were not tax deductible?	6b		1			
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		Х			
	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?						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
	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					
g	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?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	9a					
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	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						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	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.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 21 1a Enter the number of voting members of the governing body at the end of the tax year 19 **b** Enter the number of voting members included in line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? X 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7a X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? X 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Х Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c Does the organization have a written whistleblower policy? X 13 X 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 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 Х taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 JONATHAN GRAFF - (310) 391-2245

90034

3415 S SEPULVEDA BLVD, SUITE 400, LOS ANGELES, CA

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

Check if Schedule O contains a response to any question 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B)	Γ	(C)		(D)	(E)	(F)			
Name and Title	Average hours per	(cl	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated amount of			
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
WILLIAM A. DUNN	1.00	х		Х				0.	0.	0.
CHAIRMAN THOMAS E. BEACH	1.00	^		Λ	$\vdash$	├		0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
DREW A. CAREY						$\vdash$				
TRUSTEE	1.00	х						0.	0.	0.
DERWOOD S. CHASE, JR.										
TRUSTEE	1.00	Х						0.	0.	0.
JAMES R. CURLEY										
TRUSTEE	1.00	X						0.	0.	0.
RICHARD J. DENNIS										
TRUSTEE	1.00	X						0.	0.	0.
DAVID FLEMING										
TRUSTEE	1.00	Х						0.	0.	0.
C. BOYDEN GRAY										
TRUSTEE	1.00	Х						0.	0.	0.
JAMES D. JAMESON										
TRUSTEE	1.00	Х						0.	0.	0.
MANUEL S. KLAUSNER	1	l								
TRUSTEE	1.00	Х						0.	0.	0.
DAVID H. KOCH	1	l								
TRUSTEE	1.00	Х			_	<u> </u>		0.	0.	0.
JAMES LINTOTT	1 00	١,,								_
TRUSTEE	1.00	Х			_	_		0.	0.	0.
STEPHEN MODZELEWSKI	1 00	,,								_
TRUSTEE	1.00	Х	_		_	_		0.	0.	0.
GEORGE F. OHRSTROM	1 00	3,7							0.	_
TRUSTEE	1.00	Х	_	<u> </u>	_	├		0.	0.	0.
CAROL SANDERS	1 00	\ <sub>V</sub>						0.	0.	0
TRUSTEE	1.00	Х	$\vdash$	_	<u> </u>	$\vdash$	$\vdash$	0.	0.	0.
VERNON L. SMITH TRUSTEE	1.00	x						0.	0.	0.
RICHARD A. WALLACE	1.00	^	$\vdash$		$\vdash$	$\vdash$	$\vdash$	1	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
11/001111	1 1.00	- 22						1 0.		- 000 (ca.(a)

Form **990** (2010)

Section A. Officers, Directors, Iru	stees, Key Er	mple	oyee	es, a	nd I	High	est	Compensated Employ	rees (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	/-!		Pos			1	Reportable	Reportable			timate	
	hours per week	(CI	necr	( all )	ınaı	app	iy)	compensation from	compensation from related			nount ( other	of
	(describe	ector						the	organization			pensa	tion
	hours for	or dire	eo eo			ated		organization	(W-2/1099-MIS			om the	
	related	rstee	truste		ao	bens		(W-2/1099-MISC)			_	anizati	
	organizations in Schedule	ual fri	tional		ploye	t com	_					d relate	
	O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Forme				orga	anizatio	ons
FRED M. YOUNG, JR.	,												
TRUSTEE	1.00	Х						0.		0.			0.
PIERLUIGI ZAPPACOSTA	4 00												
TRUSTEE	1.00	Х		_		┞	<u> </u>	0.		0.			0.
DAVID NOTT	40.00	х		Х				254 000		0.			0.
PRESIDENT & CEO ROBERT W. POOLE, JR.	40.00	^		Δ		$\vdash$		254,000.		0.			0.
FOUNDER	40.00	Х		Х				194,090.		0.			0.
MICHAEL ALISSI	10.00							131/0300					-
VICE PRESIDENT, OPERATIONS	40.00			Х				135,000.		0.			0.
NICHOLAS GILLESPIE													
VICE PRESIDENT, REASON ONL	40.00			Х				159,974.		0.			0.
JONATHAN GRAFF								100 174					
TREASURER, SECRETARY	40.00	_		Х		┞	<u> </u>	133,156.		0.			0.
ADRIAN T. MOORE	40.00			Х				151 214		0.			0.
VICE PRESIDENT, POLICY MATT WELCH	40.00	-		Δ		┢		151,214.		0.			0.
VICE PRESIDENT, MAGAZINE	40.00			х				135,433.		0.			0.
1b Sub-total					<u> </u>		<u> </u>	1,162,867.		0.			0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								1,162,867.		0.			0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed al	oove	e) wl	no re	eceived more than \$100	0,000 in reportab	le			
compensation from the organization												[	7
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si				-		•			nployee on		3		Х
4 For any individual listed on line 1a, is the su								her compensation from	the organization		3		- 21
and related organizations greater than \$150	-		-					·	the organization		4	х	
5 Did any person listed on line 1a receive or a									idual for services				
rendered to the organization? If "Yes," com											5		X
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest continuous the organization.</li> </ol>	mpensated ind	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	npens	ation 1	rom	
(A) Name and business								(B)			(0		
Name and business	address						$\dashv$	Description of s	services		ompe	nsatio	1
							$\dashv$						
2 Total number of independent contractors (ii	ncluding but n	ot li	mite	d to	tho	se li	stec	l ahove) who received n	nore than				
\$100,000 in compensation from the organiz	•	iot ill		u 10		0	J. G.	above, who received h	IOIO IIIAII				

Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Total revenue Unrelated Related or excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns **b** Membership dues 1b 55,643 **c** Fundraising events \_\_\_\_\_ 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 1f 7,123,746. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 7,179,389. h Total. Add lines 1a-1f .. Business Code 900099 646,009. 646,009. 2 a SUBSCRIPTION SALES Program Service Revenue 90,255. 90,255. b ADVERTISING INCOME 511120 c MAILING LIST RENTAL 511120 21,541. 21,541. 900099 60. d RESEARCH INCOME 60. е f All other program service revenue ..... 757,865. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 59,630. 59,630. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) ... (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis and sales expenses ..... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$55,643. of contributions reported on line 1c). See Part IV, line 18 a 257, 863 b Less: direct expenses b 177,868 79,995 79,995. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 1,183. 1,183 11 a MISC. INCOME b С d All other revenue 1,183. e Total. Add lines 11a-11d ▶ 8,078,062. 706,822. 111,796. 80,055. Total revenue. See instructions. 12

# Part IX | Statement of Functional Expenses

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

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

Corrats and other assistance to poverments and organizations in the U.S. See Part IV, line 21		not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
2 Grants and other assistance to individuals in the U.S. Sep Part IV, line 2 2  3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 2 5 and 16  4 Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of inclinded above, to disqualified persons (sectified in section 4988((1)4)) and section 4888((1)4) and secti	1	Grants and other assistance to governments and		·		
the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustess, and key employees 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 888,482. 91,978. 182,40 Benefits paid to or for members 1,162,867. 1,162,867. 1,162,40 Benefits paid to or for members 1,162,867. 1,172,475. 144,130. 8,637. 22,50 Benefits paid to or for members 1,162,867. 1,172,475. 144,130. 8,637. 22,50 Benefits paid to or for members 1,162,867. 1,172,475. 1,172,		organizations in the U.S. See Part IV, line 21				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.  4 Benefits paid to or for members Compensation of current Officers, directors, trustees, and key employees Compensation of included above, to disqualified persons described in section 4988(c)(3)(8)  7 Other salaries and wages 2,581,075. 2,180,474. 92,166. 308,43  8 Pension plan contributions (include section 4988(c)(3)(8)  9 Other employee benefits 172,275. 141,130. 8,637. 22,50  10 Payroll taxes 246,713. 204,372. 11,857. 30,48  11 Fees for services (non-employees):  a Management 5 Legal 78,873. 64,540. 3,952. 10,38  b Legal 78,873. 64,540. 3,952. 10,38  c Accounting 18,500. 15,170. 925. 2,40  d Lobbying 6 Professional fundraling services. See Part IV, line 17 Investment management fees 9  Other 10 Other	2					
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (ass defined under section 4958(t)(1)) and persons described in section 4958(t)(1) and persons 495. The first and		the U.S. See Part IV, line 22				
See Part IV, lines 15 and 16  Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in chiedded above, to disqualified persons (as defined under section 4858(r(1)) and persons described in section 4958(r(1)) and persons described in section 4958(r(1)) and section 303(s) employer contributions)  7 Other enables and wages 2	3	Г				
4 Benefits paid to or for members .		organizations, and individuals outside the U.S.				
4 Benefits paid to or for members .		See Part IV, lines 15 and 16				
trustees, and key employees	4					
6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8)  7 Other salaries and wages  8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  172,275, 141,130, 8,637, 22,50  18 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  172,275, 141,130, 8,637, 22,50  18 Payroll taxes  246,713, 204,372, 11,857, 30,48  18 Fees for services (non-employees):  a Management  b Legal 78,873, 64,540, 3,952, 10,38  c Accounting 18,500, 15,170, 925, 2,40  d Lobbying  e Professional fundraising services. See Part IV, line 17  f Investment management fees  9 Other 9  12 Advertising and promotion 369,813, 330,672, 1,172, 37,96  13 Office expenses  73,956, 59,058, 1,474, 13,42  Information technology  16 Occupancy 367,013, 301,980, 18,284, 46,74  17 Travel 422,794, 345,611, 4,525, 72,65  18 Payments of travel or entertainment expenses for any tederal, state, or local public officials for instruction of the profession of the pro	5	Compensation of current officers, directors,				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons discribed in section 4958(f)(3)(8)  7 Other salaries and wages  Pension plan contributions (include section 401(k) and section 402(k) employer contributions)  Other employee benefits  172,275, 141,130, 8,637, 22,50  Payroll taxes  246,713, 204,372, 11,857, 30,48  Passion plan plan plan plan plan plan plan pla		trustees, and key employees	1,162,867.	888,482.	91,978.	182,407
Persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 402(k) employer contributions) 9 Other employee benefits 172,275. 141,130. 8,637. 22,50 10 Payroli taxes 246,713. 204,372. 11,857. 30,48 11 Fees for services (non-employees): 12 Management 13 Legal 14 Legal 15 Legal 16 Caccounting 178,873. 64,540. 3,952. 10,38 18,500. 15,170. 925. 2,40 19 Lobbying 19 Professional fundraising services. See Part IV, line 17 fine-strength and promotion 19 Other employees. 10 Payroli taxes 19 Other 10 Lobbying 11 Fees for services (non-employees): 10 Legal 11 Fees for services (non-employees): 12 Advantagement 13 Management 14 Lobbying 15 Payrent Management fees 17 (Investment management fees and promotion and pr	6					
7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(h) employer contributions) 9 Other employee benefits 172,275. 141,130. 8,637. 22,50 Payroll taxes 178,873. 246,713. 204,372. 11,857. 30,48 179,873. 64,540. 3,952. 10,38 18 Ananagement 19 Legal 78,873. 64,540. 3,952. 10,38 10 Accounting 18,500. 15,170. 925. 2,40 11 Investment management fees 19 Other Professional fundraising services. See Part IV, line 17 investment management fees 19 Other Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Salaries and Professional fundraising services. See Part IV, line 17 investment management fees 10 Other Salaries and Salaries		persons (as defined under section 4958(f)(1)) and				
8 Pension plan contributions (include section 401(k) and section 402(h) employer contributions)  9 Other employee benefits  172,275. 141,130. 8,637. 22,50  10 Payroll taxes  246,713. 204,372. 11,857. 30,48  1 Fees for services (non-employees):  a Management  b Legal 78,873. 64,540. 3,952. 10,38  c Accounting 18,500. 15,170. 925. 2,40  d Lobbying  e Professional fundratising services. See Part IV, line 17  Investment management fees  g Other  20 Other  10 Office expenses  10 Office expenses  10 Occupancy 369,813. 330,672. 1,172. 37,96  11 Organization technology  12 Advertising and promotion 369,813. 330,672. 1,172. 37,96  13 Office expenses  14 Information technology  15 Royalties  16 Occupancy 367,013. 301,980. 18,284. 46,74  17 Travel 422,794. 345,611. 4,525. 72,65  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest  10 Office expenses itemize expenses in line 24t. If line 24 amount, its line 24 geness on Schedule 0. 3 amount, its line 24 geness on Schedule 0. 3 amount, its line 24 geness on Schedule 0. 3 amount, its line 24 geness on Schedule 0. 3 amount, its line 24 geness on Schedule 0. 3 amount, its line 24 geness on Schedule 0. 3 amount, its line 24 geness on Schedule 0. 3 amount, its line 24 geness and School 10 officials  10 POSTAGE AND SHIPPING  27 PAYMENTS C SERVICES  36 All other expenses. Add lines 1 through 24t 7,786. 52,523. 2,342. 42,64  40 POSTAGE AND SHIPPING  36 All other expenses. Add lines 1 through 24t 7,786. 662. 6,615,484. 311,279. 859,89  38 216 total functional expenses. Add lines 1 through 24t 7,786. 662. 6,615,484. 311,279. 859,89  39 10 troots. Check here    If following 90 as 2,680 683-720, Complete this line only if the organization reported in column (8) joint costs from a combined deductional campagn and fundraising combined deductional campagn		persons described in section 4958(c)(3)(B)				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 172,275. 141,130. 8,637. 22,50 10 Payroll taxes 246,713. 204,372. 11,857. 30,48 1 Fees for services (non-employees): a Management b Legal Accounting 1 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other Other Other Accounting 369,813. 330,672. 1,172. 37,96 173,956. 59,058. 1,474. 13,42 17 Investment management expenses 18 Payments of travel or entertainment expenses 19 Coccupancy 367,013. 301,980. 18,284. 46,74 17 Travel 422,794. 345,611. 4,525. 72,65 18 Payments of travel or entertainment expenses 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Depreciation, depletion, and amortization 24 Information exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule (L) attributed and amortization 24 Travel 24 Depreciation, depletion, and amortization 25 Travel 26 Travel 27 Payments to affiliates 28 Depreciation, depletion, and amortization 29 Other expenses. Itemize expenses into covered above. (List miscellaneous expenses in line 24t. If line 24 expenses on Schedule (L) attributed and amortization 27 Payments to affiliates 28 Depreciation, depletion, and Amortization 29 Other expenses. Itemize expenses into covered above. (List miscellaneous expenses in line 24t. If line 24 amount, list line 24 expenses on Schedule (L) attributed and accomplication and amortization and am	7	Other salaries and wages	2,581,075.	2,180,474.	92,166.	308,435
9 Other employee benefits	8	F				
9 Other employee benefits		and section 403(b) employer contributions)				
Payroll taxes	9	<b>F</b>				22,508
11   Fees for services (non-employees):   a   Management	10		246,713.	204,372.	11,857.	30,484
b Legal 78,873. 64,540. 3,952. 10,38 c Accounting 18,500. 15,170. 925. 2,40 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 369,813. 330,672. 1,172. 37,96 13 Office expenses 73,956. 59,058. 1,474. 13,42 d Information technology 15 Royalties	11					
b Legal 78,873. 64,540. 3,952. 10,38 c Accounting 18,500. 15,170. 925. 2,40 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 369,813. 330,672. 1,172. 37,96 13 Office expenses 73,956. 59,058. 1,474. 13,42 d Information technology 15 Royalties 6 Occupancy 367,013. 301,980. 18,284. 46,74 17 Travel 422,794. 345,611. 4,525. 72,65 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 19 11 Payments to affiliates 21 12 Payments to affiliates 22 13 Insurance 67,798. 55,796. 3,360. 8,64 14 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24t, Hine 24f expenses on Schedule 0.) anount, list line 24f expenses on Schedule 0.) anount, list line 24f expenses on Schedule 0.) anount, list line 24f expenses on Schedule 0.) 1,038,216. 1,018,667. 6,440. 13,10 18 MANUFACTURING AND DISTR 512,906. 512,831. 7 19 C PRINTED MATERIAL 105,002. 73,418. 10. 31,57 26 PRINTED MATERIAL 105,002. 73,418. 10. 31,57 27 All other expenses 3361,185. 276,469. 60,545. 24,17 28 Joint costs Check here ▶	а	Management				
C Accounting   18,500. 15,170. 925. 2,40    d Lobbying   Professional fundraising services. See Part IV, line 17    f Investment management fees   9 Other    22 Advertising and promotion   369,813. 330,672. 1,172. 37,96    33 Office expenses   73,956. 59,058. 1,474. 13,42    14 Information technology   16 Occupancy   367,013. 301,980. 18,284. 46,74    15 Travel   422,794. 345,611. 4,525. 72,65    18 Payments of travel or entertainment expenses for any federal, state, or local public officials    19 Conferences, conventions, and meetings   19 Depreciation, depletion, and amortization   20,025. 16,485. 1,000. 2,54    21 Payments to affiliates   20 Depreciation, depletion, and amortization   67,798. 55,796. 3,360. 8,64    22 Other expenses. Itemize expenses not covered above, (List miscellaneous expenses in line 24f. If line 24f amount excess 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.    a CONTRACT SERVICES   1,038,216. 1,018,667. 6,440. 13,10    b MANUFACTURING AND DISTR   512,906. 512,831.   77    c PRINTED MATERIAL   105,002. 73,418.   10. 31,57    d POSTAGE AND SHIPPING   97,508. 52,523. 2,342. 42,64    c ON-LINE SERVICES   361,185. 276,469. 60,545. 24,17    7 Total functional expenses. Add lines 1 through 24f   7,786,662. 6,615,484. 311,279. 859,89    361,185. 276,469. 60,545. 24,17    Total functional expenses. Add lines 1 through 24f   7,786,662. 6,615,484. 311,279. 859,89    362 Joint costs. Check here ▶		Г				10,381
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other  12 Advertising and promotion 369,813. 330,672. 1,172. 37,96 14 Information technology 15 Royalties 73,956. 59,058. 1,474. 13,42 16 Occupancy 367,013. 301,980. 18,284. 46,74 17 Travel 422,794. 345,611. 4,525. 72,65 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 19 Linterest 19 Linterest 20 Linterest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 677,798. 55,796. 3,360. 8,64 20 Other syenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount, list line 24f expenses on Schedule 0.) 21 CONTRACT SERVICES 1,038,216. 1,018,667. 6,440. 13,10 22 PRINTED MATERIAL 105,002. 73,418. 10. 31,57 23 CRINTACT MATERIAL 105,002. 73,418. 10. 31,57 24 All other expenses 10 Contract Services 100,148. 10. 31,57 25 Total functional expenses. Add lines 1 through 24f 7,786,662. 6,615,484. 311,279. 859,89 26 Joint costs. Check here Life line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising and some profession and combined educational campaign and fundraising and services and combined educational campaign and fundraising and combined educational campaign and fun			18,500.	15,170.	925.	2,405
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g Other  22 Advertising and promotion 23 69,813. 330,672. 1,172. 37,96 25 Total functional expenses 26 Advertising and promotion 369,813. 330,672. 1,172. 37,96 373,956. 59,058. 1,474. 13,42 374,956. 59,058. 1,474. 13,42 375,956. 59,058. 1,474. 13,42 375,956. 59,058. 1,474. 13,42 375,956. 59,058. 1,474. 13,42 375,956. 59,058. 1,474. 13,42 375,956. 59,058. 1,474. 13,42 375,956. 59,058. 1,474. 13,42 375,956. 59,058. 1,474. 13,42 375,956. 39,058. 1,474. 13,42 375,956. 39,058. 1,474. 13,42 375,956. 39,058. 1,474. 13,42 375,956. 39,058. 1,474. 13,42 375,956. 39,058. 1,474. 13,42 375,956. 39,058. 1,474. 13,42 375,956. 39,058. 1,474. 13,42 375,956. 39,058. 1,474. 13,42 375,956. 39,058. 1,474. 13,42 375,956. 39,058. 18,284. 46,74 422,794. 345,611. 4,525. 72,65 372,65 372,65 372,65 373,956. 39,058. 11,474. 13,42 375,966. 31,284. 14,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345,611. 4,525. 72,65 375,966. 345	f	Investment management fees				
12 Advertising and promotion   369 ,813   330 ,672   1 ,172   37 ,966     3 Office expenses   73 ,956   59 ,058   1 ,474   13 ,42     4 Information technology   15     5 Royalties   20     6 Occupancy   367 ,013   301 ,980   18 ,284   46 ,74     7 Travel   422 ,794   345 ,611   4 ,525   72 ,65     8 Payments of travel or entertainment expenses for any federal, state, or local public officials     9 Conferences, conventions, and meetings   10 Interest     1 Payments to affiliates   20     1 Payments to affiliates   20     20 Interest   21     1 Payments to affiliates   22     20 Pepreciation, depletion, and amortization   20 ,025   16 ,485   1 ,000   2 ,54     24 Insurance   67 ,798   55 ,796   3 ,360   8 ,64     24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24t, If line 24t amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)     a CONTRACT SERVICES   1,038 ,216   1,018 ,667   6 ,440   13 ,10     b MANUFACTURING AND DISTR   512 ,906   512 ,831   7     c PRINTED MATERIAL   105 ,002   73 ,411   10   31 ,57     d POSTAGE AND SHIPPING   97 ,508   52 ,523   2 ,342   42 ,64     e ON-LINE SERVICES   90 ,143   77 ,806   2 ,612   9 ,72     f All other expenses   361 ,185   276 ,469   60 ,545   24 ,17     7 ,786 ,662   6 ,615 ,484   311 ,279   859 ,89     8	g	Г				
14 Information technology Royalties Cocupancy 367,013. 301,980. 18,284. 46,74 17 Travel 422,794. 345,611. 4,525. 72,65  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Insurance 15 Total functional expenses on Schedule 0.)  16 CONTRACT SERVICES 1 PRINTED MATERIAL 10 FOSTAGE AND SHIPPING 10 ON-LINE SERVICES 10 ON	12					37,969
Information technology	13	Г	73,956.	59,058.	1,474.	13,424
15 Royalties	14					
367,013.   301,980.   18,284.   46,74	15					
17   Travel	16					46,749
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Officials (23) Insurance Officials (24) Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)  a CONTRACT SERVICES  b MANUFACTURING AND DISTR  c PRINTED MATERIAL  d POSTAGE AND SHIPPING ON-LINE SERVICES  f All other expenses  Total functional expenses. Add lines 1 through 24f  Joint costs. Check here   if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising	17		422,794.	345,611.	4,525.	72,658
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 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)  a CONTRACT SERVICES b MANUFACTURING AND DISTR c PRINTED MATERIAL d POSTAGE AND SHIPPING e ON-LINE SERVICES f All other expenses  1,038,216. 1,018,667. 6,440. 13,10 512,906. 512,831. 7 7,3418. 10. 31,57 97,508. 52,523. 2,342. 42,64 97,508. 52,523. 2,342. 42,64 90,143. 77,806. 2,612. 9,72 f All other expenses 7,786,662. 6,615,484. 311,279. 859,89  361,185. 276,469. 60,545. 24,17 7,786,662. 6,615,484. 311,279. 859,89	18	Г				
20		for any federal, state, or local public officials				
21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  34 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)  a CONTRACT SERVICES  b MANUFACTURING AND DISTR  c PRINTED MATERIAL  d POSTAGE AND SHIPPING  e ON-LINE SERVICES  f All other expenses  Total functional expenses. Add lines 1 through 24f  25 Joint costs. Check here   Joint costs. Check dere   Joint costs from a combined educational campaign and fundraising campaign and fundraising campaign and fundraising campaign and combined educational campaign and fundraising campaign and combined educational campaign and c	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization   20,025.   16,485.   1,000.   2,54	20	Interest				
Depreciation, depletion, and amortization   20,025.   16,485.   1,000.   2,54	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)  a CONTRACT SERVICES b MANUFACTURING AND DISTR c PRINTED MATERIAL d POSTAGE AND SHIPPING e ON-LINE SERVICES f All other expenses  Total functional expenses. Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f organization reported in column (B) joint costs from a combined educational campaign and fundraising	22					2,540
above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)  a CONTRACT SERVICES  b MANUFACTURING AND DISTR c PRINTED MATERIAL d POSTAGE AND SHIPPING ON-LINE SERVICES f All other expenses  Total functional expenses. Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f Organization reported in column (B) joint costs from a combined educational campaign and fundraising	23		67,798.	55,796.	3,360.	8,642
a CONTRACT SERVICES b MANUFACTURING AND DISTR c PRINTED MATERIAL d POSTAGE AND SHIPPING e ON-LINE SERVICES f All other expenses f All other expenses. Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here  □ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising	24	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
MANUFACTURING AND DISTR   512,906.   512,831.   7   105,002.   73,418.   10.   31,57   10.   31,57   10.	-		1.038.216.	1.018.667	6 440	13,109
c       PRINTED MATERIAL       105,002.       73,418.       10.       31,57         d       POSTAGE AND SHIPPING       97,508.       52,523.       2,342.       42,64         e       ON-LINE SERVICES       90,143.       77,806.       2,612.       9,72         f       All other expenses       361,185.       276,469.       60,545.       24,17         25       Total functional expenses. Add lines 1 through 24f       7,786,662.       6,615,484.       311,279.       859,89         98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising       7,786,662.       6,615,484.       311,279.       859,89					0,440	75
d POSTAGE AND SHIPPING e ON-LINE SERVICES f All other expenses  Total functional expenses. Add lines 1 through 24f  25 Joint costs. Check here					10.	31,574
Non-Line Services         90,143.         77,806.         2,612.         9,72           All other expenses         361,185.         276,469.         60,545.         24,17           Total functional expenses. Add lines 1 through 24f         7,786,662.         6,615,484.         311,279.         859,89           Joint costs. Check here	_					42,643
f All other expenses 361,185. 276,469. 60,545. 24,17  25 Total functional expenses. Add lines 1 through 24f 7,786,662. 6,615,484. 311,279. 859,89  26 Joint costs. Check here  if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising						9,725
Total functional expenses. Add lines 1 through 24f  7,786,662. 6,615,484. 311,279. 859,89  Joint costs. Check here  if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising	_					24,171
Joint costs. Check here   if following SOP  98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising		· —				
98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising			7,700,002.	0,010,1010	J = 1 , 2 , 7 •	000,000
OUTOTAMATOTI	<b>2</b> 0	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				

