EXTENDED TO NOVEMBER 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change JETT FOUNDATION, INC. Name change 04-3563445 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 585-5566 36 CORDAGE PARK CIRCLE, SUITE 328 (781)termin-ated 2,123,332. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PLYMOUTH, MA 02360 H(a) Is this a group return Applica-F Name and address of principal officer: CHRISTINE MCSHERRY Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► HTTP://JETTFOUNDATION.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 2001 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: RESEARCH FOR DUCHENNE MUSCULAR Activities & Governance DYSTROPHY Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 230 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b Prior Year **Current Year** 1,566,314.1,872,177. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 54,975. 167,030. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,621,289. 2,039,207. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 304,054 235,038. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 540,435. 603,355. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 831,607. 809,205. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,647,598. 1,676,096. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -54,807. <u>391,609.</u> Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,187,840. 800,590. 20 Total assets (Part X, line 16) 68,799. 64,440. 21 Total liabilities (Part X, line 26) 123,400. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHRISTINE MCSHERRY, EXECUTIVE DIRECTOR & PRESIDENT Here Type or print name and title PTIN Check Print/Type preparer's name Preparer's signature SANDRA M. BROWN, CPA 10/03/19 P01614103 Paid self-employed SMITH, SULLIVAN & BROWN, P.C. 43-1985162 Preparer Firm's name Firm's EIN ▶ Firm's address 80 FLANDERS ROAD - SUITE #200 Use Only WESTBOROUGH, MA 01581 Phone no. (508) 871-7178

X Yes | No

May the IRS discuss this return with the preparer shown above? (see instructions)

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

09101003 807818 JETTFOUNDATI

(Expenses \$ 16,246. including grants of \$

e Total program service expenses ► 1,390,101.

Form **990** (2018)

) (Revenue \$

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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		\vdash
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	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			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u> </u>
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	LI		
	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	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		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?			
	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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, Part II, III, or IV, and			.,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥-:		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├─
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
55		38	Х	1
Pai		_ 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		- 55	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2018) JETT FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	i)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	·			3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·	_		Х
	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 5c		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
Va	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ua		
b	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	110			
	Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
J	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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	13b			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Fau:	990	(0040)

Form **990** (2018)

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	77.0	TZ 3.7	· MD
17	List the states with which a copy of this Form 990 is required to be filed MA, AL, AR, CA, CT, FL, GA, HI, II			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHRISTINE MCSHERRY - (781) 585-5566			
	36 CORDAGE PARK CIRCLE, SUITE 328, PLYMOUTH, MA 02360		. 000	(00.10)
832006	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	1 990	(2018)

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

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

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

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

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

Check this box if neither the organizat		orga T	ai il∠ć			пре	เเรสโ			(F)
(A)	(B)	(C) Position				1		(D)	(E)	(F)
Name and Title	Average		not c	check more than one				Reportable	Reportable	Estimated
	hours per week	offic	, unie cer ar	ss pe id a d	rson irecto	is bot or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	l trus	nal tr		loyee	dwo				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
7.1.	line)	P P	lns	#5	Ke.	en Hig	윤			
(1) RHONDA KALLMAN	1.00	ļ ,,		,,				_	_	0
FORMER BOARD CHAIR	1 00	Х		Х				0.	0.	0.
(2) LEO ROBINSON	1.00	١,,		,,				_		•
CHAIR	0.50	Х		Х				0.	0.	0.
(3) ALFRED JACKSON	0.50	١,,						_		•
DIRECTOR	0 50	Х						0.	0.	0.
(4) ROBERT HIGGINS	0.50	₩						_	_	^
DIRECTOR	0.50	Х						0.	0.	0.
(5) ELLEN HANSON	0.50	₩						_	_	^
DIRECTOR	0.50	Х				_		0.	0.	0.
(6) AHMAD SAADAT	0.50	₩.						_	_	^
DIRECTOR	0.50	Х						0.	0.	0.
(7) ROBERT STUBBS	0.50	x						0.	