	n 990 (		JNDAT	ION		95-	3298239 Page <b>11</b>
Pa	rt X	Balance Sheet		<u>.</u>			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			916,775.	1	537,954.
	2	Savings and temporary cash investments			173,824.	2	678,660.
	3	Pledges and grants receivable, net			818,402.	3	476,889.
	4	Accounts receivable, net			35,834.	4	67,758.
	5	Receivables from current and former officers, d			•		
		employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(					
		employers and sponsoring organizations of sec		-			
		employees' beneficiary organizations (see instru	-	* * *		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	923,472.			
	b	Less: accumulated depreciation		892,434.	30,215.	10c	31,038.
	11	Investments - publicly traded securities			2,765,320.	11	3,428,157.
	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			96,137.	15	124,444.
	16	Total assets. Add lines 1 through 15 (must equ		·	4,836,507.	16	5,344,900.
	17	Accounts payable and accrued expenses			460,713.	17	664,207.
	18	Grants payable			420 204	18	407 750
	19	Deferred revenue			439,204.	19	427,759.
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete				21	
ΡΞΪ	22	Payables to current and former officers, director					
Lia		highest compensated employees, and disqualit	•	·			
	00	of Schedule L				22	
	23	Secured mortgages and notes payable to unre-		Г		23 24	
	25	Unsecured notes and loans payable to unrelate Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			899,917.	26	1,091,966.
	20	Organizations that follow SFAS 117, check h	ere 🕨	X and complete	033,3271	20	2,032,3001
v		lines 27 through 29, and lines 33 and 34.	0.0	and complete			
JCe	27	Unrestricted net assets			3,556,310.	27	4,107,705.
<u>a</u>	28	Temporarily restricted net assets			338,001.	28	101,950.
В	29				42,279.	29	43,279.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, o					
þ		complete lines 30 through 34.		·			
e e	30	Capital stock or trust principal, or current funds				30	
\ss(	31	Paid-in or capital surplus, or land, building, or e				31	
et A	32	Retained earnings, endowment, accumulated in		Г		32	
Ž	33	Total net assets or fund balances			3,936,590.	33	4,252,934.
	34	Total liabilities and net assets/fund balances			4,836,507.	34	5,344,900.

Form **990** (2010)

Ра	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		8,07		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,78		
3	Revenue less expenses. Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,93	6,5	90.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2	4,9	44.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,25	2,9	34.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?			X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE REASON FOUNDATION

Employer identification number 95 – 3298239

Pa	ırt I	Reason		ity Status (All organiz		st complet	te this par	t.) See ins	tructions		3230		
				because it is: (For lines									
1			=	s, or association of chur	_		•	•	١				
2	$\Box$	•		<b>'0(b)(1)(A)(ii).</b> (Attach Sc			, otion 170	(=)( -)(-)(-)	,.				
3				tal service organization			170(b)(1)	(A)(iii).					
4		•	•	operated in conjunction			,		(b)(1)(A)(ii	i). Enter th	e hospital	's nam	ie.
		city, and stat		,						,			,
5		An organizat	ion operated for the	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental un	t describe	d in		
		_	(b)(1)(A)(iv). (Comple	-	•		•	Ü					
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).					
7	X	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic desc	ribed i	n
			( <b>b)(1)(A)(vi).</b> (Comple										
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, and	d gross re	ceipts	from
		activities rela	ited to its exempt fu	nctions - subject to certa	ain excepti	ons, and (	2) no more	than 33 1	1/3% of its	support fi	rom gross	invest	ment
		income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization at	fter June 3	30, 197	'5.
		See section	509(a)(2). (Complete	e Part III.)									
10	Щ	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	4).				
11		An organizat	ion organized and o	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the p	ourposes o	of one	or
		more publicly	y supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b>	ction 509(	<b>a)(3).</b> Chec	ck the box	that	
				organization and compl									
		a Type		* *	с 📖 Тур		-	-			Type III - (		
е	•			at the organization is not									n
				han one or more publicly						9(a)(1) or s	ection 509	9(a)(2).	
f				ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		•	rganization, check th										. Ш
õ	I			organization accepted ar								· ·	
				lirectly controls, either a							44-(1)	Yes	No
				upported organization?									
		(II) A family	member of a persor	n described in (i) above?	·						11g(ii)		
				person described in (i)							11g(iii)		
h	1	Provide trie i	ollowing information	about the supported or	gariization	(8).							
			(11) 5111	(iii) Type of	(iv) le the c	organization	(v) Did vo	u notify the	(vi) lo	the	, II) A		,
(1		of supported anization	(ii) EIN	organization		sted in your		ion in col.	organizati	on in col.	(vii) An		Ť
	urya	11112411011		(described on lines 1-9 above or IRC section	` '	document?			(i) organiz U.S	.?	Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
				, , , , , , , , , , , , , , , , , , , ,									
Tota	al												

 $\mbox{\sc LHA}$  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6855241.	6267769.	6093799.	6399733.	7123746.	32740288.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6855241.	6267769.	6093799.	6399733.	7123746.	32740288.
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.						32740288.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	6855241.	6267769.	6093799.	6399733.		32740288.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	244,067.	117,733.	78,392.	50,137.	59,630.	549,959.
9	Net income from unrelated business		,	-	-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	0.	1,983.	1,211.	2,082.	1,183.	6,459.
11	<b>Total support.</b> Add lines 7 through 10		,	,	,		33296706.
	Gross receipts from related activities,	etc (see instruction	ons)			12 3	,790,139.
	First five years. If the Form 990 is for	•	,			<b>_</b>	<u> </u>
	organization, check this box and <b>stor</b>	-					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (			column (f))		14	98.33 %
	Public support percentage from 2009					15	98.13 %
	33 1/3% support test - 2010.If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2009.If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				=	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization						
-13	ato roundation. Il the organization	did HOL OHEON A	20x 011 III 0 10, 10	a, 100, 17a, 01 17k		dule A (Form 990	

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	slow, picase com	picter art ii.j				
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and		(,====	,,	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(, ====
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		T		T		
	ndar year (or fiscal year beginning in) 🖊	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part IV.)		+	<del>                                     </del>			
	Total support (Add lines 9, 10c, 11, and 12.)	Alba aussest 11 1	la dinata a a a a a a a a a a a a a a a a a a			F01(-)(0)	
14	First five years. If the Form 990 is for	•		* *	•	. , . ,	
Sec	check this box and stop here	c Support Pe	ercentage				
	Public support percentage for 2010 (li			column (f))		15	%
	Public support percentage from 2009					16	
	ction D. Computation of Inves					110	70
_	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box ar	-					
k	33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization			•	. ,	•	

# 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, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010** 

**Employer identification number** 

THE REASON FOUNDATION 95-3298239 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

pen to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
_		SON FOUNDATION			95-3298239
Pa	art I-A Complete if the orc	janization is exempt un	der section 501(c)	or is a section 527 of	rganization.
2 3	Provide a description of the organize Political expenditures Volunteer hours			▶\$	i
		ganization is exempt un			
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955		j
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 4958	5 <b>&gt;</b> \$	i
	If the organization incurred a section				
	Was a correction made?				Yes No
Pa	o If "Yes," describe in Part IV.  art I-C   Complete if the org	anization is exempt un	der section 501(c)	except section 501	(c)(3)
3	Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and er made payments. For each organization received that were propolitical action committee (PAC). If	s. Add lines 1 and 2. Enter here  1120-POL for this year?  Inployer identification number (Estion listed, enter the amount payonptly and directly delivered to	and on Form 1120-POL  EIN) of all section 527 policy aid from the filing organion a separate political org	olitical organizations to whicization's funds. Also enter to	Yes No ch the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2010

12,067.

119,043.

2,077.

115,635.

17,917.

128,130.

Schedule C (Form 990 or 990-EZ) 2010

0.

126,311.

2,934,714.

32,061.

489,119.

733,679.

(150% of line 2a, column(e))

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

c Total lobbying expenditures

# Schedule C (Form 990 or 990-EZ) 2010 THE REASON FOUNDATION 95-329823 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

res No	Am	ount
	+	
01(c)(5), or s	ection	
	Yes	No
1		
	+	
	1	
1	$\top$	
2a	1	
	+	
	1	
cal		
cal 4		
	1 2 3 01(c)(5), or s -A, line 3 is a 1 2a 2b 2c	1 2 3 001(c)(5), or section -A, line 3 is answered 1 2a 2b 2c

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

THE REASON FOUNDATION

Employer identification number 95-3298239

Pai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		Is or Accounts. Complete if the
	organization answered Tes (010m) 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ac		
_	for charitable purposes and not for the benefit of the donor or		•
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hi	istorically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	s the organization's accounting for
D	conservation easements.	Ast Illated at Tonesan and	Other O'me'll are A a seal a
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	•	
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historical trea		ial gain, provide
	the following amounts required to be reported under SFAS 11		
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Othe	r Similar	Asse	ts (contin	nued)	-9-
3	Using the organization's acquisition, accession									
	(check all that apply):	,	•	· ·						
а	Public exhibition	d	Loan or exc	hange prograr	ms					
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	he organizatio	n's exen	npt purpose	in Par	t XIV.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma						$\square$	Yes		No
Par	t IV Escrow and Custodial Arran							ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?						$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIV									
								Amount		
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" to Fo	rm 990, Part I	V, line 10	).				
		(a) Current year	(b) Prior year	(c) Two years	back (	<b>d)</b> Three year	s back	(e) Four	years	back
1a	Beginning of year balance	42,279.	41,279.	40	,279.					
	Contributions	1,000.	1,000.	1	,000.					
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance	43,279.	42,279.	41	,279.					
2	Provide the estimated percentage of the year	r end balance held a	s:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment	6								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administer	ed for th	e organizati	on			
	by:	-						-	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?					3b		
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.							
	Description of investment	(a) Cost or ot	her (b) Cost	or other	(c) Acc	cumulated		(d) Book	value	<del></del>
	·	basis (investm	nent) basis	(other)	depi	reciation		. ,		
1a	Land									
	Buildings									
С	Leasehold improvements		2	1,725.		21,725	5.			0.
	Equipment		90	1,747.	8	70,709		31	.,0	38.
	Other									
	Add lines 12 through 1e (Column (d) must ex		Y column (R) line 1	(0(a) )				31	. 0	38.

Schedule D (Form 990) 2010

Part VII	Investments - Other Securities. Se	e Form 990, Part X, line 1	2.		
(	(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
(1) Financ	ial derivatives				
	y-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)			-		
(I)	(1) I I 000 D IV I/D\L 40\\				
Dort VII	(b) must equal Form 990, Part X, col (B) line 12.)		10		
Part VII	I Investments - Program Related. S	ee Form 990, Part X, line <sup>.</sup> I	13. T	(-) M-HI (-)	At
	(a) Description of investment type	(b) Book value	Со	(c) Method of valua st or end-of-year mar	
(1)					
(2)					
(3)					
(4)					
(5)			-		
(6)					
(7)			+		
(8)			+		
(9)					
(10)	(b) must equal Form 990, Part X, col (B) line 13.) ▶				
	Other Assets. See Form 990, Part X, line	<u> </u> 			
1 dit ix		Description Description			(b) Book value
(1)	(/				(,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col	lumn (b) must equal Form 990, Part X, col (B) line			<b>&gt;</b>	
Part X	Other Liabilities. See Form 990, Part X,	line 25.			
1.	(a) Description of liability		(b) Amount		
(1) Fe	deral income taxes				
(2)					
(3)				_	
(4)				_	
(5)				-	
(6)				-	
(7)					
(8)					
(8) (9)					
(8) (9) (10)					
(8) (9) (10) (11)					
(8) (9) (10) (11)	lumn (b) must equal Form 990, Part X, col (B) line	25.)	ments that reports the organ	ization's liability for uncerta	in tax positions under

032053

Pa	rt XI Reconciliat	ion of Change in Net Assets from Form	า 990 to <i>I</i>	Audite	d Financi	al State	emen	
1	Total revenue (Form 99	90, Part VIII, column (A), line 12)				1		8,078,062.
2	Total expenses (Form	990, Part IX, column (A), line 25)				2		7,786,662.
3		the year. Subtract line 2 from line 1				3		291,400.
4	Net unrealized gains (I	osses) on investments				4		24,944.
5		use of facilities				5		
6						6		
7		nts				7		
8	Other (Describe in Par	t XIV.)				8		
9	Total adjustments (net	t). Add lines 4 through 8				9		24,944.
10		the year per audited financial statements. Combine				10		316,344.
Pai		ion of Revenue per Audited Financial S						
1		and other support per audited financial statements					1	8,280,875.
2		line 1 but not on Form 990, Part VIII, line 12:			0.4	0.45		
а		n investments		2a	24	,945.	-	
b		use of facilities		2b			-	
С		ar grants		2c	100	0.00	-	
d		t XIV.)		2d	1//	,868.	1 1	202 012
е	5						2e	202,813.
3		ine 1					3	8,078,062.
4		Form 990, Part VIII, line 12, but not on line 1:						
а		not included on Form 990, Part VIII, line 7b		4a			-	
b		t XIV.)		4b				0
_	Add lines <b>4a</b> and <b>4b</b>						4c	0. 8,078,062.
5		es 3 and 4c. (This must equal Form 990, Part I, line					5 Potu	
		ion of Expenses per Audited Financial					1 1	7,964,530.
1		sses per audited financial statements					1	7,304,330.
2		line 1 but not on Form 990, Part IX, line 25:		ا مما				
a		use of facilities		2a			-	
b		S		2b 2c			-	
C		• VIV.)		2d	177	,868.	-	
d	Add lines 2a through 2	t XIV.)					2e	177,868.
3	•						3	7,786,662.
4		ine <b>1</b> Form 990, Part IX, line 25, but not on line <b>1</b> :						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
т а		not included on Form 990, Part VIII, line 7b		4a				
h		t XIV.)		4b			-	
	Add lines <b>4a</b> and <b>4b</b>						4c	0.
		ines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line	e 18.)				5	7,786,662.
	rt XIV Supplemen							, ,
X, lin	e 2; Part XI, line 8; Part	e the descriptions required for Part II, lines 3, 5, and XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. A						
	ASON WEEKEND	2D - OTHER ADJUSTMENTS:						177,868.
		E 2D - OTHER ADJUSTMENTS:						177,000.
REZ	ASON WEEKEND							177,868.
		ADOPTED THE PROVISIONS OF						-
AC	COUNTING FOR	UNCERTAINTY IN INCOME TAX	KES. F	ASB .	ASC NU	MBER	740	-10 CHANGES

032054 12-20-10

95-3298239 Page 5 THE REASON FOUNDATION Schedule D (Form 990) 2010 Part XIV Supplemental Information (continued) THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY CREATING A NEW FRAMEWORK FOR HOW FOUNDATIONS SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLOSE UNCERTAIN TAX POSITIONS IN THEIR FINANCIAL STATEMENTS. UNDER FASB ASC NUMBER 740-10, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH POSITIONS ARE THEN MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON SETTLEMENT. AS OF SEPTEMBER 30, 2011, THE FOUNDATION HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS IN THEIR FINANCIAL STATEMENTS.

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

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Inspection

Schedule G (Form 990 or 990-EZ) 2010

Name of the organization

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

**Employer identification number** THE REASON FOUNDATION 95-3298239 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations □ Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events С In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 」Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events REASON NONE (add col. (a) through WEEKEND col. (c)) (event type) (event type) (total number) Revenue 313,506. 313,506. 1 Gross receipts 55,643. 55,643. 2 Less: Charitable contributions 257,863. 257,863. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 7 8 Entertainment 177,868. 177,868. 9 Other direct expenses 177,868, 10 Direct expense summary. Add lines 4 through 9 in column (d) 79,995. 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2010

Sch	nedule G (Form 990 or 990-EZ) 2010 THE REASON FOUNDATION 95-3	298	239	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
a	a The organization's facility	13a		%
	n outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	.Ш	Yes	└─ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)			
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ı (see	instruc	tions).
_				

# **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

THE REASON FOUNDATION

Employer identification number 95-3298239

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_ '		v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

95-3298239

Page 2

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (iii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(iii) Other reportable compensation
0. 0. 0. 194,00 0. 0. 0. 159,97 0. 0. 0. 151,21 0. 0. 0. 151,21 0. 0. 0. 151,21	(ii) Bonus & incentive compensation
0. 0. 194,090. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 151,214. 0. 0. 0. 0. 151,214.	48,00
0. 0. 159,974. 0. 0. 0. 151,214. 0. 0. 0. 0. 0.	.0 .060
. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10,00
. 0 0 0 151,214. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	,
	214. 10,000.

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

1

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

**Employer identification number** 

95-3298239 THE REASON FOUNDATION Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under

Part II Loans to and/or	From Int	erested F	Persons.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.										
(a) Name of interested person and purpose		an to or from rganization? (c) Original principal amount (d) Balance		(d) Balance due	e <b>(e)</b> In default		(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
Total			•							

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.									
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010 Page **2** 

Part IV Business Transactions Invo	red "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
TERI MOORE	OFFICER'S SPOUSE	7,083.	RUNS A COMP	Yes No
Part V Supplemental Information  Complete this part to provide addition	onal information for responses to question	s on Schedule I. (see	instructions)	
SCH L, PART IV, BUSINESS				
(A) NAME OF PERSON: TERI			<u> </u>	
(D) DESCRIPTION OF TRANSA	ACTION: RUNS A COMPAN	Y WHICH PER	FORMS EDITI	NG
SERVICES FOR THE FOUNDATE	ION STUDIES.			

# **SCHEDULE 0**

Department of the Treasury

Internal Revenue Service

(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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE REASON FOUNDATION

**Employer identification number** 95-3298239

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INDIVIDUAL LIBERTY, FREE MARKETS, AND THE RULE OF LAW. JOURNALISM AND PUBLIC POLICY RESEARCH TO INFLUENCE THE FRAMEWORKS AND ACTIONS OF POLICYMAKERS, JOURNALISTS, AND OPINION LEADERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPINION LEADERS.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING WITH THE IRS THE DRAFT 990 WILL BE EMAILED TO THE ENTIRE BOARD OF TRUSTEES FOR REVIEW, FEEDBACK WILL BE PROVIDED TO THE CFO.

FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES AND OFFICERS OF THE FOUNDATION WILL COMPLETE A FORM TO CERTIFY THAT THERE ARE NO EXISTING IF THERE ARE ANY CHANGES TO THAT STATUS THEY WILL COMPLETE AND SUBMIT ANOTHER FORM.

OTHER EMPLOYEES HAVE CERTIFIED THAT THEY ARE AWARE OF THE POLICY AND WILL DISCUSS AND POTENTIAL CONFLICTS WITH THEIR IMMEDIATE SUPERVISOR.

FORM 990, PART VI, SECTION B, LINE 15: COMPARABLE DATA WAS ASSEMBLED FROM PUBLIC 990 FILINGS FOR SIMILAR POSITIONS WITHIN OTHER NONPROFIT ORGANIZATIONS AND PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES WITH RECOMMENDATIONS FOR COMPENSATION. THE FINANCE COMMITTEE THEN DISCUSSED AND APPROVED COMPENSATION IN AN EXECUTIVE COMMITTEE MEETING OF THE FULL BOARD.

36

Name of the organization  THE REASON FOUNDATION	Employer identification number 95-3298239
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,ME,MD,MA,MI,MN,MS,NH,	NJ,NM,NY,NC,ND,OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, DC, WV, WI, KY, LA, MO	
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST THE D	OCUMENTS WILL BE
MAILED OR E-MAILED TO THE REQUESTING PARTY.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	24,944.
FORM 990, PART XI, LINE 2C	
THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES OVERSIGHT OVER	
	HAS REMAINED
THE SAME AS PRIOR YEAR.	

# 2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10	
990 PAGE	
066	10
	PAGE
	990

Description		Ending Accumulated Depreciation		866,124.	21,725.	4,585.	892,434.	892,434.							ion GO Zone
## Description   Description   Description   Description   Description   Acquired   Method   Life   Cast Of Basis   Expense   Page   Reduction   Page   Page					0	-	20,025.	20,025.							tation Deduct
Description  Description  Description  TAND GENERAL  R. PIXTURES  WARIOUS  E. PIXTURES  WARIOUS  E. D. MYHE  E. PIXTURES  WARIOUS  E. D. O. HYHE  E. D. 725.  E. PIXTURES  O7/01/10  S. D. O. HYHE  923,472.  923,472.		Current Sec 179 Expense													letived leioner
Description  Description  Description  TAND GENERAL  E FIXTURES  VARIOUS  E FIXTURES  VARIOUS  SE 5.00 HYML6  21,725.  E PIXTURES  O7/01/10 SL 3.00 HYML6  923,472.  923,472.		Beginning Accumulated Depreciation		850,684.	21,725.		872,409.	872,409.							Ropus Comp
Description  Description  Description  TAND GENERAL  E FIXTURES  VARIOUS  E FIXTURES  VARIOUS  SE 5.00 HYML6  21,725.  E PIXTURES  O7/01/10 SL 3.00 HYML6  923,472.  923,472.		Basis For Depreciation			21,725.	20,848.	923,472.	923,472.							TC Salvada
## Date   Method   Life   CostOfPBasis   Exciption		Reduction In Basis													*
Date Method Life C Line Unadjusted Cost Of Basis & PIXTURES VARIOUS SL 3.00 HYL6 880,899.  IMPROVEMENTS VARIOUS SL 5.00 HYL6 20,848.  E 10 TOTAL  TAND GENERAL  OTAL 990 PAGE 10  923,472.		Section 179 Expense													
Date Method Life 0 Line No.	066	Bus % Excl													) 0 0 0
Date Acquired Method Life C Info No. No. No. NARIOUS SL 3.00 HY16  E FIXTURES VARIOUS SL 5.00 HY16  E 10 TOTAL T AND GENERAL OTAL 990 PAGE 10		Unadjusted Cost Or Basis			21,725.	20,848.	923,472.	923,472.							besonsid tesset (I)
Description  Tand General  Reflectived Method Life  Acquired Method Life  Reflectives Signature Signature Signature  Reflectives Signature  Reflec		Line No.		1716	1Y1 6	1716									=
Description Acquired Method T AND GENERAL  & FIXTURES  VARIOUS SL  & FIXTURES  O7/01/10 SL  T AND GENERAL  OTAL 990 PAGE 10															
Description T AND GENERAL E FIXTURES VARIOUS T AND GENERAL T AND GENERAL OTAL 990 PAGE 10															
Aeset  MANAGEMENT AND GENERAL  1 FURNITURE & FIXTURES  2 LEASEHOLD IMPROVEMENTS  * 990 PAGE 10 TOTAL  MANAGEMENT AND GENERAL  * GRAND TOTAL 990 PAGE 10  DEPR															
Asset Asset 1 1 2 2 2 2 2 2 3 3 3 3 3 111	0 PAGE 10	Description	MANAGEMENT AND GENERAL	FURNITURE & FIXTURES	LEASEHOLD IMPROVEMENTS	FURNITURE & FIXTURES	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL	* GRAND TOTAL 990 PAGE 10 DEPR							
	)RM 99(	Asset No.	_ 4				. 4	н							028111

37.1

	990-T		xempt Organization Bus	ler se	ction 6033(e))			OMB No. 1545-0687
Depar Interna	tment of the Treasury al Revenue Service	For c	alendar year 2010 or other tax year beginning OCT 1	., 2	010 , and ending SE	EP 30, 20	11	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed		Name of organization ( Check box if name of				D Emplo	oyer identification number oyees' trust, see ctions.)
<b>B</b> E:	kempt under section	Print	THE REASON FOUNDATION				9	5-3298239
X	]501( <b>c</b> )(3)	_ or	Number, street, and room or suite no. If a P.O. bo	x, see ir	nstructions.			ated business activity codes instructions.)
	]408(e)	Туре	3415 S. SEPULVEDA BOUL	EVA	RD, NO. 400		(000)	iou doublio.j
	408A 530(a)		City or town, state, and ZIP code				1	
	]529(a)		LOS ANGELES, CA 90034	-60	64		511	120
			exemption number (See instructions.)	<b></b>				
	end of year	<b>G</b> Checl	k organization type 🕨 🔃 501(c) corporatio	n L	501(c) trust	401(a) trust		Other trust
	,344,900.							
			, , , ,		STATEMENT 1			
			poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	<b>&gt;</b>	Ye	s X No
			tifying number of the parent corporation.				210	\ 201 2045
			JONATHAN GRAFF			ne number (B) Expense		) 391-2245 (C) Net
			de or Business Income	_	(A) Income	(B) Expense	8	(C) NEL
	Gross receipts or sale			4.				
	Less returns and allo		c Balance	1c 2				
			A, line 7)	3				
3	Gross profit. Subtrac			4a				
			h Schedule D) 'art II, line 17) (attach Form 4797)	4a 4b				
				40 4c				
			sts ips and S corporations (attach statement)	5				
6	Rent income (Schedu		ips and 3 corporations (attach statement)	6				
7			me (Schedule E)	7				
8			and rents from controlled organizations (Sch. F)	8				
9		-	on 501(c)(7), (9), or (17) organization					
ð			511 30 1(C)(7), (9), 01 (17) 01 ganization	9				
10			ome (Schedule I)	10	21,541.	13,4	131.	8,110.
11			e J)	11	98,019.	122,5		<24,534.>
12			ns; attach schedule.)	12	3070131		,,,,,,	(21/3314)
			gh 12	13	119,560.	135,9	84.	<16,424.>
Pa			ot Taken Elsewhere (See instructions for		-		V = V	12072220
			utions, deductions must be directly connecte			income.)		
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15	Salaries and wages						15	
16	Repairs and mainter	nance .					16	
17							17	
18							18	
19	Taxes and licenses						19	
20			e instructions for limitation rules.)				20	
21			562)					
22			n Schedule A and elsewhere on return				22b	
23							23	
24	Contributions to def	rerred co	mpensation plans				24	
25	Employee benefit pr	rograms	abadula I)				25	
26	Excess exempt expe	enses (S	chedule I)				26	
27	Other deductions (	iusis (Sc	hedule J)				27	
28	Total deductions (a	riacii sci	nedule)				28	0.
29	I otal deductions	tavabla :	nes 14 through 28ncome before net operating loss deduction. Subtrac	ot line O	0 from line 12		29	<16,424.>
30 31							30	<u> </u>
32	Unrelated business	tayahla i	n (limited to the amount on line 30)	rom line			32	<16,424.>
33			y \$1,000, but see instructions for exceptions.)				33	1,000.
34			able income. Subtract line 33 from line 32. If line				00	= , 5 0 0 0
	of zero or line 32	LUD LUM	and an arrange of the state of	20 10 gi	OZ, OHO! UI		34	<16,424.>

self- employed Paid P00109165 KURT KILWEIN **Preparer** Firm's name ► NSBN LLP 95-2399533 Firm's EIN **Use Only** 9454 WILSHIRE BLVD., 4TH FLOOR Firm's address ▶ BEVERLY HILLS, CA 90212-2907 (310)273-2501 Phone no.

023721 03-03-11

95-3298239

Schedule C - Rent Income  1. Description of property	<del>-</del>	<u> </u>						<u> </u>
(1)								
(2)								
(3)								
(4)								
(-1)	2. Rent receiv	ved or accrued						
(a) From personal property (if the rent for personal property is m 10% but not more than 5	ore than	` 'of rent for p	and personal proper personal property ex at is based on profit	ceeds 50% or if	age	<b>3(a)</b> Deductions direct columns 2(a)	tly con and 2(	nected with the income in b) (attach schedule)
(1)	,		· ·	,				
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of column						(b) Total deductions. Enter here and on page 1		
here and on page 1, Part I, line 6, colu	mn (A)	<b>&gt;</b>			0.	Part I, line 6, column (B)	🕨	0
Schedule E - Unrelated De	ebt-Finance	d Income (see	instructions)		1	3. Deductions directly of	onnect	red with or allocable
			2. Gross in	come from		to debt-fina		property
1. Description of debt	t-financed property		or allocabl financed		(a)	Straight line depreciation (attach schedule)	Ī	(b) Other deductions (attach schedule)
(1)							$\dashv$	
(2)							$\top$	
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			+	
(2)				%				
(3)				%				
(4)				%	<u> </u>			
(9	-1		1		1	nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals							0.	0
Total dividends-received deductions	included in colum	n 8					ightharpoonup	0 -
Schedule F - Interest, Anr	nuities, Roya	Ities, and Rer	nts From C	ontrolled	Orgai	<b>nizations</b> (see in	struc	tions)
		Exemp	ot Controlled C	Organizations	3			
1. Name of controlled organization	Employer id num	entification Net un	3. nrelated income (see instructions)	Total of s payment	pecified	5. Part of column 4 included in the controrganization's gross i	olling	connected with income
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organization	ons	•		•				
7. Taxable Income 8	Net unrelated incon (see instructions		otal of specified pay made		in the cont	column 9 that is included crolling organization's ross income	11.	Deductions directly connected with income in column 10
(1)		+						
(2)		<del></del>						
		<del></del>						
(3)		+						
(4)				-		alumana E. J. J. C		Add advance of the
				E	Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totals						0.		0
Totals						J • [		Form <b>990-T</b> (2010

Form 990-T (2010) THE RE	ASON FOUND	ATION			95-329823	9 Page
Schedule G - Investme (see instr		Section 501(c)(	7), (9), or (17) Or	ganization		
1. Descr	ription of income		2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						
(2) (3) (4)						
(3)						
(4)			Enter have and as a second			Catan base and an area
			Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page Part I, line 9, column (B)
			0.			0
Schedule I - Exploited (see instru		Income, Othe	r Than Advertisi	ng Income		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	STATE 3 Lexpenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<b>5.</b> Gross income from activity that is not unrelated business income	<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) MAILING LIST						
(2) RENTAL	21,541.	13,431.	8,110.			
(3)						
(4)						
Totala	Enter here and on page 1, Part 1, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ► Schedule J - Advertisi						
	Periodicals Repo		solidated Basis			
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2) (3)						
(3)						
(4)						
Totals (carry to Part II, line (5))	▶		•			0
	Periodicals Repo 7 on a line-by-line ba		<b>arate Basis</b> (For e	ach periodical liste	ed in Part II, fill in	
		1	A Advantising sain	1	1 1	7 Fyees readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) REASON MAGAZI	NE 98,019	9. 122,553	. <24,534	•>		
(2)	,	-	,			
(3)						
(4)						
(5) Totals from Part I		0.0	•			0
	Enter here and o page 1, Part I, line 11, col. (A).	n Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶ 98,019	9. 122,553	•			0
Schedule K - Compens				instructions)		

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form **990-T** (2010)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

THE REASON FOUNDATION PUBLISHES REASON MAGAZINE ON A MONTHLY BASIS.
THE MAGAZINE GENERATES UNRELATED BUSINESS INCOME IN THE FORM OF MAGAZINE ADVERTISING.

TO FORM 990-T, PAGE 1

FOOTNOTES STATEMENT 2

ELECTION TO WAIVE THE NET OPERATING LOSS CARRYBACK PERIOD

THE REASON FOUNDATION ELECTS, PURSUANT TO SEC. 172(B)(3) OF THE INTERNAL REVENUE CODE, TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED SEPTEMBER 20, 2011, AND WILL HAVE SUCH LOSS AVAILABLE FOR CARRYFORWARD ONLY.

FORM 990-T	SCHEDULE I - EXPENSES PRODUCTION OF UNRI			STATEMENT	3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
LIST PREPARAT	ION AND MEDIA - SUBTO	—————————————————————————————————————	13,431.	13,43	31.
TOTAL OF FORM	990-T, SCHEDULE I, COI	LUMN 3		13,43	31.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No. **67** 

OMB No. 1545-0172

Identifying number

### THE REASON FOUNDATION

FORM 990 PAGE 10

Business or activity to which this form relates

990

95-3298239

Pá	art   Election To Expense Certain Prope	rtv Under Section 1	79 Note: If you have any li	sted pro	opertv. c	omplete Part	V befo	ore v	ou complete Part I.
					-	-		1	500,000.
	Total cost of section 179 property place							2	, , , , , , , , , , , , , , , , , , , ,
	Threshold cost of section 179 property							3	2,000,000.
	Reduction in limitation. Subtract line 3							4	
	Dollar limitation for tax year. Subtract line 4 from line							5	
6	(a) Description of pr		(b) Cost (busi			(c) Elected			
7	Listed property. Enter the amount from	line 29			7				
8	Total elected cost of section 179 prope	erty. Add amounts	s in column (c), lines 6 and	d 7				8	
9	Tentative deduction. Enter the <b>smaller</b>	of line 5 or line 8					[	9	
	Carryover of disallowed deduction from							10	
11	Business income limitation. Enter the s	maller of busines:	s income (not less than ze	ero) or lii	ne 5			11	
12	Section 179 expense deduction. Add li	nes 9 and 10, but	t do not enter more than I	ine 11 <u>.</u>				12	
	Carryover of disallowed deduction to 2			▶	13				
	te: Do not use Part II or Part III below fo	r listed property. I	Instead, use Part V.						
	art II Special Depreciation Allowa		<u> </u>						
14	Special depreciation allowance for qua	lified property (ot	her than listed property) p	olaced ir	n service	during			
								14	
15	Property subject to section 168(f)(1) ele	ection					L	15	00.005
								16	20,025.
Pa	art III MACRS Depreciation (Do no	ot include listed p		s.)					
			Section A						
17	MACRS deductions for assets placed i	n service in tax ye	ears beginning before 201	0			<u></u>	17	
	If you are electing to group any assets placed in ser	vice during the tax year	into one or more general asset ac	counts, ch	neck here	<b>&gt;</b> _			
	If you are electing to group any assets placed in ser	vice during the tax year	into one or more general asset acce During 2010 Tax Year	counts, ch	neck here	<b>&gt;</b> _	ation \$		em
	If you are electing to group any assets placed in ser	vice during the tax year	into one or more general asset ac	Using t	neck here	<b>&gt;</b> _	ation (f) Met	Syst	em  (g) Depreciation deduction
	If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property	Placed in Servic  (b) Month and year placed	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	Using t	neck here the Gen Recovery	eral Deprecia		Syst	
18	If you are electing to group any assets placed in service Section B - Assets  (a) Classification of property  3-year property	Placed in Servic  (b) Month and year placed	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	Using t	neck here the Gen Recovery	eral Deprecia		Syst	
18 19a	Section B - Assets  (a) Classification of property  3-year property  5-year property	Placed in Servic  (b) Month and year placed	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	Using t	neck here the Gen Recovery	eral Deprecia		Syst	
18 19a	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property	Placed in Servic  (b) Month and year placed	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	Using t	neck here the Gen Recovery	eral Deprecia		Syst	
18 19a b	If you are electing to group any assets placed in sering Section B - Assets  (a) Classification of property  3-year property 5-year property 7-year property 10-year property	Placed in Servic  (b) Month and year placed	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	Using t	neck here the Gen Recovery	eral Deprecia		Syst	
19a	If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  3-year property 5-year property 7-year property 10-year property 15-year property	Placed in Servic  (b) Month and year placed	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	Counts, ch	neck here the Gen Recovery period	eral Deprecia	(f) Met	Syste	
19a	If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Placed in Servic  (b) Month and year placed	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	counts, ch	neck here the Gen Recovery period	eral Deprecia (e) Convention	(f) Met	System thou for the system of	
19a b c c c c c c c c c c c c c c c c c c	If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	Placed in Servic  (b) Month and year placed	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	counts, ch	the Gen Recovery period  5 yrs. 5 yrs.	eral Deprecia (e) Convention	(f) Met	System thoo	
19a b c c c c c f	If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	Placed in Servic  (b) Month and year placed	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	25 27	the Gen Recovery period  5 yrs. 5 yrs. 5 yrs.	eral Deprecia  (e) Convention  MM  MM	(f) Met	System of the sy	
19a b c c c c c c c c c c c c c c c c c c	If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  a 3-year property 5-year property 7-year property 10-year property 21-year property 20-year property 25-year property Residential rental property	Placed in Servic  (b) Month and year placed	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	25 27	the Gen Recovery period  5 yrs. 5 yrs.	eral Deprecia  (e) Convention  MM  MM  MM	(f) Met	System of the sy	
19a b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property	vice during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	into one or more general asset acce During 2010 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	25 27 38	the Gen Recovery period  5 yrs5 yrs5 yrs9 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM	(f) Met	System of the sy	(g) Depreciation deduction
192 b c c c c c c c c c c c c c c c c c c	If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  a 3-year property 5-year property 7-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property  Section C - Assets F	vice during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	into one or more general asset acce During 2010 Tax Year (c) Basis for depreciation (business/investment use	25 27 38	the Gen Recovery period  5 yrs5 yrs5 yrs9 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM	(f) Met	System Sy	(g) Depreciation deduction
19a b c c c c c c c c c c c c c c c c c c	If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  a 3-year property 5-year property 7-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property  Section C - Assets F	vice during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	into one or more general asset acce During 2010 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	counts, che Using the counts of the counts o	5 yrs. 5 yrs. 5 yrs. 9 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM	(f) Med  S/	System Sy	(g) Depreciation deduction
19a b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year	vice during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	into one or more general asset acce During 2010 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	counts, che Using to  (d) F F  25  27  27  39  JSing th	5 yrs. 5 yrs. 5 yrs. 9 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	(f) Med  S/	Systematics System	(g) Depreciation deduction
19a b c c c c c c c c c c c c c c c c c c	If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property  Section C - Assets F Class life 12-year 40-year	vice during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	into one or more general asset acce During 2010 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	counts, che Using to  (d) F F  25  27  27  39  JSing th	5 yrs. 5 yrs. 5 yrs. 9 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM	(f) Med  S/	Systematics System	(g) Depreciation deduction
18 192 b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  a 3-year property b 5-year property c 7-year property c 10-year property c 20-year property c 25-year property d Nonresidential rental property Nonresidential real property Class life c 12-year c 40-year Section C - Assets F c 40-year Summary (See instructions.)	vice during the tax year  Placed in Service  (b) Month and year placed in service  (b) Mosth and year placed in service  //	into one or more general asset acce During 2010 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	25 27 27 35 Jsing th	the Gen Recovery beriod  5 yrs. 5 yrs. 5 yrs. 9 yrs.  10 yrs. 10 yrs. 11 yrs. 12 yrs. 12 yrs. 13 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	(f) Med  S/	Systematic	(g) Depreciation deduction
18 19a b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets F Class life 12-year 240-year Summary (See instructions.) Listed property. Enter amount from line	// // // // // // // // // // // // //	into one or more general asset acce During 2010 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	25 27 27 39 Jsing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs. 0 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	(f) Med  S/	Systematics System	(g) Depreciation deduction
18 19a b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets F  a Class life 12-year 40-year  Aut IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	// // // // // // // // // // // // //	into one or more general asset acce During 2010 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)  During 2010 Tax Year L  During 2010 Tax Year L	25 27 27 30 Jsing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 10 yrs. 11 yrs. 12 yrs. 13 yrs. 14 yrs. 15 yrs. 15 yrs. 16 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	(f) Med	Systematic	(g) Depreciation deduction
18 19a b c d e f g h i 20a k c 21 22	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets F  a Class life 12-year 40-year art IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines Enter here and on the appropriate lines	// Placed in Service  (b) Month and year placed in service  // // // // // // // // // // // // /	into one or more general asset acce During 2010 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)  During 2010 Tax Year Least 19 and 20 in column (artnerships and S corporations)	25 27 27 30 Jsing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 10 yrs. 11 yrs. 12 yrs. 13 yrs. 14 yrs. 15 yrs. 15 yrs. 16 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	(f) Med	Systematic	(g) Depreciation deduction
18 19a b c d e f g h i 20a k c 21 22	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets F  a Class life 12-year 40-year  Aut IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	// Placed in Service  (b) Month and year placed in service  // // // // // // // // // // // // /	into one or more general asset acce During 2010 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)  During 2010 Tax Year Least 19 and 20 in column (artnerships and S corpora e current year, enter the	25 27 27 39 Jsing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 10 yrs. 11 yrs. 12 yrs. 13 yrs. 14 yrs. 15 yrs. 15 yrs. 16 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	(f) Med	Systematic	(g) Depreciation deduction

Form 4562 (2010)	THE	REASON	FOUNDATIO	N			95-3298	239 Page 2
Part V Listed Propert amusement.)	ty (Include a	utomobiles, certa	ain other vehicles,	, certain computers	s, and pro	perty used for e	ntertainment, rec	creation, or
Note: For any water through (c) of S	vehicle for wi Section A, all	hich you are usin of Section B, an	ng the standard mind Section C if app	ileage rate or dedu olicable.	cting lease	e expense, comp	olete <b>only</b> 24a, 2	4b, columns (a)
Section A -	Depreciation	on and Other In	formation (Caution	on: See the instruc	tions for li	mits for passeng	ger automobiles.)	)
24a Do you have evidence to s	support the bu	siness/investment	use claimed?	Yes No	<b>24b</b> If "Y	es," is the evide	nce written?	Yes No
(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allo	owance for q	ualified listed pro	operty placed in s	ervice during the t	ax year an	nd		
used more than 50% in	a qualified b	usiness use				25		
26 Property used more tha	n 50% in a c	ualified busines	s use:			•		•
	1 1	%						
	1 1	%						
	1 1	%						
27 Property used 50% or le	ess in a quali	fied business us	se:		•	•	•	•
	: :	%				S/L -		
	1			1	i e		1	

### Section B - Information on Use of Vehicles

S/L -

28

29

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

%

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	· · · · · · · · · · · · · · · · · · ·	(a Veh	•	(k Veh	o) icle	Veh	•	Veh	,	(€ Veh	•	(1 Veh	•
	year (do not include commuting miles)  Total commuting miles driven during the year  Total other personal (noncommuting) miles driven												
33	Total miles driven during the year.  Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
P	art VI Amortization		·

Part VI Amortization										
(a) Description of costs	(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e) Amortizat period or pero		<b>(f)</b> Amortization for this year				
42 Amortization of costs that begins during your 2010 tax year:										
	: :									
	: :									
43 Amortization of costs that began before your 2		43								
44 Total. Add amounts in column (f). See the inst	44									

## Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047
2009
Open to Public Inspection

Α	For the	2009 ca	lendar year, or tax year beginning ${ m OCT}~1$ , ${ m ~2009}$ and ending	SEP 30, 2010	
В	Check if	Please	C Name of organization	D Employer identifi	cation number
		use IRS			
	Addres	ss label or print or	THE REASON FOUNDATION		
F	Name change	type.	Doing Business As	95-3	298239
F	initiai return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/sui		
F	Termin ated	0 10	3415 S. SEPULVEDA BOULEVARD 400	(310	
F	Amend	Instruc- led tions.		G Gross receipts \$	7,339,087.
F	⊒return ⊒Applica ⊒tion	a-	City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90034-6064		······································
	⊥ltion pendin		ne and address of principal officer:DAVID NOTT	H(a) Is this a group re	Yes X No
			TE AS C ABOVE	for affiliates?	
				H(b) Are all affiliates inc	
			us: X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
			W.REASON.ORG	H(c) Group exemptio	
				ar of formation: 19/0/	M State of legal domicile; CA
	art I	Summ	<del>_</del>	THE A DESIGNATION	THE TOTAL
8	1 !	Briefly de	scribe the organization's mission or most significant activities: TO ADVANC	LE A FREE SOC	TELL BA
Governance			OPING, APPLYING, AND PROMOTING LIBERTARI		
/err			s box Lifthe organization discontinued its operations or disposed of m	1	
ģ			of voting members of the governing body (Part VI, line 1a)		20
જ			of independent voting members of the governing body (Part VI, line 1b)		18
Activities &	5	lotal num	nber of employees (Part V, line 2a)		40
ξį	6	Total num	nber of volunteers (estimate if necessary)	<u>6</u>	
Ac			ss unrelated business revenue from Part VIII, column (C), line 12		125,514.
	b	Net unrel	ated business taxable income from Form 990-T, line 34		<3,606.
Revenue	_			Prior Year	Current Year
	1		ions and grants (Part VIII, line 1h)	6,093,799.	6,399,733.
			service revenue (Part VIII, line 2g)	779,086.	768,335.
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)	78,392.	
	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<36,206.	
	-		enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,915,071.	7,196,010.
			nd similar amounts paid (Part iX, column (A), lines 1·3)		
			oaid to or for members (Part IX, column (A), line 4)	3 500 701	2 774 600
ses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,582,791.	3,771,622.
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		
꿃	b		draising expenses (Part IX, column (D), line 25) 758,154.	2 100 610	2 000 166
_	17		penses (Part IX, column (A), lines 11a·11d, 11f-24f)	3,129,617.	
			enses. Add lines 13·17 (must equal Part IX, column (A), line 25)	6,712,408.	
		Revenue	less expenses. Subtract line 18 from line 12	202,663.	
Net Assets or	3		<b>†</b>	Beginning of Current Year	End of Year
SSE	20		ets (Part X, line 16)	4,463,208.	4,836,507.
etA	21		ilities (Part X, line 26)	994,639.	899,917.
			ts or fund balances. Subtract line 21 from line 20	3,468,569.	3,936,590.
L	art II		ture Block	to and to the best of my (mayles	lee and ballet It le true coveret
		and comple	alties of perjury, I declare that I have examined this return, including accompanying schedules and statemer ete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	dge,	ige and belief, it is true, correct,
				1	
Sig		Sin	nature of officer	 Date	
He	re	l <sup>-</sup>		Dato	
			AVID NOTT, PRESIDENT AND CEO e or print name and title		
			,	Check if Prepa	rer's identifying number
Pa	id	Preparer'	° •	self- (see in	nstructions)
Pre	parer's	signature Firm's nam		employed	
Us	Only	yours if	ирым ппе	EIN ►	
	-	self-emplo address, ar	nd District Property		210\072 0501
		ZIP + 4	BEVERLY HILLS, CA 90212-2907	Phone no. ► (	310)273-2501
Ma	ıv the IF	3S discus	ss this return with the preparer shown above? (see instructions)		X Yes No

	990 (2009) THE REASON FOUNDATION 95-329	8239	Page 2
Pai	rt III   Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION		
	TO ADVANCE A FREE SOCIETY BY DEVELOPING, APPLYING, AND PROMOTI		
	LIBERTARIAN PRINCIPLES, INCLUDING INDIVIDUAL LIBERTY, FREE MAR		
	AND THE RULE OF LAW. WE USE JOURNALISM AND PUBLIC POLICY RESE		
	INFLUENCE THE FRAMEWORKS AND ACTIONS OF POLICYMAKERS, JOURNALI	STS,	AND
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	└─ <b>Yes</b>	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	SEE SCHEDULE O FOR CONTINUATION(S)		
4a	(Code: ) (Expenses \$ 1,268,247 • Including grants of \$ ) (Revenue \$		)
	REASON.TV		
	PRODUCING FREE MARKET IDEAS THROUGH VIDEO JOURNALISM ONLINE.		
	339 VIDEOS PRODUCED		
	AVERAGE OF 495,000 VIDEOS PLAYED EACH MONTH (INCLUDES YOUTUBE.	COM	
	PLAYCOUNT)		
	8.8 MILLION TOTAL VISITS TO THE REASON.TV WEBSITE (INCLUDES EM	BEDDE	D
	VIDEOS ON REMOTE SITES)		
			· · · · · · · · · · · · · · · · · · ·
4b	(Code: ) (Expenses \$ 2,346,083 • including grants of \$ ) (Revenue \$	750,	790. <sub>)</sub>
	REASON MAGAZINE		
	DISCUSSING "FREE MINDS AND FREE MARKETS" SINCE 1968.		
	11 ISSUES PUBLISHED		
	42,000 PAID/REQUESTED COPIES		
	1,600 NEWSSTAND COPIES SOLD		······································
	AVERAGE OF 3.4 MILLION USER VISITS PER MONTH AT REASONONLINE		<del></del>
		***************************************	******************
			·····
		***************************************	
		**************************************	
		Errore Brown - Branco	
4c	(Code: ) (Expenses \$ 2,006,442. including grants of \$ ) (Revenue \$	***************************************	· ·
	REASON FOUNDATION		•
	RESEARCH AND ANALYSIS OF ISSUES RELATING TO PRIVATIZATION,		
	TRANSPORTATION, EDUCATION, LAND USE, AND THE ENVIRONMENT; EDUC	ATION	AL
	OUTREACH FROM A LIBERTARIAN PERSPECTIVE TO POLICYMAKERS, RELEV		
	STAKEHOLDERS, AND THE GENERAL PUBLIC.		
	8900 ARTICLES CITING REASON EXPERTS	·	
	TOTAL CIRCULATION OF ARTICLES: 938 MILLION	**************************************	
	1485 MEDIA APPEARANCES BY REASON EXPERTS	·	
	16 APPEARANCES TO PROVIDE LEGISLATIVE TESTIMONY; 20 POLICY STU	DTEG.	3,2,1
	COMMENTARIES AND OP-EDS; 12 SURFACE TRANSPORTATION INNOVATIONS		201
	NEWSLETTERS; 12 AIR SECURITY NEWSLETTERS; 12 AIR TRAFFIC CONTR		
	HENDERTTEND! TO HILL DECONTIL HENDERTIEND! TO BIN HULLIC CONT.	·OH	

4d Other program services. (Describe in Schedule O.)

242,546. including grants of \$
vice expenses ▶\$ 5,863,318. Total program service expenses ►\$

NEWSLETTERS; 3 PRIVATIZATION WATCH NEWSLETTERS; 4 REASON REPORT

4e

) (Revenue \$

# Form 990 (2009) THE REASON FOUNDATION | 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	10.	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI.	. :		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		1.50	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			i.
•	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.		4	1.
•	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.			-
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		2.7	
•	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? If "Yes," complete Schedule D, Part X.			<u>.</u>
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Yes No 12A X	*mando li re-ace		::
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	************	************	x
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20	-	$\frac{\Lambda}{X}$
20	Did the organization operate one of more hospitals? It is res, complete ochedule?		990	(2009)

# Form 990 (2009) THE REASON FOUNDATION Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			<b>.</b> .,
	Schedule K. If "No", go to line 25	24a		X
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	١		
	any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	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	051-		X
00	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		<u> </u>
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
41	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ļ		ļ
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			<del> </del>
	instructions for applicable filling thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	1
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	-		<del></del>
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	10,000		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
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		X
34	Was the organization related to any tax-exempt or taxable entity?		ļ	l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		1	
	If "Yes," complete Schedule R, Part V, line 2	35	ļ	X
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	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		<sub>v</sub>	
	Note. All Form 990 filers are required to complete Schedule O.	38	<u> </u>	

Form **990** (2009)

# Form 990 (2009) THE REASON FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
<b>1</b> a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 32			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	X	
<b>2</b> a	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 2a 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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		<u> </u>
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ <u>x</u> _
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			~~
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			77
_	benefit contract?	7e		X
f	5 · · · · · · · · · · · · · · · · · · ·	7f	<u> </u>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	_	1 .	
	at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations, Enter:			:
a	Initiation fees and capital contributions included on Part VIII, line 12 10 for public year of club facilities 10 10 10 10 10 10 10 10 10 10 10 10 10	3.77		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	- '
11	Section 501(c)(12) organizations. Enter:	1.54		
a	Gross income from members or shareholders  Gross income from ether sources (De not not amounts due or poid to other sources against	434		] ;
Ð	Gross income from other sources (Do not net amounts due or paid to other sources against		in the	1
120	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?	100		
		12a		
U	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Form	gan	(2009)
		1 0111	000	(CUU2)

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

<u>Sec</u>	tion A. Governing Body and Management						
		1		0.05		Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>		20			
b	Enter the number of voting members that are independent		<u> </u>	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				_		77
_	officer, director, trustee, or key employee?				_2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the		-		ا ۾		v
,	of officers, directors or trustees, or key employees to a management company or other person?			r	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo				4		<u>x</u>
5	Did the organization become aware during the year of a material diversion of the organization's asserbance the organization become aware during the year of a material diversion of the organization's asserbance of the organization become aware during the year of a material diversion of the organization's asserbance of the organization of the org				5		$\frac{x}{X}$
6	Does the organization have members or stockholders?				6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more m governing body?			l	70		х
h	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other pe				7a 7b		$\frac{\lambda}{X}$
				······	70		<u></u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken by the following:	uurin	y u le year				
					8a	Х	
a h	The governing body?				oa 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			····· }	ŲΩ	-1	
9	· · · · · · · · · · · · · · · · · · ·		at trie	ļ	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				<u> </u>		
	The second of th	.0,011				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			[	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such						
					10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before				11	X	
11A		-	f				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co						
	to conflicts?	_			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If						
	in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?				13	X	
14	Does the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approx	val by	independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					l	1
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
	taxable entity during the year?				16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev			on		]	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	ganiza	tion's				1 .
-	exempt status with respect to such arrangements?		46-44-44-44-44-44		16b	<u></u>	<u></u>
<del></del>	etion C. Disclosure	C7 .	יים חום מי		TIT	TT	עמ
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, (					, 11	1,45
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	-1 (50	(c)(3)s only) av	/allable	tor		
	public inspection. Indicate how you make these available. Check all that apply.						
40	Own website Another's website X Upon request		4 -4  -4	alle: ·			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	contli	at of interest p	olicy, ar	na fina	ancial	
00	statements available to the public.	م امران		!-	u.		
20	State the name, physical address, and telephone number of the person who possesses the books $3000000000000000000000000000000000000$	and re	coras of the o	rganıza	tion: 🎚		
	3415 S SEPULVEDA BLVD, SUITE 400, LOS ANGELES, CA	۵n	034				
-	2412 6 SEEOUAEDA DUAN, SOTTE 400, DOS WIGEDES, CA	20	∪ J <del>'</del> ±				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did no		y cu	ırren			, dire	ecto			
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(0)			Reportable	Reportable	Estimated			
	hours per	<del>-</del>	necr	( aii	ınaı	арр	iy)	compensation from	compensation from related	amount of other
	week	Individual trustee or director						the	organizations	compensation
		or di	8			sated		organization	(W-2/1099-MISC)	from the
		ustee	nstitutional trustee		22	ubeus		(W-2/1099-MISC)		organization
		dualt	тюпа	_	nploy	st cor	ber.			and related
		Indivi	ınstit	Officer	Key employee	Highest compensated employee	Forme			organizations
WILLIAM A. DUNN			_	_					***************************************	
CHAIRMAN	1.00	х		Х				0.	0.	0.
THOMAS E. BEACH										
TRUSTEE	1.00	Х						0.	0.	0.
DREW A. CAREY										
TRUSTEE	1.00	X						0.	0.	0.
DERWOOD S. CHASE, JR.	1									
TRUSTEE	1.00	X					<u> </u>	0.	0.	0.
JAMES R. CURLEY	1 00									_
TRUSTEE	1.00	X				_		0.	0.	0.
RICHARD J. DENNIS	1 1 00	٦,						_		_
TRUSTEE DAVID FLEMING	1.00	X	ļ	ļ	ļ	ļ	<u> </u>	0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
JAMES D. JAMESON	1.00	1	├	┢	ļ	-	_	U •	U •	V •
TRUSTEE	1.00	x						0.	0.	0.
MANUEL S. KLAUSNER		-	┢	<del> </del>		-			0.	<u>.</u>
TRUSTEE	1.00	x						0.	0.	0.
DAVID H. KOCH		<del>                                     </del>	-	<u> </u>		<del> </del>				
TRUSTEE	1.00	x						0.	0.	0.
JAMES LINTOTT		<del>                                     </del>	<u> </u>	1						<del></del>
TRUSTEE	1.00	X						0.	0.	0.
STEPHEN MODZELEWSKI										
TRUSTEE	1.00	X						0.	0.	0.
GEORGE F. OHRSTROM										
TRUSTEE	1.00	X						0.	0.	0.
CAROL SANDERS										_
TRUSTEE	1.00	X						0.	0.	0.
VERNON L. SMITH	1									
TRUSTEE	1.00	X	<u> </u>	<del> </del>	<u> </u>	<u> </u>		0.	0.	0.
RICHARD A. WALLACE	1 1 00									,
TRUSTEE FRED M. YOUNG, JR.	1.00	X	-	-		-	<u> </u>	0.	0.	0.
TRUSTEE	1.00	v						0.	0.	0.
TIODIE	1 1.00	$\Gamma_{\nabla}$	<u> </u>	L	<u> </u>			j <u>U •</u>	<u> </u>	U •

932007 02-04-10 7

Part VII Section A. Officers, Directors, Tru		nplo	oyee			High	est						
(A)	(B)			-	C)			(D)	(E)		_	(F)	
Name and title	Average hours	(cl		Pos		n : app	lv)	Reportable compensation	Reportable compensation			timate nount	
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the	from related organizations (W-2/1099-MISC)		com fr org	other pensa om th anizat d relat	ation le tion ted
PIERLUIGI ZAPPACOSTA TRUSTEE	1.00	х		<del></del>				0.	(	).			0.
DAVID NOTT PRESIDENT & CEO	40.00	x		х				257,912.		).			0.
ROBERT W. POOLE, JR.	40.00	Τ,		٠,					,	T			
FOUNDER MICHAEL ALISSI	40.00	X		X	<u> </u>	┢	H	194,094.		<u> </u>			0.
VICE PRESIDENT, OPERATIO	40.00			x				126,668.	(	).			0.
NICHOLAS GILLESPIE VICE PRESIDENT, REASON O	40.00			х				159,974.	(	).			0.
JONATHAN GRAFF TREASURER, SECRETARY	40.00			x		<u> </u>		133,855.	(	).			0.
ADRIAN T. MOORE VICE PRESIDENT, RESEARCH MATT WELCH	40.00			х				156,157.	(	).			0.
VICE PRESIDENT, MAGAZINE	40.00			х				135,676.	(	).			0.
						<u> </u>				_	· · · · · · · · · · · · · · · · · · ·		
Total     Total number of individuals (including but n						e) w	ho r	1,164,336. eceived more than \$100		).			0.
compensation from the organization		-							**************************************			Yes	7   No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-	•	-		• ,		ſ	3	103	X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atio	n an	d ot		the organization	1	3		
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched										1	5		х
Section B. Independent Contractors													1
Complete this table for your five highest co the organization.     NONE	mpensated in	dep	ende	ent c	cont	racte	ors	that received more than	\$100,000 of comp	ensa	ation	rom	
(A) Name and business	addr <b>e</b> ss							<b>(B)</b> Description of s	services	C	) ompe	C) nsatic	on
2 Total number of independent contractors (i \$100,000 in compensation from the organization from the organi		ot li	mite	d to		se li O	ste	d above) who received r	nore than			:	
											Form	990	(2009)

Pa	rt VIII	Statement of Reven	iue					
			,		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Government grants (contributions) All other contributions, gifts, grant similar amounts not included above Noncash contributions included in lines	1b 1c 1d ions) 1e ts, and ve 1f 6,	399,733.	6,399,733.			
-		Total. Add lines 1a-1f				,		
Program Service Revenue	2 a b c	SUBSCRIPTION SA ADVERTISING INC MAILING LIST RE RESEARCH INCOME	OME NTAL	Business Code 900099 511120 511120 900099	625,276. 105,751. 19,763. 17,545.	625,276.	105,751. 19,763.	17,545.
ğœ								· · · · · · · · · · · · · · · · · · ·
F.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			768,335.			
	3 4	Investment income (including other similar amounts)	dividends, intere	est, and > oroceeds >	50,137.	50,137.		
	5	Royalties			<del></del>			
	b c	Gross Rents		(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d 8 a	Net gain or (loss)  Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	g events (not of 1c). See	118,800. 143,077.				
	с 9 а	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	draising events ctivities. See a		<24,277.	>		<24,277.
	с 10 а	Less: direct expenses  Net income or (loss) from gan Gross sales of inventory, less and allowances  Less: cost of goods sold	ning activities returns a					
		Net income or (loss) from sale		<b>&gt;</b>	7			
	11 a b	Miscellaneous Revenu		Business Code 900099	2,082.	2,082.		
	C	All all an arrangement		-				
	d	***************************************			2,082.			
	e -10				7,196,010.		125,514.	<6,732.
9320	<b>12</b>	Total revenue. See instructions.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>P</b>	1, 120,010.	011,433	1 777,774	
93200 02-04	-10							Form <b>990</b> (2009)

### Part IX | Statement of Functional Expenses

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

	All other organizations must compl	and 501(c)(4) organizat ete column (A) but are			d ( <b>D</b> ).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,	<u>.</u>			
5	trustees, and key employees	1,164,336.	886,442.	92,719.	185,175.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		000,1120	22,,,22,	· ·
7	Other salaries and wages	2,194,652.	1,893,485.	79,454.	221,713.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	169,713.	142,353.	8,387.	18,973.
10	Payroll taxes	242,921.	205,248.	11,846.	25,827.
11	Fees for services (non-employees):		-		
а					
b	Legal	41,379.	34,583.	2,133.	4,663. 2,035.
С		18,500.	15,540.	925.	2,035.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	256,514.	233,317.		23,197.
13	Office expenses	85,590.	72,625.	1,581.	11,384.
14	Information technology				***************************************
15	Royalties		225	7 A HAH	10 ==0
16	Occupancy	388,889.	327,604.	18,727.	42,558.
17	Travel	346,013.	268,686.	2,744.	74,583.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				•••••
19	Conferences, conventions, and meetings				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
20	Interest	William and the surficient and the surficiency of t			
21	Payments to affiliates	68,403.	57,295.	3,446.	7,662.
22	Depreciation, depletion, and amortization	54,028.	45,107.	2,672.	6,249.
23 24	Other expenses. Itemize expenses not covered	J=,020 ·	±3,±07•	2,012.	0,249.
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а		769,449.	751,550.	5,805.	12,094.
b	MANUFACTURING AND DISTR	524,951.	524,936.	**************************************	15.
С	POSTAGE AND SHIPPING	106,951.	53,833.	2,372.	50,746.
d	ON-LINE SERVICES	78,520.	71,076.	2,345.	5,099.
е	MISCELLANEOUS	72,282.	61,660.	3,861.	6,761.
f	All other expenses	280,697.	217,978.	3,299.	59,420.
25	Total functional expenses. Add lines 1 through 24f	6,863,788.	5,863,318.	242,316.	758,154.
26	Joint costs. Check here 🕨 📖 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
Programme (17)	educational campaign and fundraising solicitation				

Form 990 (2009)
Part X | Balance Sheet

	Balance Sheet	(A)		(B)
		Beginning of year		End of year
'		554,405.	1	916,775.
2	· · · · · · · · · · · · · · · · · · ·	4 000 000	2	173,824.
{		1,030,368.	3	818,402.
4		30,123.	4	35,834.
!	,,			
ļ	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	the second secon	. ,		÷ } .
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		18 cm	N. C.
	Part II of Schedule L		6	
Assets			7	
lss .		<u> </u>	8	<del></del>
`   °		65,729.	9	
10	a Land, buildings, and equipment: cost or other		ØM ~	
	basis. Complete Part VI of Schedule D 10a 902,624.	U4 COB		20 015
	b Less: accumulated depreciation 10b 872,409.	74,687.	10c	30,215.
1		2,613,348.	11	2,765,320.
12			12	****
10	1 0		13	
14	g	04 540	14	06 127
1		94,548.	15	96,137.
10		4,463,208. 540,352.	16	4,836,507. 460,713.
17		340,332.	17	400,713.
18	1 9	454,287.	18	439,204.
19		434,207.		433,404.
20	1		20	
Liabilities	2 1		21	9 · ·
11 22	, , , , , , , , , , , , , , , , , , , ,			A second of the
<u> </u>	highest compensated employees, and disqualified persons. Complete Part II			
2	of Schedule L  Secured mortgages and notes payable to unrelated third parties		22	
2	the state of the s		24	
2	<b>7</b>		25	
20	i i	994,639.	26	899,917.
	Organizations that follow SFAS 117, check here X and complete	3317003.	20	
ا ي	lines 27 through 29, and lines 33 and 34.			
ည် <sub>2</sub>	- · ·	2,978,081.	27	3,556,310.
alar		449,209.	28	338,001.
B 2		41,279.		42,279.
Š ľ	Organizations that do not follow SFAS 117, check here		1	
<u>ا</u> ا	complete lines 30 through 34.			
ş 30		and the Maria Communication of the Communication of	30	· ·
Net Assets or Fund Balances			31	***************************************
¥ 3			32	·
2 3		3,468,569.	33	3,936,590.
3		4,463,208.	34	4,836,507.
				Form <b>990</b> (2009)

Pa	rt XI   Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	ĺ
С				
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			ĺ
	consolidated basis, separate basis, or both:			1
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			ĺ
	Act and OMB Circular A-133?	3a		X
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.	3b		
		Г	000	(0000)

Form **990** (2009)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

name of the organiz		SON FOUNDATI	ON				Er		-3298239	ıber
Part I   Reaso		ity Status (All organiz		st complet	e this part	.) See inst	ructions.			
he organization is not a church, a church, a chool of a A hospital a A medical	t a private foundation convention of churche escribed in section 1. or a cooperative hosp research organization	because it is: (For lines 1 s, or association of churc 70(b)(1)(A)(ii). (Attach Sci ital service organization of operated in conjunction	through 1 ches desci hedule E.) described i	11, check of the characteristics of the chara	only one b ction 170( 170(b)(1)(	ox.) (b)(1)(A)(i). A)(iii).	•	i). Enter th	e hospital's name	∍,
section 1 A federal, An organiz section 17 An organiz An organiz activities r income an See section An organiz An organiz more publ describes a Typ	ation operated for the 70(b)(1)(A)(iv). (Completate, or local governmation that normally records) at the type of supported organization organized and ocly supported organization the type of supporting to 1 b	nent or governmental unit belives a substantial part of the Part II.) section 170(b)(1)(A)(vi). (serives: (1) more than 33 more notions - subject to certal taxable income (less section of the perated exclusively to teat perated exclusively for the ations described in section organization and complete	t described of its supp (Complete 1/3% of its ain exception 511 taust for publice benefit on 509(a)(tete lines 1 to Typ	d in section ort from a  Part II.) support from but ic safety. Sof, to perform the control or section through the lill - Func	n 170(b)(1 governme com contri c) no more sinesses a Gee sectio orm the fur on 509(a)(2 111h. tionally int	butions, methan 33 1 acquired butions of, colors of, See sectors are the sectors of the sectors	r from the nembership /3% of its y the orga l). or to carry	general properties of fees, and support for finization at a graph of the properties	ublic described in d gross receipts fr rom gross investn fter June 30, 1975 ourposes of one o ck the box that	rom ment 5.
f If the organ supporting g Since Aug (i) A per the g (ii) A fan (iii) A 350	nization received a wrigorganization, check to ust 17, 2006, has the son who directly or incoverning body of the solidy member of a personantity of a	than one or more publicly tten determination from this box organization accepted are directly controls, either ale supported organization? or described in (i) above? a person described in (i) or a about the supported or	the IRS that my gift or collone or tog my collone or tog	at it is a Tyontribution ether with	pe I, Type  from any persons c	II, or Type of the folk lescribed i	e III owing pers in (ii) and (	sons? iii) below,	Yes 11g(i) 11g(ii)	No
(i) Name of supported organization	l (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	organizat	ion in col.	(vi) Is organizatic (i) organiz U.S <b>Yes</b>	ed in the [	(vii) Amount of support	:
·										

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

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005° (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 6399733.31662045. include any "unusual grants.") 6045503 6855241 6267769. 6093799. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 6045503 6855241 6267769 6093799. 6399733.31662045. 4 Total. Add lines 1 through 3 ....... 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 31662045. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total 6399733 6045503 6855241 6267769 6093799. 31662045. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 244,067. 117,733. 78,392. 50,137. 598,781. 108,452. and income from similar sources 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 0. 0. 1,983. 1,211 2,082 5,276. assets (Explain in Part IV.) 32266102. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 3,707,649. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.13 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 98.14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\mathbf{x}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \_\_\_\_\_\_ b 10% -facts-and-circumstances test - 2008.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees 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 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 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 ..... 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b ..... 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ..... Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization \_\_\_\_\_\_ 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

### SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

the organization answered Tes, to form 550, Fat IV, line of O Tollin 550-L2, Pat VI, line 40 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

● Sec	ction 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name o	of organization			Empl	oyer identification number
		SON FOUNDATION			95-3298239
Part	I-A Complete if the org	anization is exempt un	der section 501(c	or is a section 527 o	rganization.
	ovide a description of the organiz				
<b>2</b> Po	olitical expenditures	······································	•••••	▶\$	
<b>3</b> Vo	olunteer hours		••••		<del></del>
r=					
Part		anization is exempt un			
	nter the amount of any excise tax				
<b>2</b> Er	nter the amount of any excise tax	incurred by organization manag	gers under section 495	5▶\$	- International Control of the Contr
	the organization incurred a sectio				
	as a correction made?				Yes No
Part	"Yes," describe in Part IV.	anization is exempt un	dor coetion E01/o	Nevcont coation EO:	ava v
					· · · ·
	nter the amount directly expended				
	nter the amount of the filing organ		•		
	empt function activities				har so-satter source standards on the sate of the sate
	· ·			'	
	e 17b d the filing organization file <b>Form</b>				
	nter the names, addresses and en				
	or each organization listed, enter t				
	at were promptly and directly deli				
	AC). If additional space is needed			0.0.0	
<u> </u>	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(,	(-7. 14.4.4.4	(-,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
					<del></del>
		0.1431-1-1648-2-7-1-2-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
<del></del>					

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

(election under section 501	(h)).		
A Check 🕨 🔛 if the filing organization belong	gs to an affiliated group.		
3 Check 🕨 🔙 if the filing organization check	ed box A and "limited control" provisions apply.		
Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a Total lobbying expenditures to influence pub	0.		
b Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	2,077.	
	d 1b)	2,077.	
		6,248,711.	
	s 1c and 1d)	6,250,788.	
f Lobbying nontaxable amount. Enter the amo		462,539.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% o	f line 1f)	115,635.	
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
i If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720		

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total					
2a Lobbying nontaxable amount	451,341.	512,519.	476,173.	462,539.	1,902,572.					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,853,858.					
c Total lobbying expenditures		17,917.	12,067.	2,077.	32,061.					
d Grassroots nontaxable amount	112,835.	128,130.	119,043.	115,635.	475,643.					
e Grassroots ceiling amount (150% of line 2d, column (e))					713,465.					
f Grassroots lobbying expenditures	0.	0.	0.							

Schedule C (Form 990 or 990-EZ) 2009

Yes

reporting section 4911 tax for this year?

# Schedule C (Form 990 or 990-EZ) 2009 THE REASON FOUNDATION 95-329823 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	1			(b)	
	Yes		No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state or		$\top$			
local legislation, including any attempt to influence public opinion on a legislative matter	* *.	-1:			
or referendum, through the use of:		1			:
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
$h$ Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? $_{\dots\dots}$					
i Other activities? If "Yes," describe in Part IV			·		
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
${f c}$ If "Yes," enter the amount of any tax incurred by organization managers under section 4912 $_{\dots}$		_1_			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), s	ection 501	(c)(5	), or se	ection	
501(c)(6).				Yes	ı N
501(c)(6).			1 4	Yes	I N
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?				Yes	I N
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i	ection 501	(c)(5	2 3 ), or se	ection	d
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i "Yes."	ection 501 f Part III-A,	(c)(5 line	3 i), or see e 3 is a	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i "Yes."  Dues, assessments and similar amounts from members	ection 501 f Part III-A,	(c)(5 line	3 i), or see e 3 is a	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	ection 501 f Part III-A,	(c)(5 line	3 i), or see e 3 is a	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i  "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	ection 501 if Part III-A, political	(c)(5 line	2 3 5), or see 3 is a	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  a Current year	ection 501 if Part III-A, political	(c)(5 line	2 3 5), or see 3 is a	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	ection 501 if Part III-A, political	(c)(5 line	2 3 5), or see 3 is a 1 2a 2b	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	ection 501 if Part III-A, political	(c)(5	2 3 5), or see 3 is a 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	political	(c)(5	2 3 5), or see 3 is a 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the section	political  Jes  Les  he excess	(c)(5	2 3 5), or see 3 is a 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	political  Jes he excess and political	(c)(5	2 3 5), or see 3 is a 2 2a 2b 2c 3	ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), s  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR i "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues the amount on line 3, what portion of the section of the se	political  Jes he excess and political	(c)(5	2 3 5), or see 3 is a 1 2a 2b 2c	ection	

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number

	THE REASON FOUNDAT			95-3298239
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Acco	ounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line			
		(a) Donor advised funds	( <b>b)</b> Fu	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	ised funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or p	leasure) Preservation of an hi	istorically im	portant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	n of a conse	rvation easement on the last
	day of the tax year.			
	•			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	man and the second seco			)
С	Number of conservation easements on a certified historic stru			;
d	Number of conservation easements included in (c) acquired a			
3	Number of conservation easements modified, transferred, rel			ion during the tax
	year▶	, ,	J	3
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	***************************************	f	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?	-		Yes No
9	In Part XIV, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organiz	zation's accounting for
	conservation easements.			
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or 0	Other Sim	nilar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
•======================================				
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance she	et works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service	e, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	tems.		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet w	orks of art, historical treasures,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	ce, provide t	he following amounts relating to
	these items:		. ,	
	(i) Revenues included in Form 990, Part VIII, line 1			<b>\$</b>
				· \$
2	If the organization received or held works of art, historical treatments			vide
	the following amounts required to be reported under SFAS 1		· / ·	
а	Revenues included in Form 990, Part VIII, line 1		•	• \$
b	Assets included in Form 990. Part X		<b></b>	· \$

	t III Organizations Maintaining C	ollections of Ar		rical Tre	aguras o	r Oth				Page Z
	Using the organization's acquisition, accession									
J		on, and other records	s, check	any or the	iollowing that	are a s	agrillicant	use or its (	collection	nems
_	(check all that apply):  Public exhibition	-1		<b>-</b> l						
a		d			nange prograr					
b	Scholarly research	е		ther		<del></del>				
C	Preservation for future generations			4 41 41.				! D!		
4	Provide a description of the organization's co							ose in Pan	XIV.	
5	During the year, did the organization solicit or								٦.,	<b>п</b>
Dat	to be sold to raise funds rather than to be matt IV   Escrow and Custodial Arrange								Yes	<u> </u>
rai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ite if orga	nization an	iswered "Yes	to For	m 990, Pa	art IV, line !	ə, or	
та	Is the organization an agent, trustee, custodia								٦.,	
	on Form 990, Part X?								J Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing ta	ıble:			-			
									Amount	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on Fo		21?						Yes	∟ No
	If "Yes," explain the arrangement in Part XIV.								******	
Pai	t V   Endowment Funds. Complete if		***************************************							
	-	(a) Current year		or year	(c) Two years	back	(d) Three	years back	(e) Four	ears back
	Beginning of year balance	41,279.		,279.						
b	Contributions	1,000.	1	.,000.						
	Net investment earnings, gains, and losses	***************************************								
d	Grants or scholarships		,							
е	Other expenditures for facilities				S Mary					
	and programs							****		
f	Administrative expenses						····			
g	End of year balance	42,279.	41	.,279.						
2	Provide the estimated percentage of the year	r end balance held a	s:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
		%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administe	ed for	the organi	zation	-	
	by:								*****************	Yes No
	(i) unrelated organizations								3a(i)	<u> </u>
									3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI    Investments - Land, Building	s, and Equipme	ent. See	Form 990	, Part X, line 1	0.				
	Description of investment	(a) Cost or of basis (investn			or other (other)		ccumulat	I	(d) Book	value
10	Land	<del></del>		240.0	\/		1-100100101	·		
	Land									
	Buildings			ე	1,725.		21,7	25		0.
	Leasehold improvements				0,899.		850,6		3 (	,215.
	Equipment			00	0,0990		0,00,0	V = •	3 (	,,410.
	Other		V 55'::	n /D\ # = f	(0/0) )		<del></del>		2 (	,215.
rota	l. Add lines 1a through 1e. (Column (d) must e	quai гопп 990, Рап	∧, coium	u (B), line 1	U(C).)			0-11:	Andrew Company of the	0000000

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

Part X | Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability (b) Amount

Federal income taxes

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FASB ASC NUMBER 740-10 CHANGES

Schedule D (Form 990) 2009

THE FOUNDATION ADOPTED THE PROVISIONS OF FASB ASC NUMBER 740-10.

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

**Open To Public** Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization			-				ntification number		
THE REA	SON FOUNDATION					95-3298	239		
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not		
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written o key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicitat f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	ion of ion of fundra (includ	non-ge gover ising o ding of ional f	overnment grants nment grants events ificers, directors, true undraising services?	stees	Yes			
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Dld fundraiser have custody or control of contributions?		(iv) Gross receipts from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No						
	,								
Total	<b>&gt;</b>					***************************************			
3 List all states in which the organization $AL$ , $AK$ , $AZ$ , $AR$ , $CA$ , $CO$ , $CT$ ,	FL, GA, HI, IL, KS, ME,	MD,	MA,	been notified it is ex	xemp	ot from registrat	ion or licensing. C,ND,OH,OK		
OR, PA, RI, SC, TN, UT, VA,	WA,DC,WV,WI,KY,LA,	мо,	NY						
		<del></del>							
							220-120-120-120-120-120-120-120-120-120-		
NAME OF THE PROPERTY OF THE PR	,	······································					· · · · · · · · · · · · · · · · · · ·		
	NOTE: 100 - 200 -					is man commonwell that is in the second			
Park to the second of the seco									

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

Schedule G (Form 990 or 990-EZ) 2009 THE REASON FOUNDATION 95-3298239 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		on Form 990-EZ, line 6a. List events with	gross receipts greater tr	ian \$5,000.		
			(a) Event #1 REASON WEEKEND	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	118,800.			118,800.
	2	Less: Charitable contributions	65,202.			65,202.
	3	Gross income (line 1 minus line 2)	53,598.			53,598.
	4	Cash prizes				
ses	5	Noncash prizes				
Expen	6	Rent/facility costs			***************************************	
Direct Expenses	7	Food and beverages				
	8	Entertainment Other direct expenses	143,077.		<del></del>	143,077.
	10				<b>&gt;</b>	( 143,077)
	11	Net income summary. Combine line 3, colum	nn (d), and line 10		<b>&gt;</b>	<89,479.
Pa	rt		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Oirect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				***************************************
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Combine line	1, column (d), and line 7		<b>&gt;</b>	
0	En	ter the state(s) in which the organization opera	otos gamina activitios:			Yes No
9 a		the organization licensed to operate gaming a				9a
		No," explain:				
40-	14/		encole al autor an ala al autor			12 12 12 12 12 12 12 12 12 12 12 12 12 1
		ere any of the organization's gaming licenses r 'Yes," explain:	revokea, suspended or i	erminated during the tax	year?	10a
_		135, OAPIGIN				
11		es the organization operate gaming activities	****			11
12		the organization a grantor, beneficiary or trust minister charitable gaming?				12

Schedule G (Form 990 or 990-EZ) 2009 THE REASON FOUNDATION 95-3	329823	9 <sub>Pa</sub>	ige <b>3</b>
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a	%		
b An outside facility 13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
			4
Name	— [,		1
A. I.I., <b>X</b> .			11
Address 🕨			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
13a Does the organization have a contract with a tillid party from whom the organization receives gaining revenue?	150		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party > \$	1 1 1	1.4	
c If "Yes," enter name and address of the third party:			-
The second secon			
Name		41	
Address >	5.4		, ·
	2.2		
16 Gaming manager information:			
		3 4	11
Name	<u> </u>		
Gaming manager compensation > \$			
		3 C - 1	
Description of services provided	- 3		1
Director/officer Employee Independent contractor			
Director/officer Employee Independent contractor	ļ		
17 Mandatory distributions:		1	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		3	
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		<b></b>	<del> </del>
organization's own exempt activities during the tax year > \$		\$ 2	

#### SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and History Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

"Yes" to Form 990,

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

THE REASON FOUNDATION

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

Open to Public Inspection

Employer identification number

Schedule J (Form 990) 2009

95-3298239

OMB No. 1545-0047

Pa	rt I   Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			i di
	First-class or charter travel Housing allowance or residence for personal use		3	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1		
	, , , , , , , , , , , , , , , , , , , ,		•	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	traditions, and the OLO/ Exceptive Director, regarding the Remb Checked in line 14:	<u> </u>	<u> </u>	<del> </del>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			1 2 3
•	CEO/Executive Director. Check all that apply.			
	Compensation committee  Written employment contract	9		
	Independent compensation consultant  Written employment contract  X Compensation survey or study			30
	Tompensation compensation compensation survey or study  X Approval by the board or compensation committee			1
	Approval by the board or compensation committee	1.41		
4	During the year old any person listed in Ferre COO Dark VIII Continue A. Handle with many at the title of			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	15.5	100	
	organization or a related organization:			х
a	Receive a severance payment or change-of-control payment?	4a	ļ	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	├──	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	<del>  ^</del> -
	If "Yes" to any of lines 4a⋅c, list the persons and provide the applicable amounts for each item in Part III.			- 14 - 17
	Only 15-11 FO4/ VO) 1 FO4/ VA) 11 11 11 15 15 15	1.3		
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	1 f 4 a		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			Åi.
	contingent on the revenues of:			- V
a	The organization?	5a	ļ	X
b	Any related organization?	5b		1-2-
	If "Yes" to line 5a or 5b, describe in Part III.	450		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1 1 7	
	contingent on the net earnings of:			1,,
	The organization?	6a		X
b	Any related organization?	6b	ļ	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		1	l
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1	1	
	Regulations section 53.4958-6(c)?	9		

THE REASON FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Ketirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	compensation reported in prior Form 990-EZ
	Ξ	209,912.	48,000.	0	0	0	257,912.	0
DAVID NOTT	(E)		0	0	0	0		0
	Ξ	194,094.	000	0	00	000	194,094.	000
KOBEKT W. FOOLE, JR.	€ €	. 476.971	10.000.	0	000	000	159,974.	00
NICHOLAS GILLESPIE	€	•		0	0	0	ı ا	0
	Θ	146,157.	10,000.	0	0	0	156,157.	0.
ADRIAN T. MOORE	(ii)	• 0	0	0	0	0	• 0	0
	<u>(i)</u>			i				
	(ii)							
	(i)							
	<u>(ii)</u>							
	ε							
	(ii)							
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	Ξ							
	(II)							
				(			Schedni	Schedule J (Form 990) 2009

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Employer identification number

Schedule L (Form 990 or 990-EZ) 2009

	E REASO									5-32	9823	9	
Part I Excess Benefit													
Complete if the org	anization ansv	vered	"Yes"	on Form	990, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40	)b.		
(a) Name of di	squalified pers	son				(b) D	escription (	of transa	action				ected?
	· · · · · · · · · · · · · · · · · · ·			<del></del>			•					Yes	No
							.,						
	·····		***********										
2 Enter the amount of tax imp	osed on the o	organi	zation	manager	s or disqualifi	ed persons	s during the	year ur	der				
3 Enter the amount of tax, if a	iny, on line 2,	above	, reimi	bursed by	y the organiza	ition				. 🕨 \$			
Part II   Loans to and/o	r From Int	eres	ted F	Person	2	······	······································			<del></del>		· · · · · · · · · · · · · · · · · · ·	
Complete if the org						line 26 or	Eorm 000 E	7 Davt 1	/ line 20	)a			
(a) Name of interested	(b) Loan		***************************************		inal principal		ance due	T	) In	(f) Ap	proved	(a) W	ritten
person and purpose	the orga				mount	(u) Daic	ince due		ault?	by bo	ard or nittee?	agree	ment?
	To ·	Fr	om	1				Yes	No	Yes	No	Yes	No
V-1-1													
						******		ļ		ļ			
			·					-	<u> </u>	1	ļ		
				ļ	······································					ļ	<b></b>		<u> </u>
Total		L		<u> </u>	<b>&gt;</b> \$	<del></del>		<del> </del>			1		<u> </u>
Part III   Grants or Assi	stance Bei	nefiti	ng Ir	nterest		S.		L	·····	1	***************************************	L	-
Complete if the org	anization ansv	vered	"Yes"	on Form	990, Part IV,	line 27.							
(a) Name of interested					ionship betwe	en interes		and				d type o	f
	- Anna Carlot Ca				the or	ganization					assistar	ice	
					***************************************								
							.,,			·			···
	***************************************										<del>,</del>		
ing pangalan disabilih dan pangabilih Madikan mengani bahasa pangangan pangan pangan pangan pangan pangan pang			<b> </b>		**************************************		W. Marine 7000 100 100 100 100 100 100 100 100 10						
Part IV Business Tran	sactions Ir	ivolv	ing I	nterest	ed Person	ıs.	<u></u>	······································					
Complete if the org	anization ansv	wered	"Yes"	on Form	990, Part IV,	line 28a, 2	8b, or 28c.						
(a) Name of interested	l person				nip between ir		(c) Am		(d)	Descrip			aring of zation's
				person ar	nd the organiz	ation	transa	action		transact	tion		nues?
ппрт моорп			O 17 T	TOTO	ים מחסדי	O To		ESE	DITA	TC 7	COME	Yes	No
TERI MOORE			OFF	TCEK	'S SPOU	고다	5	,, 335	) • EXUI	IS A	COME	1	X
			-							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<del> </del>	
· · · · · · · · · · · · · · · · · · ·		······································	1				i					<del>                                     </del>	<u> </u>
	**************************************			<i></i>		<del></del>	<u> </u>					<del> </del>	-
			1			·····	***************************************	~~~		<del></del>		<u> </u>	1

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

#### **SCHEDULE O**

(Form 990)

932211 02-03-10

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer identification number** 95-3298239 THE REASON FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INDIVIDUAL LIBERTY, FREE MARKETS, AND THE RULE OF LAW. WE USE JOURNALISM AND PUBLIC POLICY RESEARCH TO INFLUENCE THE FRAMEWORKS AND ACTIONS OF POLICYMAKERS, JOURNALISTS, AND OPINION LEADERS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPINION LEADERS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: NEWSLETTERS FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING WITH THE IRS THE DRAFT 990 WILL BE EMAILED TO THE ENTIRE BOARD OF TRUSTEES FOR REVIEW, FEEDBACK WILL BE PROVIDED TO THE CFO. FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES AND OFFICERS OF THE FOUNDATION WILL COMPLETE A FORM TO CERTIFY THAT THERE ARE NO EXISTING IF THERE ARE ANY CHANGES TO THAT STATUS THEY WILL COMPLETE AND CONFLICTS. SUBMIT ANOTHER FORM. OTHER EMPLOYEES HAVE CERTIFIED THAT THEY ARE AWARE OF THE POLICY AND WILL DISCUSS AND POTENTIAL CONFLICTS WITH THEIR IMMEDIATE SUPERVISOR. FORM 990, PART VI, SECTION B, LINE 15: COMPARABLE DATA WAS ASSEMBLED FROM PUBLIC 990 FILINGS FOR SIMILAR POSITIONS WITHIN OTHER NONPROFIT ORGANIZATIONS AND PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury

## **Supplemental Information to Form 990**

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



Internal Revenue Service **Employer identification number** Name of the organization THE REASON FOUNDATION 95-3298239 TRUSTEES WITH RECOMMENDATIONS FOR COMPENSATION. THE FINANCE COMMITTEE THEN DISCUSSED AND APPROVED COMPENSATION IN AN EXECUTIVE COMMITTEE MEETING OF THE FULL BOARD. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH OK, OR, PA, RI, SC, TN, UT, VA, WA, DC, WV, WI, KY, LA, MO FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST THE DOCUMENTS WILL BE MAILED OR E-MAILED TO THE REQUESTING PARTY. FORM 990, PART XI, LINE 2C THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES OVERSIGHT OVER THE AUDIT PROCESS AND REVIEWS AND APPROVES THE AUDIT. THIS PROCESS HAS REMAINED THE SAME AS PRIOR YEAR. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TERI MOORE (D) DESCRIPTION OF TRANSACTION: RUNS A COMPANY WHICH PERFORMS EDITING SERVICES FOR THE FOUNDATION STUDIES.

# 2009 DEPRECIATION AND AMORTIZATION REPORT

ar Ending Accumulated		0. 21,725. 13. 940,812. 13. 940,812.		- - - -				
Current Year Deduction	68,403	68,403. 68,403.	÷					
Current Sec 179					:	:		
Beginning Accumulated		21,725. 872,409. 872,409.			, . ,	: : .		
Basis For Depreciation	668,088	21,725. 902,624. 902,624.	:					
Reduction In Basis							;	
Section 179 Expense							14 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
990 Bus	Š						: 	
Unadjusted Cost Or Basis	668'088	21,725. 902,624. 902,624.						
C Line No.	ну16	HY16						
Life	3.00	5.00					i su W	
Method	SL	F.		70 AF 8 - 3 - 1				3
Date Acquired	VARIOUS	VARIOUS						
PAGE 10 Description	MANAGEMENT AND GENERAL FURNITURE & FIXTURES	LEASEHOLD IMPROVEMENTS  * 990 PAGE 10 TOTAL  MANAGEMENT AND GENERAL  * GRAND TOTAL 990 PAGE 10  DEPR						
FORM 990 P	MAN 1 FUR	2 LEAS!     * 99     MANAK     * GRA     DEPR					:	

Form <b>990-T</b>	E	xempt Organization Bus	ine	ss Income Ta	ax Retur	n  -	OMB No. 1545-0687
Department of the Treasury Internal Revenue Service (77)	For o	(and proxy tax und salendar year 2009 or other tax year beginning OCT 1			ED 30 2	010	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address change		Name of organization ( Check box if name c	Name and Address of the Owner, where		3F 30, Z	DEmploy (Employ	er Identification number yees' trust, see Instructions k D on page 9.)
B Exempt under section	Print	THE REASON FOUNDATION					5-3298239
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	x. see p	age 8 of instructions.		E Unrelate	ed business activity codes
408(e) 220(e	Type	3415 S. SEPULVEDA BOUL				on page	structions for Block E 9 9.)
408A 530(a	1)	City or town, state, and ZIP code				1	
529(a)		LOS ANGELES, CA 90034	-60	64		5111	.20
C Book value of all asset	s <b>F</b> Grou	p exemption number (See instructions for Block F.)	ightharpoons				
at end of year		k organization type 🕨 🔃 501(c) corporation	n L	501(c) trust	401(a) trust	t L	Other trust
4,836,507.							···
		3		STATEMENT 1			11
		poration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?	<b>&gt;</b>	Yes	X No
		tifying number of the parent corporation.			<del> </del>	/ 2 1 0 V	201 0045
		JONATHAN GRAFF de or Business Income		(A) Income	ne number  (B) Expens		391-2245 (C) Net
<del></del>		de or business income	-	(A) filconie	(D) Expens	es	(O) Net
<ul><li>1a Gross receipts or s</li><li>b Less returns and al</li></ul>		c Balance	,				
		e A, line 7)	1c 2				
3 Gross profit. Subtra			3				
•		ch Schedule D)	4a				
<b>b</b> Net gain (loss) (For	m 4797. F	Part II, line 17) (attach Form 4797)	4b				
		sts	4c				
		nips and S corporations (attach statement)	5		· · · · · · · · · · · · · · · · · · ·		·
6 Rent income (Sche			6				<del>/**/*********************************</del>
7 Unrelated debt-fina		me (Schedule E)	7				
8 Interest, annuities,	royalties, a	and rents from controlled organizations (Sch. F)	8				
9 Investment income	of a section	on 501(c)(7), (9), or (17) organization					
			9				
		ome (Schedule I)	10	19,763.		309.	8,454.
11 Advertising income	(Schedul	e J)	11	128,280.	140,	340.	<12,060.>
		ns; attach schedule.)	12	440 043		C 1 0	3 606
		ugh 12	13	148,043.	151,	649.	<3,606.>
		ot Taken Elsewhere (See instructions foutions, deductions must be directly connecte			s Income )		
		irectors, and trustees (Schedule K)			,	14	
							77 - 24 July - Lans Course Man July - Color Course
16 Repairs and main	enance			***************************************	***************************************	16	
17 Bad debts				••••		17	The second secon
20 Charitable contrib	utions (Se	e instructions for limitation rules.)				20	
21 Depreciation (atta	ch Form 4	562)		21			
22 Less depreciation	claimed o	n Schedule A and elsewhere on return		22a		22b	
23 Depletion				***************************************		23	
24 Contributions to o	eferred co	ompensation plans				24	***************************************
25 Employee benefit	programs					25	***************************************
26 Excess exempt ex	penses (S	chedule I)				26	
27 Excess readership	costs (So	chedule J)				27	
28 Other deductions	(attach sc	hedule)				28	
29 Total deduction	ns. Add III o tayabla i	nes 14 through 28	ot line 0	O from line 40	••••••	. 29	<u>0.</u> <3,606.>
		income before net operating loss deduction. Subtraction of the amount on line 30)					<3,606.>
32 Unrelated busines	avauctioi e tayahla i	n (limited to the amount on line 30)income before specific deduction. Subtract line 31 fi	rom line	 . 30	•••••	31	<3,606.>
		ly \$1,000, but see instructions for exceptions.)					1,000.
		cable income. Subtract line 33 from line 32. If line					2,000
of zero or line 32		The state of the s	5 gi	and the object of		94	<3 606.>

0.

0.

0.

0.

Ō.

0.

Nο

X

X

Yes

				N/A		
1	Invento	ory at beginning of year	1	6 Inventory at end of year6		
2	Purcha	nses	2	7 Cost of goods sold. Subtract line 6	i inacconsistant	
3	Cost of	f labor	3	from line 5. Enter here and in Part I, line 2 7		
4 a	Additio	onal section 263A costs	4a	8 Do the rules of section 263A (with respect to	Yes	No
b	Other o	costs (attach schedule)	4b	property produced or acquired for resale) apply to		
5 Total. Add lines 1 through 4b 5 the organization?				the organization?		X
Sig	ın	Under penalties of perjury, I declare the correct, and complete. Declaration of	nat I have ex preparer (oth	amined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is ier than taxpayer) is based on all information of which preparer has any knowledge.	true,	
He				May the IRS discuss this the preparer shown below		with

Paid Preparer's Use Only

Firm's name (or

vours If self-

employed).

Signature of officer

Date

Preparer's signature

Date

Preparer's self-employed

Form 990-T (2009)

instructions)? X Yes

Preparer's SSN or PTIN

Schedule C - Rent Inco  1. Description of property	me (Fro	m Keal	Proper	ty and	Personal	Propert	y Lease	ed with Real Pi	rope	erty)(see instr. on pg 18)
	··· · · · · · · · · · · · · · · · · ·									
(1)										<del> </del>
(2)						***************************************				
(4)	<del></del>		<del></del>			<del> </del>				***************************************
(+)	2.	Rent receive	ed or accrue	d	· · · · · · · · · · · · · · · · · · ·					
(a) From personal property (if rent for personal property 10% but not more tha	ls more than	je of	(b) F	frent for pa	nd personal propert ersonal property ex is based on profit	ceeds 50% o	entage r if	<b>3(a)</b> Deductions dire columns 2(a	ctly co ) and :	onnected with the income in 2(b) (attach schedule)
(1)				****						
(2)										
(3)				-l						
(4)					· · · · · · · · · · · · · · · · · · ·					
Total		0.	Total	·			0.	/h\ Takal dadwakla a		
(c) Total income. Add totals of colu here and on page 1, Part I, line 6, c	olumn (A)						0.	(b) Total deductions Enter here and on page ' Part I, line 6, column (B)	١, .	0
Schedule E - Unrelated	Debt-F	inanced	Incom	<b>e</b> (See	instructions or	n page 19)	)			- <u> </u>
		<del></del>			_			3. Deductions directly to debt-fin	conne	cted with or allocable
1. Description of	debt-financed	l property			2. Gross Indocable or allocable financed p	e to debt-	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)		<del></del>			<del></del>	· · · · · · · · · · · · · · · · · · ·				
(2)								·	$\dashv$	***************************************
(3)									$\neg$	
(4)				······································				**************************************		
Amount of average acquisition debt on or allocable to debt-finance property (attach schedule)	ed	of or a debt-fina	adjusted ba allocable to nced proper n schedule)		<b>6.</b> Column by colu			7. Gross Income reportable (column 2 x column 6)		<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			****			%				
(2)		<del></del>				%	,			
(3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	%	,	······································		
(4)						%				
Totals							Part I, li	ere and on page 1, ne 7, column (A).	ο.	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deducti	ions include	d in columr	18				····		▶	0.
Schedule F - Interest, A	Annuities	s, Royal	ties, ar					<b>nizations</b> (See i	nstru	ıctions on page 20)
		_		Exemp	t Controlled O	rganizatio				
Name of controlled organization	on	Employer ide numl	entification		3. related income see instructions)		4. of specified ents made	5. Part of column a included in the con organization's gross	trolling	g   connected with income
(1)										
(2)							~			
(3)			···							
(4)					·					
Nonexempt Controlled Organiz	****			i		<u>1</u>	10 -	With the second complete the second contract to the second contract	T	
7. Taxable Income	8. Net un (se	related incom e Instructions	ne (loss) s)	9. To	tal of specified pay made	ments	10. Part of a finithe con	column 9 that is included trolling organization's ross income	11	Deductions directly connected with Income in column 10
(1)					· · · · · · · · · · · · · · · · · · ·			***************************************		
(2)		<del>1911 (1911-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</del>								eliyidanid Milimitya kale alak alak digirili makada ili makada ili maka ana ili masa mana mana masa maya masami
(3)					•					entransis in the second second contract of the second second second second second second second second second
(4)										
							Add columns Enter here ar ine 8, colum	d on page 1, Part I,	Ente	columns 6 and 11. or here and on page 1, Part I, 8, column (B).
Totals								0.		0
923721 01-08-10								0 •		Form <b>990-T</b> (200

Form 990-T (2009) THE REASON FOUNDATION 95-3298239 Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20) 5, Total deductions 4 Set-asides 1. Description of Income 2. Amount of income directly connected (attach schedule) and set-asides (attach schedule) (col. 3 plus col. 4) (1)(2) (3) (4) Enter here and on page Part I, line 9, column (A). Enter here and on page 1, Part I, line 9, column (B). Totals 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) STMT 2 Expenses directly connected 4. Net income (loss) 7. Excess exempt 2. Gross unrelated business from unrelated trade or business (column 2 5. Gross income from activity that 6. Expenses expenses (column 1. Description of attributable to with production 6 minus column 5. minus column 3). If a gain, compute cols. 5 exploited activity income from is not unrelated column 5 but not more than column 4). trade or business business income business Income through 7. (1) MAILING LIST (2) RENTAL 19,763 11,309 8,454 (3) (4) Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col. (A). page 1, Part I, line 10, col. (B). on page 1, Part II, line 26. 19,763 11,309 0. Totals Schedule J - Advertising Income (see instructions on page 21) Part I Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain 7. Excess readership 2. Gross 3. Direct or (loss) (col. 2 minus col. 3). If a gain, compute Circulation Readership costs (column 6 minus advertising 1. Name of periodical advertising costs costs column 5, but not more Income Income cols. 5 through 7. than column 4). (1) (2) (3) (4) 0 0. Totals (carry to Part II, line (5)) Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership costs (column 6 minus 4. Advertising gain 2. Gross 3. Direct 5. Circulation 6. Readership or (loss) (col. 2 minus 1. Name of periodical advertising advertising costs col. 3). If a gain, compute cols. 5 through 7. Income costs column 5, but not more than column 4). Income (1) REASON MAGAZINE 128,280. 140,340. <12,060. (2)(3) (4) Totals from Part I Ō.  $\overline{0}$ 0 Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col. (A). page 1, Part I, line 11, col. (B). on page 1, Part II, line 27.

Totals, Part II (lines 1-5)	,340.		0.
Schedule K - Compensation of Officers, Direct	t <b>ors, and Trustees</b> (see instruction	ons on page 21)	
1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2009)

FORM 990-T	DESCRIPTION C	OF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT	1
		BUSINESS ACTIVI	TY		

THE REASON FOUNDATION PUBLISHES REASON MAGAZINE ON A MONTHLY BASIS. THE MAGAZINE GENERATES UNRELATED BUSINESS INCOME IN THE FORM OF MAGAZINE ADVERTISING.

TO FORM 990-T, PAGE 1

FORM 990-T SCHEDULE I - EXPENSES PRODUCTION OF UNREI			STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
LIST PREPARATION AND MEDIA - SUBTOTA	AL - 1	11,309.	11,30	)9.
TOTAL OF FORM 990-T, SCHEDULE I, COLU	JMN 3		11,30	9.

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public Inspection

A	ror me	e 2008 calendar year, or tax year beginning OCT 1, 2008 and ending	SEP 30, 2009	
В	Check If applicabl	e: Please use IRS	D Employer identific	cation number
	Addre:			
Ē	Name chang	type. Doing Business As	95-3	298239
	lnitlal return	See Number and street (or P.O. hox if mail is not delivered to street address). Room/su		
	Termir ation	Specific Instruct 3415 S. SEPULVEDA BOULEVARD 400	(310	
	Ameno return	Tions. City or town, state or country, and ZIP + 4	G Gross receipts \$	7,350,862.
	Applic tion	LOS ANGELES, CA 90034-6064	H(a) Is this a group re	
	pendir	F Name and address of principal officer:DAVID NO'I'I'	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
		empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
		te: ► WWW.REASON.ORG	H(c) Group exemptio	
			ear of formation: 1978 N	🛮 State of legal domicile: CA
P	art I	Summary		
ģ	1	Briefly describe the organization's mission or most significant activities: TO ADVANG		
Governance		DEVELOPING, APPLYING, AND PROMOTING LIBERTAR		
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its asset	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		20
8	1 4	Number of independent voting members of the governing body (Part VI, line 1b)		18
ies	5	Total number of employees (Part V, line 2a)	5	44
Activities &	6	Total number of volunteers (estimate if necessary)	6	0
Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)		139,490.
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)	6,267,769.	6,093,799.
Revenue		Program service revenue (Part VIII, line 2g)	754,668.	779,086.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	117,733.	78,392.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,035.	<36,206.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,146,205.	6,915,071.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		**************************************
	l	Benefits paid to or for members (Part IX, column (A), line 4)	3 330 060	2 500 701
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,228,060.	3,582,791.
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
Ä	_ p	Total fundraising expenses (Part IX, column (D), line 25)   636,875.	4 464 000	2 100 617
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,464,922. 7,692,982.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,712,408.
	19	Revenue less expenses. Subtract line 18 from line 12	<546,777.	
o Ste	3 20	Total consts (Part V. line 16)	Beginning of Year 4,487,440.	End of Year 4,463,208.
ASS( Rail	20 21	Total assets (Part X, line 16)		994,639.
Net Assets or	22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	1,238,638.	3,468,569.
	art II	Signature Block	3,240,002.	3,400,303.
<u></u>		Under penaltiles of perjury, I declare that I have examined this return, including accompanying schedules and statemes and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled	ge and belief, it is true, correct.
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge.	
Sig	ın		1	
He		Signature of officer	Date	
		► DAVID NOTT, PRESIDENT AND CEO		
		Type or print name and title		
F .		Preparer's Date		er's identifying number
Pai		signature	self- employed >	structions)
	parer's	Firm's name (or NSBN LLP	EIN ►	
US	Only			
		self-employed), address, and ZIP + 4 SEVERLY HILLS, CA 90212-2907	Phone no. ► (	310)273-2501
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)	1, 10, 10, 7	X Yes No

Pai	rt III   Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	TO ADVANCE A FREE SOCIETY BY DEVELOPING, APPLYING, AND PROMOTING
	LIBERTARIAN PRINCIPLES, INCLUDING INDIVIDUAL LIBERTY, FREE MARKETS,
	AND THE RULE OF LAW. WE USE JOURNALISM AND PUBLIC POLICY RESEARCH TO
	INFLUENCE THE FRAMEWORKS AND ACTIONS OF POLICYMAKERS, JOURNALISTS, AND
2	Did the organization undertake any significant program services during the year which were not listed on
_	
	If "Yes", describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	(Code: ) (Expenses \$ 1,389,643 • including grants of \$ ) (Revenue \$
	REASON.TV
	PRODUCING FREE MARKET IDEAS THROUGH VIDEO JOURNALISM ONLINE.
	196 VIDEOS PRODUCED
	AVERAGE OF 260,000 VIDEOS PLAYED EACH MONTH (INCLUDES YOUTUBE.COM
	PLAYCOUNT)
	15.3 MILLION TOTAL VISITS TO THE REASON.TV WEBSITE (INCLUDES EMBEDDED
	VIDEOS ON REMOTE SITES)
	VIDIOD ON MILITINE
41-	(Code: ) (Expenses \$ 2,244,120 · including grants of \$ ) (Revenue \$ 778,726 ·
4b	
	REASON MAGAZINE
	DISCUSSING "FREE MINDS AND FREE MARKETS" SINCE 1968.
	11 ISSUES PUBLISHED
	42,000 PAID/REQUESTED COPIES
	1,700 NEWSSTAND COPIES SOLD
	AVERAGE OF 2.9 MILLION USER VISITS PER MONTH AT REASONONLINE
4c	(Code: ) (Expenses \$ 2,196,520 • including grants of \$ ) (Revenue \$
	REASON FOUNDATION
	RESEARCH AND ANALYSIS OF ISSUES RELATING TO PRIVATIZATION,
	TRANSPORTATION, EDUCATION, LAND USE, AND THE ENVIRONMENT; EDUCATIONAL
	OUTREACH FROM A LIBERTARIAN PERSPECTIVE TO POLICYMAKERS, RELEVANT
	STAKEHOLDERS, AND THE GENERAL PUBLIC.
	8400 ARTICLES CITING REASON EXPERTS
	TOTAL CIRCULATION OF ARTICLES: 920 MILLION
	728 MEDIA APPEARANCES BY REASON EXPERTS
	13 APPEARANCES TO PROVIDE LEGISLATIVE TESTIMONY; 19 POLICY STUDIES; 381
	COMMENTARIES AND OP-EDS; 12 SURFACE TRANSPORTATION INNOVATIONS
	NEWSLETTERS; 12 AIR SECURITY NEWSLETTERS; 12 AIR TRAFFIC CONTROL
	NEWSLETTERS; 3 PRIVATIZATION WATCH NEWSLETTERS; 4 REASON REPORT
A -1	
40	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ \$ 5.830.283. (Must equal Part IX Line 25. column (B).)
4 -	

# Form 990 (2008) THE REASON FOUNDATION 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		7,7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			₩
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	44	Х	
10	If "Yes," complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	11	- 41	<del> </del>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 21	X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		<del>                                     </del>
٥	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	ĺ		l
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c	<b></b>	ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		x
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1-2-
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25b		х
26	prior year? If "Yes," complete Schedule L, Part I	200	<del> </del>	1
۷.	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			- <u>^</u> -
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		l x
	, and the second		000	(0000)

#### Part IV | Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV X 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 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 Х 34 Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х If "Yes," complete Schedule R, Part V, line 2 35 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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Form **990** (2008)

Х

Х

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Form 990 (2008) THE REASON FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

			***************************************	····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter ·0· if not applicable	1a	56			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		,	
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gaming			:
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a	X	
				3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	ınt)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			1.
	Financial Accounts.					لــِـا
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_	_			
_	Tax Shelter Transaction?			5c		Х
	Did the organization solicit any contributions that were not tax deductible?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu			01-		
,	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	o than	. ¢750	7a		X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		-22
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			'B	l	
·	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	<u> </u>			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		nal			÷
Ĭ	benefit contract?	p = . = = .		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		X
h			equired?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec				11.7	
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring o	rganiz	ation, have	1.50		
	excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: ${ m N/A}$			(4.5)	· 6.,	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b		10b				1.5
11	Section 501(c)(12) organizations. Enter: $\mathrm{N/A}$	1			1.150 3. H. S	
a	Gross income from members or shareholders	11a	-		Section 1	Ř,
b	Gross income from other sources (Do not net amounts due or paid to other sources against	<b> </b>		10		
	amounts due or received from them.)	11b		1.89		ļ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	000	(2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	tion A. Governing Body and Management		V	N1 -
	For each "Voo" response to lines 2. 7h holes, and for a "Ne" response to lines 2 or 0h holes, describe the circumstances	-	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
4	· · · · · · · · · · · · · · · · · · ·			
1a				
2	Enter the number of voting members that are independent	4 1		
2		2		X
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
J	of officers, directors or trustees, or key employees to a management company or other person?	3	l	Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6		6		X
7a	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the	۳		
10		7a		Х
h	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	7.0		
Ü	by the following:			;
а		8a	Х	
b	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ja		
		9b		
10	and branches to ensure their operations are consistent with those of the organization?  Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	55		
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11	Is there any officer, director or 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	11		Х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			***************************************
-	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	to conflicts?			
	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b	X	
С	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?	12b	X X	
c 13	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b 12c 13	X X X	
c 13 14	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	12b 12c 13	X X X	
c 13 14	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	12b 12c 13	X X X	
c 13 14	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	12b 12c 13 14	X X X	
c 13 14 15	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?	12b 12c 13 14	X X X X	
c 13 14 15 a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?	12b 12c 13 14	X X X X	
c 13 14 15 a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14	X X X X	X
c 13 14 15 a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	12b 12c 13 14 15a 15b	X X X X	X
c 13 14 15 a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14 15a 15b	X X X X	X
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c 13 14 15 a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12b 12c 13 14 15a 15b 16a	X X X X	
c 13 14 15 a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GZ.	12b 12c 13 14 15a 15b 16a 16b	X X X X	
c 13 14 15 a b 16a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ition C. Disclosure  List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	12b 12c 13 14 15a 15b 16a 16b	X X X X	
c 13 14 15 a b 16a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ition C. Disclosure  List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a 16b	X X X X	
c 13 14 15 a b 16a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  **Tion C. Disclosure**  List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, FL, GZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request	12b 12c 13 14 15a 15b 16a 16b	X X X X	
c 13 14 15 a b 16a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  **tion C. Disclosure**  List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, FL, GZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and the organization of interest policy, and the organization of interest policy, and organization in the organization of interest policy, and organization	12b 12c 13 14 15a 15b 16a 16b	X X X X	
c 13 14 15 a b 16a b Sec 17 18	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  **tion C. Disclosure**  List the states with which a copy of this Form 990 is required to be filled ▶AL, AK, AZ, AR, CA, CO, CT, FL, GZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website ☑ Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	12b 12c 13 14 15a 15b 16a 16b	X X X X X	
c 13 14 15 a b 16a b	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  **Tion C. Disclosure**  List the states with which a copy of this Form 990 is required to be filed **ALI, AK, AZ, AR, CA, CO, CT, FIL, GZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.    Own website	12b 12c 13 14 15a 15b 16a 16b	X X X X X	
c 13 14 15 a b 16a b Sec 17 18	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  **tion C. Disclosure**  List the states with which a copy of this Form 990 is required to be filled ▶AL, AK, AZ, AR, CA, CO, CT, FL, GZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website ☑ Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	12b 12c 13 14 15a 15b 16a 16b	X X X X X	

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

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

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

oxdot Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

(A)	(B)	<del>, ,</del>	11001		) (2)	,,	-	(D)	(E)	(F)
Name and Title	Average hours	<u> </u>		Posi	tion	арр	ıly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
WILLIAM A. DUNN CHAIRMAN	1.00	x		х				0.	0.	0.
THOMAS E. BEACH TRUSTEE	1.00	х						0.	0.	0.
DREW A. CAREY TRUSTEE	1.00	х						0.	0.	0.
DERWOOD S. CHASE, JR. TRUSTEE	1.00	х						0.	0.	0.
JAMES R. CURLEY TRUSTEE	1.00	х						0.	0.	0.
RICHARD J. DENNIS TRUSTEE	1.00	х						0.	0.	0.
DAVID FLEMING TRUSTEE	1.00	х						0.	0.	0.
JAMES D. JAMESON TRUSTEE	1.00	х						0.	0.	0.
MANUEL S. KLAUSNER TRUSTEE	1.00	х						0.	0.	0.
DAVID H. KOCH TRUSTEE	1.00	х						0.	0.	0.
JAMES LINTOTT TRUSTEE	1.00	х						0.	0.	0.
STEPHEN MODZELEWSKI TRUSTEE SARAH A. O'DOWD	1.00	х						0.	0.	0.
TRUSTEE GEORGE F. OHRSTROM	1.00	х						0.	0.	0.
TRUSTEE VERNON L. SMITH	1.00	Х				ļ.,		0.	0.	0.
TRUSTEE RICHARD A. WALLACE	1.00	х				ļ		0.	0.	0.
TRUSTEE FRED M. YOUNG, JR.	1.00	х		········				0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.

832007 12-18-08

Part VII Section A. Officers, Directors, Tru	stees, Key Er	npl	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Posi				Reportable	Reportable		Est	imate	d
	hours	(c	heck	c all	that	app	ly)	compensation	compensatio			ount (	of
	per	cle						from	from related			other	
	week	ndividual trustee or director				рa		the organization	organizations (W-2/1099-MIS			oensa om the	
		stee o	ustee			ensai		(W-2/1099-MISC)	(**-2/1099-14110	,,,		anizati	-
		al tru	nal tr		loyee	in a		(112, 1000 )11100)			v	l relat	
,		ividu	Institutional trustee	Officer	dwa /	Highest compensated employee	mer				orga	nizati	ons
		Ĕ	i i	ŧ	₹.	三三 三	호						
PIERLUIGI ZAPPACOSTA							П						
TRUSTEE	1.00	X					l	0.	-	0.			0.
DAVID NOTT													-
PRESIDENT & CEO	40.00	X		Х				210,112.		0.			0.
ROBERT W. POOLE, JR.							Π						
FOUNDER	40.00	Х		Х				194,098.	≣	0.			0.
MICHAEL ALISSI												•	
VICE PRESIDENT, OPERATIO	40.00			x			ĺ	110,000.		0.			0.
NICHOLAS GILLESPIE													
VICE PRESIDENT, REASON O	40.00			X				149,979.		0.			0.
JONATHAN GRAFF					Π	Ī							
TREASURER, SECRETARY	40.00			X	l			128,978.		0.			0.
ADRIAN T. MOORE													-
VICE PRESIDENT, RESEARCH	40.00		ł	X		1	Ì	146,305.		0.			0.
MATT WELCH						1							
VICE PRESIDENT, MAGAZINE	40.00			Х				125,428.		0.	-		0.
						L							
P		<u> </u>		L			L						
1b Total								1,064,900.		0.	<u> </u>	*********	0.
2 Total number of individuals (including those	•							•					_
compensation from the organization										▶	<u> </u>	Yes	7 No
												103	
3 Did the organization list any former officer,				-		-			• •				X
line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4 For any individual listed on line 1a, is the su			-					•	the organization			37	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	=					-		-					X
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	per	son								5		
			I				- K-	that was about the second of	#100.000 -f -				<del></del>
Complete this table for your five highest co     the experiences.	mpensated in	aep	ende	ent	cont	ract	ors	mat received more than	ι φιυυ,υυυ ot con	npens	sation 1	rom	
the organization. (A)								(B)	T		(0	<b>`</b> \	
(A) Name and business	address							Description of	services	c	ى Compe		n

(A) Name and business address	(B) Description of services	(C) Compensation
	Description of services	Compensation
P.F. BENTLEY		
PO BOX 4453, KAILUA KONA, HI 96745	VIDEO PRODUCER	151,618.
RONALD BAILEY, 517 SECOND STREET, N.E.,	SCIENCE	
CHARLOTTESVILLE, VA 22902	CORRESPONDENT	102,917.
2 Total number of independent contractors (including those in 1) who received n	nore than \$100,000 in compensation	
from the organization > 2	·	

Form 990 (2008)

# Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,064,900.	820,090.	85,500.	159,310
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<u> </u>	
7	Other salaries and wages	2,137,462.	1,846,227.	95,013.	196,222
8	Pension plan contributions (include section 401(k)			•	
	and section 403(b) employer contributions)				
9	Other employee benefits	157,179.	132,032.	8,350.	16,797
10	Payroll taxes	223,250.	189,325.	11,700.	22,225
11	Fees for services (non-employees):				
а	Management				
	Legal	23,291.	19,564.	1,264.	2,463 1,700
	Accounting	17,000.	14,450.	850.	1,700
d	Lobbying				
е					**************************************
f	Investment management fees				
g					
12	Advertising and promotion	302,152.	279,600.	60.	22,492
13	Office expenses	87,441.	73,472.	885.	13,084
14	Information technology		***************************************	****	
15	Royalties		204 202	40 054	0000
16	Occupancy	378,892.	321,332.	19,254.	38,306
17	Travel	256,386.	212,277.	1,021.	43,088
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			wantana and a sandara and	White the second
20	Interest			Marie Company of the	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	97,921.	82,298.	5,240.	10,383
23	Insurance	59,151.	49,797.	3,121.	6,233
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а	CONTRACT SERVICES	789,533.	778,371.	1,774.	9,388
b	MANUFACTURING AND DISTR	542,234.	541,835.	125.	274
С	PRINTED MATERIAL	141,748.	117,418.		24,330
d	POSTAGE AND SHIPPING	94,186.	52,990.	2,576.	38,620
е	ON-LINE SERVICES	83,798.	77,581.	2,191.	4,026
f	All other expenses	255,884.	221,624.	6,326.	27,934
25	Total functional expenses. Add lines 1 through 24f	6,712,408.	5,830,283.	245,250.	636,875
26	Joint Costs. Check here   if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

L					(A) Beginning of year		(B End of	) Vear	
	1	Cash - non-interest-bearing			209	1		4,4	05.
	2	Savings and temporary cash investments	•••••		975,257.	2			
	3	Pledges and grants receivable, net			623,892.	3	1,03	0.3	68.
	4	Accounts receivable, net			59,827.	4		0,1	
	5	Receivables from current and former officers, d							
		employees, or other related parties. Complete F				5			
	6	Receivables from other disqualified persons (as		i i i i i i i i i i i i i i i i i i i					
		4958(f)(1)) and persons described in section 49				`			
		Part II of Schedule L		· ·		6			
S	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
Ä	9	Prepaid expenses and deferred charges				9	6	55,7	29.
	10a	Land, buildings, and equipment: cost basis		878,693.					
	l	Less: accumulated depreciation. Complete							
		Part VI of Schedule D	10b	804,006.	163,873.	10c	7	4,6	87.
	11	Investments - publicly traded securities			2,545,261.	11	2,61	.3,3	48.
	12	Investments - other securities. See Part IV, line				12			
	13	Investments - program-related. See Part IV, line				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			119,330.	15		(4,5)	
	16	Total assets. Add lines 1 through 15 (must equ			4,487,440.	16	4,46		
	17	Accounts payable and accrued expenses			469,355.	17	54	10,3	352.
	18	Grants payable				18			
	19	Deferred revenue			769,283.	19	45	54,2	<u> 187</u>
	20	Tax-exempt bond liabilities				20			
es	21	Escrow account liability. Complete Part IV of Se	chedule [	D	· · · · · · · · · · · · · · · · · · ·	21	····		
Liabilities	22	Payables to current and former officers, director	ors, truste	ees, key employees,					
jab		highest compensated employees, and disquali	fied pers	ons. Complete Part II		1			
_		of Schedule L				22	······································		<del></del>
	23	Secured mortgages and notes payable to unre				23			
	24	Unsecured notes and loans payable				24	***************************************		
	25	Other liabilities. Complete Part X of Schedule D		l <sub>2</sub>	4 030 630	25			
	26	Total liabilities. Add lines 17 through 25			1,238,638.	26	95	4,6	39.
		Organizations that follow SFAS 117, check h	iere 🕨	LX and complete					
ces		lines 27 through 29, and lines 33 and 34.			2 502 400		2 0	: 70 (	101
		Unrestricted net assets			2,503,498.	27	2,97		
Fund Bala	28	Temporarily restricted net assets		Г	705,025. 40,279.	28		19,2 11,2	
pur	29				40,419.	29		<u> </u>	113
		Organizations that do not follow SFAS 117,	спеск пе	ere 🚩 📖 and	en e	1			1
Net Assets or	20	complete lines 30 through 34.	=			30			
sed	30	Capital stock or trust principal, or current funda Paid-in or capital surplus, or land, building, or e				31			
ξĂ	1			r		32			
Se	32	Retained earnings, endowment, accumulated i			3,248,802.	33	3,40	58 F	569
	34	Total net assets or fund balances  Total liabilities and net assets/fund balances			4,487,440.	34	4,46		
Pa	rt XI				1/10//1100	1 0-1		70 12	
		Timanola Catalina in a portin	<u> </u>					Yes	No
1	Acco	ounting method used to prepare the Form 990:	Cas	sh X Accrual	Other			1	-
2a		e the organization's financial statements compile					2a		X
b		e the organization's financial statements audited					***************************************	X	1
		'es" to lines 2a or 2b, does the organization have						1	1
-		ew, or compilation of its financial statements and					1	Х	
За		a result of a federal award, was the organization r							
		and OMB Circular A-133?	•	<del>-</del>		-			x
h		es." did the organization undergo the required a					3b		1

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Name of t	he organizati	on						En	nployer i	identificati	on nur	mber
			SON FOUNDATI						95	5-3298	239	
Part I	Reason 1	for Public Chari	<b>ty Status</b> (All organiz	ations mus	st complet	e this part	.) (see inst	tructions)				
The organ  1	A church, cor A school des A hospital or A medical res	nvention of churches cribed in section 17 a cooperative hospit search organization o	pecause it is: (Please ch s, or association of churco O(b)(1)(A)(ii). (Attach Scl al service organization of operated in conjunction	ches descr hedule E.) described i	ribed in se	ction 170 170(b)(1)(	<b>A)(iii).</b> (Att	tach Sched		he hospital	's nam	ıe,
5	A federal, sta An organizati section 170( A community An organizati activities rela income and u	on operated for the label (b)(1)(A)(iv). (Complete, or local government that normally received to the contract described in somethat normally received to its exempt furunrelated business to	ent or governmental unit eives a substantial part of te Part II.) ection 170(b)(1)(A)(vi). ( eives: (1) more than 33 1 actions - subject to certa axable income (less sect	t described of its supp (Complete 1/3% of its in exception	d in <b>sectio</b> n ort from a Part II.) support fr ons, and (2	n 170(b)(1 governme rom contri 2) no more	butions, methors	or from the nembership 1/3% of its	general į o fees, ar support	oublic desc nd gross rea from gross	ceipts invest	from tment
10	An organizati An organizati more publicly describes the a Type I By checking foundation m If the organiz supporting or Since August (i) A persor the gove	on organized and operations or supported organizate type of supporting this box, I certify the anagers and other the tation received a write transcription, check the tation, check the tation, and the control who directly or independing body of the supported to the support of	perated exclusively to tea perated exclusively for the perated exclusively for the titions described in section organization and complete Type II controle is not the organization is not the organization from the perate organization accepted are irectly controls, either all upported organization?	ne benefit of con 509(a)(1) ete lines 1 controlled y supporte the IRS that any gift or cone or tog	of, to perform to perform the through the third the control of the	orm the fur in 509(a)(2 in 11h. itionally int indirectly itions desc pe I, Type in from any persons c	nctions of, 2). See sec regrated by one of cribed in s II, or Type of the following	or to carry ction 509(a r more disc ection 509 e III	y out the a)(3). Che d qualified b(a)(1) or sons?	purposes of eck the box  Type III - (persons off section 509	that Other ner tha	an
h	(iii) A 35% d	controlled entity of a	n described in (i) above? person described in (i) o about the organizations	or (ii) above	∍?							
	of supported anization	(ii) EIN		in col. (i) lis	organization sted in your document? No	organizat	ion in col.	(vi) Is organizatic (i) organiz U.S. <b>Yes</b>	on in col. ed in the	<b>(vii)</b> An sup	nount o	ıf
										staten som einestron	Karaminjuryugunga	
						***************************************						
			The state of the s									N

Total

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

Schedule A (Form 990 or 990-EZ) 2008 THE REASON FOUNDATION 95-3298239 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section	on A. Public Support						
Calend	lar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gi	fts, grants, contributions, and						
me	embership fees received. (Do not						
ind	clude any "unusual grants.")	4449928.	6045503.	6855241.	6267769.	6093799.	29712240.
<b>2</b> Ta	x revenues levied for the organ-						
iza	ation's benefit and either paid to						
or	expended on its behalf			,			
3 Th	ne value of services or facilities						,
fu	rnished by a governmental unit to						
th	e organization without charge						
4 To	otal. Add lines 1 - 3	4449928.	6045503.	6855241.	6267769.	6093799.	29712240.
	ne portion of total contributions						
by	v each person (other than a	. 4					
	overnmental unit or publicly						
su	pported organization) included						
or	line 1 that exceeds 2% of the						
an	nount shown on line 11,				as in		
CC	olumn (f)	January 1					
6 Pı	ublic Support. Subtract line 5 from line 4.			<del></del>			29712240.
	on B. Total Support				<del></del>		
Calend	lar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	mounts from line 4	4449928.	6045503.	6855241.	6267769.		29712240.
	ross income from interest,	***************************************	***************************************				
	vidends, payments received on						•
se	curities loans, rents, royalties		,				
	nd income from similar sources	13,880.	108,452.	244,067.	117,733.	78,392.	562,524.
	et income from unrelated business		<del></del>				
ac	tivities, whether or not the						
bu	usiness is regularly carried on						
	ther income. Do not include gain						
or	loss from the sale of capital						
	sets (Explain in Part IV.)						
	otal support. Add lines 7 through 10		The second secon		***************************************	**************************************	30274764.
<b>12</b> Gr	ross receipts from related activities,	etc. (see instructi	ons)			12 3	,670,511.
13 Fi	rst five years. If the Form 990 is for	the organization's					**************************************
	ganization, check this box and <mark>sto</mark> p				•••••		
Section	on C. Computation of Publ	ic Support Pe	rcentage				
<b>14</b> Pu	ublic support percentage for 2008 (l	ine 6, column (f) d	ivided by line 11, o	column (f))		14	98.14 %
<b>15</b> Pu	ublic support percentage from 2007	Schedule A, Part	IV-A, line 26f		• • • • • • • • • • • • • • • • • • • •	15	%
16a 33	<b>3 1/3% support test - 2008.</b> If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
st	op here. The organization qualifies	as a publicly supp	orted organization	١			<b></b> ▶ X
b 33	<b>3 1/3% support test - 2007.</b> If the c	organization did no	t check a box on l	line 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
ar	nd <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiz	ation			
	0% -facts-and-circumstances tes						
ar	nd if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and <mark>stop h</mark>	i <mark>ere.</mark> Explain in Pa	rt IV how the orga	nization
m	eets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		
	0% -facts-and-circumstances tes						
	ore, and if the organization meets th						
or	ganization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	▶□
18 Pr	ivate foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	ns 🕨 🔲

Schedule A (Form 990 or 990-EZ) 2008 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees 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 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 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 ..... 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b ..... 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ............

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ To be completed by organizations described below.

➤ Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 5	501(c)(4), (5), or (6) organiza	ions: Complete Part III.	•		
Name of orga				Empl	oyer identification number
		SON FOUNDATION			95-3298239
Part I-A		y all organizations exem	pt under section	501(c) and section 52	27 organizations.
	See the instructions for S	chedule C for details.			
		ation's direct and indirect politic			
3 Volunte	er hours				
Part I-B	To be completed by	y all organizations exem	ent under cection	E04(a)(9)	A)
rail I-D	See the instructions for S	•	ipt under section	501(0)(3).	
1 Enter th		incurred by the organization und	der section 4955	▶\$	Waller to the second of the se
2 Enter th	e amount of any excise tax	incurred by organization manag	ers under section 495	5 <b>&gt;</b> \$	
		n 4955 tax, did it file Form 4720			
b If "Yes,"	' describe in Part IV.				
Part I-C	To be completed b	y all organizations exem	pt under section	501(c), except section	n 501(c)(3).
H-17-40-00-00-00-00-00-00-00-00-00-00-00-00-	See the instructions for S				
		by the filing organization for se			
	0 0	ization's funds contributed to of	· ·		
					***************************************
	·	function expenditures. Add lines			
		4400 001 ( 114 0			
		1120-POL for this year?			
		nployer identification number (E if the amount was paid from the		_	
		separate political organization,			
	onal space is needed, provi		odori do d coparato co	grogatod faria of a political	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Namo	(5) / (441000	(0) 2111	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
	**************************************				
					***************************************
	· · · · · · · · · · · · · · · · · · ·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			

Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total					
2a Lobbying non-taxable amount	393,280.	451,341.	512,519.	476,173.	1,833,313.					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))				- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	2,749,970.					
c Total lobbying expenditures	22,168.	0.	17,917.	12,067.	52,152.					
d Grassroots non-taxable amount	98,320.	112,835.	128,130.	119,043.	458,328.					
e Grassroots ceiling amount (150% of line 2d, column (e))					687,492.					
f Grassroots lobbying expenditures	0.	0.	0.	0.	0.					

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 THE REASON FOUNDATION 95-3298239 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a)		(b)		
		Yes	_ N	lo l	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
b	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				··	
C	***************************************		<b> </b>		······································	<del></del>
	Mailings to members, legislators, or the public?		<u> </u>			
e	Publications, or published or broadcast statements?		<u> </u>			
	Grants to other organizations for lobbying purposes?		<u> </u>			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		ļ			
n :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		ļ			
,	Other activities? If "Yes," describe in Part IV		ļ			
1	Total lines 1c through 1i		<del> </del>		<del></del>	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ			MINISTER, 0,000,000,000,000,000,000,000,000,000
	If "Yes," enter the amount of any tax incurred under section 4912	, , , ,		1.		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<del></del>	1			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A  To be completed by all organizations exempt under section 501(c)(4)	cootion	501	(a)(5)	orgoot	ion
r ai	501(c)(6). See the instructions for Schedule C for details.	, section	301	(C)(O)	, or sect	ЮП
	CONTACTOR CONTINUES CONTIN				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		***************************************
1	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.  Dues, assessments and similar amounts from members			1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
a	Current year			2a		
b	Carryover from last year			2b		
C				2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3	All-Mill Chabberry and an array	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-			***********	<del></del>	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			ŧ,		
	expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5	····	5 <u></u>
Pai	t IV Supplemental Information	<del></del>				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B	, line	1i. Also	o, complete	this part
for a	ny additional information.				•	·
						······································
					······································	·

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

2008
Open to Public Inspection

Name of the organization

THE REASON FOUNDATION

Employer identification number 95-3298239

Schedule D (Form 990) 2008

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, line						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year		•				
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's	•					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of		[				
Pa	rt II Conservation Easements. Complete if the org						
1	Purpose(s) of conservation easements held by the organization						
_	Preservation of land for public use (e.g., recreation or publi		storically important land area				
	Protection of natural habitat	Preservation of certific					
	Preservation of open space		od motorio di dotaro				
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	servation easement on the last day				
_	of the tax year.		Borvation oddoment on the last day				
	of the tax your.		Held at the End of the Year				
а	Total number of conservation easements						
b							
c	Number of conservation easements on a certified historic str						
d							
3.							
0.	year	ileased, extiliguished, of terminated by th	e organization duning the taxable				
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe	Market 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	and				
Ū	enforcement of the conservation easements it holds?						
6	Staff or volunteer hours devoted to monitoring, inspecting, a						
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) above						
Ü		vo satisfy the requirements of section 176					
9							
3	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for						
	conservation easements.	LIOITS IIII di ICIdi Statel Hellits ti lat describes	the organization s accounting to:				
Pa	rt III   Organizations Maintaining Collections o	f Art. Historical Treasures, or C	ther Similar Assets.				
	Complete if the organization answered "Yes" to Form	•	7.1107 O				
12	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and h	palance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e						
	the footnote to its financial statements that describes these	•	dolle service, provide, in that Arv, the text of				
h	If the organization elected, as permitted under SFAS 116, to		age shoot works of art, historical transuras				
b	or other similar assets held for public exhibition, education, or						
	these items:	or research in furtherance of public servic	e, provide the following amounts relating to				
			<b>•</b> •				
	(i) Revenues included in Form 990, Part VIII, line 1						
_	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre		ai gain, provide				
	the following amounts required to be reported under SFAS 1		<b>▶</b>				
a							
b	Assets included in Form 990, Part X		> \$				

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

4 Describe in Part XIV the Intended uses of the							
Part VI   Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value			
1a Land							
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment							
e Other		878,693.	804,006.	74,687			
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)							

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Schedule D (Form 990) 2008

|3a(ii)

Federal Income taxes

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)....

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

Department of the Treasury Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2008

Name of the organization

lame of the organization				Employer identification number					
THE REASON FOUNDATION						95-3298	239		
Part I   Fundraising Activities.	Complete if the organization answe	red "Y	'es" to	o Form 990, Part IV, I	ine 1	7.			
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Email solicitations</li> <li>c X Phone solicitations</li> <li>d X In person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicitat f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (includer rofess uant to	non-g gover lising ding o ional to agre	overnment grants nment grants events fficers, directors, tru fundraising services? ements under which	stees the	Yes	X No		
(i) Name of individual or entity (fundraiser)	(ii) Activity			fundralser (IV) Gross receipts 1 to		to (	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			****			
							***************************************		
			,						
							7		
							***************************************		
Total		<u> </u>	L				·		
3 List all states in which the organization AL, AK, AZ, AR, CA, CO, CT,									
OR, PA, RI, SC, TN, UT, VA,							, , ,		
				**************************************		- Variation California (California California Californi			
				The second secon	· · · · · · · · · · · · · · · · · · ·				
		**********			······	Militari wali na manazari kwakazi katani militari militari	indiana de la companya del companya de la companya del companya de la companya de		
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						··········			

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events REASON GOES REASON NONE (Add col. (a) through TO HOLLYWOODWEEKEND col. (c)) (event type) (total number) Revenue 314,924. 83,450. 1 Gross receipts ..... 398,374. 2 Less: Charitable contributions ..... 46,695. 46,695. 3 Gross revenue (line 1 minus line 2) .......... 268,229. 83,450 351,679. 4 Cash prizes 5 Non-cash prizes Direct Expenses 6 Rent/facility costs 268,229. 167,562. 435,791. 7 Other direct expenses 8 Direct expense summary. Add lines 4 through 7 in column (d) 435,791.) 9 Net income summary. Combine lines 3 and 8 in column (d) <84,112.> Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes **Direct Expenses** 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

Schedule G (Form 990 or 990-EZ) 2008 THE REASON FOUNDATION 95-329	823	<u>9 Ρε</u>	ige <b>3</b>
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a %	1		1
b An outside facility 13b %	]		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:	1 1		1
			Į
Name >			-1
	1.4		
Address >			
	.		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
100 Does the organization have a contract with a tillia party from whom the organization receives gaming revenue:	104		<del></del>
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party > \$			1. t.
or garning revenue retained by the third party  \$			
c If "Yes," enter name and address:			
		1, 24	
Name >	1 2 2		
	1 !		
Address >			
16 Gaming manager information:	1 to 1 to 1	10.0	
			1.5
Name			1.5
			13.
Gaming manager compensation > \$	14.34		12.
			1.5
Description of services provided >			+ +2
			H
Director/officer Employee Independent contractor			
17 Mandatory distributions:		11.3	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a	-	<u> </u>
h Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	110		

organization's own exempt activities during the tax year > \$

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

THE REASON FOUNDATION

Employer identification number

95-3298239 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X b Any related organization? If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?  $\overline{X}$ X b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III Х

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

Schedule J (Form 990) 2008 THE REASON FOUNDATION 95–3298239

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. THE REASON FOUNDATION

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(0)	(D)	(E)	(F)
(A) Name	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Nontaxable benefits	(B)(f)-(D)	reported in prior Form 990 or Form 990-EZ
	(E)	210,112.	0	0	0	0	210,112.	0
DAVID NOTT	Ξ	0	0.	0.	0	0		0.
	Ξ	194,098.	0	0.	0	0.	194,09	0
ROBERT W. POOLE, JR.	(ii)	0.	0.	0.	0	0	• 0	0
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				,			Schedul	Schedule J (Form 990) 2008

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

THE REASON FOUNDATION

Employer identification	numper
95-3298239	

	t Transacti				504/ 1/2				5-32	9843	9	
						_						
To be completed b	y organization	s that ansv	vered "Yes" on	Form 99	0, Part IV,	line 25a or	25b, or F	orm 990	0-EZ, Pa	rt V, line	40b.	
1 (a) Name of di	isqualified ner	son.			(h) [	Description	of tranca	ction			(c) Corr	ected?
(a) Name of a	oquamed per				(10) 1	Description	UI transa	CLION			Yes	No
•												
		***************************************										
					**		***************************************					
		· · · · · · · · · · · · · · · · · · ·					******			··		
2 Enter the amount of tax imposection 4958											1	
3 Enter the amount of tax, if a	any, on line 2,											
Part II Loans to and/o												
To be completed b	y organization	s that ansv	vered "Yes" or	Form 99	0, Part IV,	line 26, or F	orm 990	-EZ, Pai				
(a) Name of interested person and purpose		to or from	(c) Original	principal	(d) Bala	ance due		ln.	(f) Ap	proved pard or	(g) W	
person and purpose	the orga	nization	amoui	nτ			deta	ult?		nittee?	agree	ment?
	То	From					Yes	No	Yes	No	Yes	No
					<del>5"</del>		<del>                                     </del>					
Total				> \$	<u> </u>		<del> </del>					
Part III Grants or Assi	stance Ber	nefiting	nterested	Person	S.	<u> </u>	·				<u> </u>	
To be completed b	y organization	s that ansv	vered "Yes" or	n Form 99	0. Part IV.	line 27.						
(a) Name of interested	<del></del>		(b) Relations	***************************************			and		(c) Amo	unt of gr	ant or tv	ne
• ,	•		()	the or	ganization	i	ana			of assista		<b>P</b> •
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Part IV   Business Tran	sactions In	volvina	Interested	Person	S.							
To be completed b						lines 20a C	ob or O	20				
(a) Name of interested			Relationship b						Descrip	tion of	(e) Sha	aring of
(a) Name of litterested	person	(6)	person and th			(c) Amo			Descrip transact		organiz	zation's
			,	10 01 941 112		Litarios	.0011		tranoao			nues?
TERI MOORE			GT CED LC	CDOTT	O E	ļ	447		70 3	COME	Yes	No
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

### **SCHEDULE 0**

(Form 990)

832211 12-18-08

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE REASON FOUNDATION

Employer identification number 95-3298239

Schedule O (Form 990) 2008

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUAL LIBERTY, FREE MARKETS, AND THE RULE OF LAW. WE USE
JOURNALISM AND PUBLIC POLICY RESEARCH TO INFLUENCE THE FRAMEWORKS AND
ACTIONS OF POLICYMAKERS, JOURNALISTS, AND OPINION LEADERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPINION LEADERS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS
NEWSLETTERS
FORM 990, PART VI, SECTION A, LINE 10: PRIOR TO FILING WITH THE IRS THE
DRAFT 990 WILL BE EMAILED TO THE ENTIRE BOARD OF TRUSTEES FOR REVIEW,
FEEDBACK WILL BE PROVIDED TO THE CFO.
FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES AND OFFICERS OF THE
FOUNDATION WILL COMPLETE A FORM TO CERTIFY THAT THERE ARE NO EXISTING
CONFLICTS. IF THERE ARE ANY CHANGES TO THAT STATUS THEY WILL COMPLETE AND
SUBMIT ANOTHER FORM.
OTHER EMPLOYEES HAVE CERTIFIED THAT THEY ARE AWARE OF THE POLICY AND WILL
DISCUSS AND POTENTIAL CONFLICTS WITH THEIR IMMEDIATE SUPERVISOR.
FORM 990, PART VI, SECTION B, LINE 15: COMPARABLE DATA WAS ASSEMBLED FROM
PUBLIC 990 FILINGS FOR SIMILAR POSITIONS WITHIN OTHER NONPROFIT
ORGANIZATIONS AND PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

2008
Open to Public Inspection

Name of the organization

THE REASON FOUNDATION

Employer identification number 95-3298239

TRUSTEES WITH RECOMMENDATIONS FOR COMPENSATION. THE FINANCE COMMITTEE THEN
DISCUSSED AND APPROVED COMPENSATION IN AN EXECUTIVE COMMITTEE MEETING OF
THE FULL BOARD.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, DC, WV, WI, KY, LA, MO
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST THE DOCUMENTS WILL BE
MAILED OR E-MAILED TO THE REQUESTING PARTY.
THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES OVERSIGHT OVER THE AUDIT
PROCESS AND REVIEWS AND APPROVES THE AUDIT. THIS PROCESS HAS REMAINED
THE SAME AS PRIOR YEAR.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: TERI MOORE
(D) DESCRIPTION OF TRANSACTION: RUNS A COMPANY WHICH PERFORMS EDITING
SERVICES FOR THE FOUNDATION STUDIES.

# 2008 DEPRECIATION AND AMORTIZATION REPORT

6	FORM 990 PAGE 10							066			į	•			
	Des	Description	Date Acquired	Method	Life	Oor> Nac oor	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL  1 FURNITURE & FIXTURES	ND GENERAL FIXTURES	VARIOUS	ST.	3.00	HY16	856,968.				856,968.	684,360.		97,921.	782,281.
2		PROVEMENTS 0 TOTAL ND GENERAL	VARIOUS	SE	2.00	HY16	21,725.	* 			21,725.	21,725. 706,085.	.*	97,921.	21,725. 804,006.
	* GRAND TOTAI	* GRAND TOTAL 990 PAGE 10 DEPR					878,693.				878,693.	706,085.		97,921.	804,006.
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Form <b>990</b>	<b>)-T</b>	E	xempt Orga	nization Bus	ine	ss Income T	ax Retur	n	OMB No. 1545-0687
Department of	the Treasury	_		ind proxy tax und			ר חכ חוד	امما	Open to Public Inspection for 50 1(c)(3) Organizations Only
A Che	eck box if	For c		year beginning OCT 1  Check box if name c			EP 30, 2	DEmplo	501(c)(3) Organizations Only over Identification number ovees' trust, see instructions
	lress changed							for Blo	ock D on page 9.)
	under section	Print	THE REASON	· · · · · · · · · · · · · · · · · ·				_1	5-3298239 ated business activity codes
X 501(c		or Type		m or suite no. If a P.O. box				(See in	nstructions for Block E
408(e				PULVEDA BOUL	EVA.	RD, NO. 400		on pag	ј <del>е</del> 9.)
408A 529(a	(,		City or town, state, and	ZIP code 5, CA 90034	-60	6.4		511	120
	<del></del>	F Groun	<del> </del>	instructions for Block F.)		04		1277	120
at end of				X 501(c) corporation		501(c) trust	401(a) trus	+	Other trust
4,39	7,479.			00 1(0) 00100144001		00 1(0) 11 001	()	· L	
-		n's prim	ary unrelated business ac	tivity. 🕨 S	EE	STATEMENT 1	. ".		
I During the	e tax year, was	the corp	ooration a subsidiary in ar	affiliated group or a pare	nt-subsi	idiary controlled group?	<b>&gt;</b>	Ye	s X No
			tifying number of the pare						
			JONATHAN GRA				one number		
<u></u>			de or Business In	come		(A) Income	(B) Expens	es	(C) Net
	receipts or sale		t	<b>.</b>			1. 1. 1. 1. 1. 1. 1.		
	eturns and allo		A II		1c				
			A, line 7)		2				
	profit. Subtrac		ch Schedule D)		4a				
			Part II, line 17) (attach For		4b	·····	· · · · · · · · · · · · · · · · · · ·		······································
			sts		4c				
			nips and S corporations (a		5				
				,	6				<del>(</del>
7 Unrela	ited debt-financ	ced incor	me (Schedule E)		7				
			and rents from controlled		8				***************************************
9 Invest	ment income o	f a sectio	on 501(c)(7), (9), or (17)	organization					
(Sched	dule G)				9				
10 Exploi	ted exempt act	ivity inco	ome (Schedule I)		10	25,915.		978.	20,937.
11 Advert	tising income (	Schedul	e J)		11	133,111.	144,	374.	<11,263.>
			ns; attach schedule.)		12	4 5 0 0 0 6	140	<u> </u>	<u> </u>
13 Total			igh 12	ere (see instructions fo	13	159,026.		352.	9,674.
Partin				st be directly connecte					
14 Com	pensation of of	ficers, di	irectors, and trustees (Sc	hedule K)				. 14	
15 Salar	ies and wages							15	
									***************************************
<ul><li>19 Taxes</li><li>20 Chari</li></ul>	s and licenses itable contribut	lone (So	ve instructions for limitation	n rules.)			***************************************	19	Taran rate and the same of
								- 20	
				ere on return			***************************************	- 22b	
23 Deple									
	*******	ferred co	ompensation plans					· L	
25 Empl	loyee benefit pr	rograms						25	
<b>26</b> Exce	ss exempt exp	enses (S	schedule I)					26	
<b>27</b> Exce	ss readership o	costs (Sc	chedule J)					. 27	
28 Other	r deductions (a	ittach scl	hedule)			,		. 28	
29 Tota	al deductions	s. Add lir	nes 14 through 28					. 29	0.
				ng loss deduction. Subtra					9,674.
31 Net o	perating loss (	deduction	n (limited to the amount o	n line 30)				. 31	9,674.
				duction. Subtract line 31 f					1,000.
				tions for exceptions) line 33 from line 32. If line				33	1,000.
				inie 33 from inie 32. if inie				. 34	0.

Part II	I Tax Computation			_
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$ (2) \$ (3) \$			
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	A 1		
	(2) Additional 3% tax (not more than \$100,000)			
c	Income tax on the amount on line 34	35c	0	
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			*****
	Tax rate schedule or Schedule D (Form 1041)	36		
37	Proxy tax. See instructions	37		_
	Alternative minimum tax	38		
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0	•
Part I	/ Tax and Payments	<del></del>		_
<u> </u>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a			_
	Other credits (see instructions) 40b			
c	General business credit. Attach Form 3800 40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	1		
	Total credits. Add lines 40a through 40d	40e		
		41	0	
42	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42		_
	Total tax. Add lines 41 and 42	43	0	·
	Payments: A 2007 overpayment credited to 2008	-10		÷
	2008 estimated tax payments 44b	1		
	Tax deposited with Form 8868 44c			
4	Foreign organizations: Tax paid or withheld at source (see instructions)  44d	1		
	Backup withholding (see instructions)  44e	1		
		1		
'	Other credits and payments: Form 2439 Total ▶ 44f			
45		45		
40	Total payments. Add lines 44a through 44f  Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □	46		
		47	0	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	48		<u>.</u>
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want; Credited to 2009 estimated tax  Refunded	49	<u> </u>	-
49	Statements Regarding Certain Activities and Other Information (See instructions on pag			
h	ny time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial ac		Yes No	
	ity time during the 2008 calendar year, the triganization have an interest in or a signature or other authority over a mancial activities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank		I CS N	
•	ncial Accounts. If YES, enter the name of the foreign country here	anu		
2 Durin	ng the tax year, did the organization receive a distribution from, or was it the granto <del>r or, or transferor to, a foreign trust?</del>		X	7
	s, see page 5 of the instructions for other forms the organization may have to file. In the amount of tax-exempt interest received or accrued during the tax year ▶\$			
	lule A - Cost of Goods Sold. Enter method of inventory valuation			·
Oched	N/A			
1 Inve	entory at beginning of year 1 6 Inventory at end of year	T 6		
	The state of the s			*******
		7		
		<u> </u>	Yes N	
			Yes N	<u> </u>
	,		x	,
5 Tota	al. Add lines 1 through 4b	wledge and h		<u> </u>
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Wicago and p		
Here	1) 555675575757575757575757575757575757575	•	cuss this return with	
11010		· · · _	own below (see	
		nstructions)?		Ю
Paid	Check if	eparer's SSI		
Prepare	r's Eimis name for ATODAL T.T.D.	$\frac{1006}{5-2399}$	16514	
Use Onl	yours it seif-	1-4399	733	
	address and	/210\	272 2501	1
	BEVERLY HILLS, CA 90212-2907		273-2501	
		F	orm <b>990-T</b> (200	UΒ)

823721 03-09-09

Description of property										
(1)	·····									
(2)										
(3)										
(4)		· · · · · · · · · · · · · · · · · · ·								
		2 Rent received						3/a\Deductions direc	etly co	onnected with the income in
(a) From personal property (if rent for personal property 10% but not more th	is more that	ntage of an	(b) Fro	rent for pe	nd personal propert ersonal property exe is based on profit	ceeds 50% or i	tage f	columns 2(a)	) and 2	2(b) (attach schedule)
(1)										
(2)										
(3)				······································						
(4) Total			T-1-1			····				
	0/	0.	Total		······································		0.	(b) Total deductions		
c) Total income. Add totals of col							_	Enter here and on page 1	١	^
ere and on page 1, Part I, line 6, o Schedule E - Unrelated				0 /900	inetructions or	2 page 10\	0.	Part 1, line 6, column (B)	<b>P</b>	<u> </u>
chedule L - Officialed	Dent	-Fillance	HICOHI	<b>c</b> (266	instructions of	1 page 19)	1	3 Deductions directly of	connec	oted with or allocable
					2 Gross Inc			to debt-fin	anced	
1 Description of	f debt-finar	nced property			or allocable financed p		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
			•					,		,
(1)										
(2)							-			
(3)							- <del> </del>			
(4)				···········		····	1		$\neg \neg$	
4 Amount of average acquisition		5 Average	adjusted bas	sis	6 Column	4 divided	1	7 Gross Income		8 Allocable deductions
debt on or allocable to debt-finance property (attach schedule)	ed	of or	allocable to inced property		by colu			reportable (column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))
, , , , , , , , , , , , , , , , , , , ,		(attac	h schedule)	•				2 x column o		o(a) and o(b))
(1)				*************	\ <u>\</u>	%				
(2)		***************************************				%				
(3)						%				one in the second of the secon
(4)						%				
								ere and on page 1,		Enter here and on page 1,
							Part I, Iii	ne 7, column (A).		Part I, line 7, column (B).
Totals							<u> </u>		0.	0
Total dividends-received deduct	tions incl	uded in colum	n 8						▶	0
Schedule F - Interest, <i>I</i>	Annuit	ies, Roya	ities, an	***************************************				nizations (See i	nstru	uctions on page 20)
			ļ	Exemp	t Controlled C	<del></del>				
1 Name of controlled organizat	ion	Employer id	entification	Net ur	3 nrelated income	1	4 specified	5 Part of column 4 Included in the con-	that is trolling	6 Deductions directly connected with income
		num		(loss) (s	see instructions)		nts made	organization's gross	incom	ne in column 5
/_/\	**********									
(1)						· ·				
(2)									<del></del>	
(3)	·········	1							********	<u></u>
(3) (4)	zations						······································	olumn 9 that is Included	11	Deductions directly connected
(3) (4) Nonexempt Controlled Organi		t unrelated incor	ne (loss)	<b>0</b> T <sub>2</sub>	tal of specified pay	ments 1	[]Part of or			
(3) (4)		t unrelated incor (see Instruction		<b>9</b> To	tal of specified pay made	ments 1	In the con	trolling organization's	''	with income in column 10
(3) (4) Ionexempt Controlled Organi				<b>9</b> To	tal of specified pay made	ments 1	In the con	trolling organization's gross income		With Income in column 10
(3) (4) Nonexempt Controlled Organi 7 Taxable Income				<b>9</b> To	tal of specified pay made	ments 1	In the con	trolling organization's		with income in column 10
(3) (4) Nonexempt Controlled Organi 7 Taxable Income (1)				<b>9</b> To	tal of specified pay made	ments 1	In the con	trolling organization's		with income in column 10
(3) (4) Nonexempt Controlled Organi 7 Taxable Income (1) (2)				<b>9</b> To	tal of specified pay made	ments 1	In the con	trolling organization's		With Income in column 10
(3) (4) Nonexempt Controlled Organi 7 Taxable Income  (1) (2) (3)				9 то	tal of specified pay made	ments 1	In the con	trolling organization's		with income in column 10
(3) (4) Nonexempt Controlled Organi 7 Taxable Income  (1) (2) (3)				<b>9</b> To	tal of specified pay made		In the con	trolling organization's gross income		with income in column 10
(3) (4) Nonexempt Controlled Organi 7 Taxable Income (1) (2)				<b>9</b> To	tal of specified pay made	A	In the con	trolling organization's gross income  5 and 10. d on page 1, Part I,	Add Ente	columns 6 and 11. Frere and on page 1, Part I,
(3) (4) Nonexempt Controlled Organi 7 Taxable Income  (1) (2) (3)				<b>9</b> To	tal of specified pay made	A	In the con	trolling organization's gross income  5 and 10. d on page 1, Part I,	Add Ente	columns 6 and 11.

# Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

(see instr	uctions on page 21)			,, ( ),					
1 Descr	iption of income			2 Amount of income	3 Ded directly c (attach s	onnected		-asides schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)	·						u		
(4)									
			IP	Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals			▶	0.1	: ' '				0.
Schedule I - Exploited	Exempt Activity octions on page 21)	/ Income,	Other	Than Advertisi	ng Inco	me			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	STMT 3 Expen directly con with produ of unrela business in	nected ction ted	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<b>5</b> Gross from acti is not ur business	vity that related	attribu	penses table to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) MAILING LIST									
(2) RENTAL	25,915.	4,	978.	20,937.					
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,						Enter here and on page 1, Part II, line 26.
Totals	25,915.		978.			1 - 11			0.
Schedule J - Advertisi	<b>ng Income</b> (see i	nstructions	on page 2	21)					
Part I Income From I	Periodicals Rep	orted on	a Cons	solidated Basis					
1 Name of periodical	<b>2</b> Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		culation come	6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))  Part II Income From I columns 2 through			0 <b>.</b> a Sepa	rate Basis (For e	each perio	dical listed	in Part II	I, fill in	0.
				4 Advertising gain			±		7 Excess readership
1 Name of periodical	<b>2</b> Gross advertising income		Direct sing costs	or (loss) (col. 2 minus col. 3), if a gain, comput cols, 5 through 7.	5 Cir ind	culation come	6 Read cos	ership ts	costs (column 6 minus column 5, but not more than column 4).
(1) REASON MAGAZI	NE 133,11	1. 144	,374.	<11,263	• >				
(2)							iii lika hii aa aa ma	, , , , , , , , , , , , , , , , , , ,	
(3)									
(4)		Marketing Marketing or a supply of						***************************************	Whiteholishing pilet a certificing and a pillight leady yet have more a measure processing a complete seasonal
(5) Totals from Part I		0.	0.		Salpa, Sa	1 4	1 1 1 1 1 1 1	No. of the	0.
	Enter here and c page 1, Part I, line 11, col. (A)	page line 1	ere and on 1, Part I, I, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶ 133,11	1. 144	,374.	. Meza i di Giyak da		Test Miller Sh	000	1200	0.
Schedule K - Compens	sation of Office	rs, Direct	ors, an	d Trustees (see	instructio				
1 N	ame	777777 har berkernin de Allikanine		2 Title		3 Percentime devote busines:	d to		ensation attributable related business
							%		
Manage and the second s						*************	%		
7-17-7-4-1	VIII.					-	%		
		**************************************					%		
Total. Enter here and on page 1, P	art II, line 14						•		0.

Form **990-T** (2008)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

THE REASON FOUNDATION PUBLISHES REASON MAGAZINE ON A MONTHLY BASIS. THE MAGAZINE GENERATES UNRELATED BUSINESS INCOME IN THE FORM OF MAGAZINE ADVERTISING.

TO FORM 990-T, PAGE 1

FORM 990-T SCHEDULE I - EXPENSES DIF PRODUCTION OF UNRELATE			STATEMENT 2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
LIST PREPARATION AND MEDIA - SUBTOTAL -	- 1	4,978.	4,978.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	3		4,978.

# 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

➤ See separate instructions. ➤ Attach to your tax return. Business or activity to which this form relates

990

OMB No. 1545-0172

Attachment Sequence No. 67

Identifying number

THE REASON FOUNDATION		E	FORM 9	90 P <i>I</i>	AGE 10		95-3298239
Part I   Election To Expense Certain Proper	ty Under Section 17	9 Note: If you have a	ny listed pr	operty, co	omplete Part	V before y	ou complete Part I.
1 Maximum amount. See the instructions	for a higher limit for	or certain businesse	S			1	250,000.
2 Total cost of section 179 property place	-						The state of the s
3 Threshold cost of section 179 property							800,000.
4 Reduction in limitation. Subtract line 3 f							
5 Dollar limitation for tax year. Subtract line 4 from line							
6 (a) Description of pro			(business use		(c) Elected		
PART							
				<del> </del>			
7 1:1-1	II 00		· · · · · · · · · · · · · · · · · · ·				
7 Listed property. Enter the amount from				7			
8 Total elected cost of section 179 prope							
9 Tentative deduction. Enter the smaller							
10 Carryover of disallowed deduction from							
11 Business income limitation. Enter the si							
12 Section 179 expense deduction. Add li						12	
13 Carryover of disallowed deduction to 20	009. Add lines 9 ar	nd 10, less line 12 .	▶	13			
Note: Do not use Part II or Part III below for	listed property. In	stead, use Part V.					
Part II   Special Depreciation Allowa	nce and Other De	preciation (Do not	include liste	ed prope	ty.)		
14 Special depreciation for qualified prope	rty (other than liste	ed property) placed	in service d	luring the	tax year	14	
15 Property subject to section 168(f)(1) ele				-			
16 Other depreciation (including ACRS) .	***************************************					16	97,921.
Part III   MACRS Depreciation (Do no					***************************************	1	
	<del></del>	Section A					
17 MACRS deductions for assets placed in	n service in tay ve	are beginning before	2008	<del></del>	<del>(1-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</del>	17	
18 If you are electing to group any assets placed in serv	-				<b>.</b>	ï	
Section B - Assets						tion Syst	em
	(b) Month and	(c) Basis for depreciati	on (4)	Recovery		<del></del>	
(a) Classification of property	year placed in service	(business/investment u only - see instruction	190	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		transfer to the contract of th					
<b>b</b> 5-year property	1			***************************************			
c 7-year property				*************			
d 10-year property	-			,			
No. of the last of	-		······································				
	4 1 2 3 1 4 1 -						
f 20-year property							
g 25-year property	grand Angleren	en e		5 yrs.		S/L	
h Residential rental property	/			7.5 yrs.	MM	S/L	
- Trooladijilari ontal property	/		**********	7.5 yrs.	MM	S/L	
i Nonresidential real property	/		3	9 yrs.	MM	S/L	
	1				MM	S/L	
Section C - Assets P	laced in Service l	During 2008 Tax Ye	ar Using t	he Altern	ative Depre	ciation Sy	stem
20a Class life	April 1997					S/L	
b 12-year			1	2 yrs.		S/L	
c 40-year	/			0 yrs.	MM	S/L	
Part IV Summary (See instructions.)	. <del></del>					<u> </u>	
21 Listed property. Enter amount from line	28				·····	21	
22 Total. Add amounts from line 12, lines		se 10 and 20 in colu				····   <del> '</del>	
Enter here and on the appropriate lines	-					22	97,921.
23 For assets shown above and placed in			-			1	
portion of the basis attributable to sect	-	<u>-</u>		23			

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) Part V

	through (c) of S	Section A, all	nicn you are usii of Section B, ai	nd Section C if	app	ollcable.						lete Ulliy .	24a, 2	to, colul	iiis (a)
Sec	tion A - Depreciation a	nd Other In	formation (Cau	tion: See the l	nstr	uctions fo	or lim	its fo	r passeng	er automo	biles.)				
24a	Do you have evidence to s	support the bu	siness/investment	use claimed?		Yes		No	24b If "Y	es," is the	evider	nce writte	n? 🗀	Yes	No
	(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis		Basis for co			(f) Recovery period	(g) Metho Conver	od/	(h) Depreci deduc	ation	Ele sectio	(i) cted on 179 ost
25	Special depreciation alle	owance for q	ualified listed pr	operty placed	in s	ervice du	ıring	the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more that										·		*****		
		: :	%									******			
			%										***************************************		
		: :	%												
27	Property used 50% or le	ess in a qual	ified business u	se:							·			· · · · · · · · · · · · · · · · · · ·	***************************************
		l : :	%							S/L·					***************************************
			%							S/L				3000	41.5
		; ;	%							S/L·					
28	Add amounts in column	(h), lines 25	through 27. Ent	er here and or	ı lin	e 21, pag	e 1				28			11.5	
	Add amounts in column												29		
				ction B - Infor										•	h.
If yo	nplete this section for ve ou provided vehicles to y se vehicles.												g this s	section f	or
				/ \	1	41.3			, ,	7				T .	

	(8	a)	(k	0)	(0	<del>;</del> )	(0	d)	(€	<del>)</del>	(1	f)
30 Total business/investment miles driven during the	Veh	icle	Veh	icle	Veh	icle	Veh	icle	Veh	icle	Veh	icle
year (do not include commuting miles)	· · · · · · · · · · · · · · · · · · ·	·			ļ							
31 Total commuting miles driven during the year								:				
<b>32</b> Total other personal (noncommuting) miles driven												
33 Total miles driven during the year.								***************************************				
Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

## Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Programme 17 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?										
38	Do you maintain a written policy statement the employees? See the instructions for vehicles	nat prohibits pers	onal use of vehicles, e	xcept commuting, b							
39	Do you treat all use of vehicles by employees	s as personal use	?					-			
40	Do you provide more than five vehicles to you the use of the vehicles, and retain the inform	ur employee <b>s,</b> ob	tain information from y	our employees abou	ut						
41	Do you meet the requirements concerning qu	ualified automobi	le demonstration use?								
	Note: If your answer to 37, 38, 39, 40, or 41 i	's "Yes," do not c	omplete Section B for	the covered vehicles	S.	•					
Р	art VI Amortization										
	(a) Description of costs	(b) Date amortization	(c) Amortizable	(d) Code	(e) Amortization	( Amort	f) Ization	<del>100000 11-1111 1100000</del>			

(a) Description of costs	(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e) Amortiza period or per		<b>(f)</b> Amortization for this year
42 Amortization of costs that begins durin	g your 2008 tax year:					
	: :					
3 Amortization of costs that began before	e your 2008 tax year 🔒				43	
14 Total. Add amounts in column (f). See	the instructions for whe	ere to report			44	

# 2008 DEPRECIATION AND AMORTIZATION REPORT - CURRENT YEAR FEDERAL -

THE REASON FOUNDATION

Current Year Deduction	97,921.	97,921.	97,921.					
Current Sec 179	: .	- :	:				÷ .	
Accumulated Depreciation	684,360.	21,725.	706,085.					
Basis For Depreciation	856,968.	21,725.	878,693.		+ () - ()		:	
* Reduction In Basis								
Bus % Excl			\$ 10 \$ 15 \$ 15 \$ 15					
Unadjusted Cost Or Basis	856,968.	21,725.	878,693.					
Line No.	16	76	£	f .				
Life	3.00	5.00						
Method		SI				65 77 72 72 73 73 75 75 75		
Date Acquired	VARIESSI	/ARIES						
Description	MANAGEMENT AND GENERAL  1FURNITURE & FIXTURES	LEASEHOLD IMPROVEMENTSVARIESSL * 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL	* GRAND TOTAL 990 PAGE 10 DEPR					
Asset No.	<b>,</b> →	8			 :			828102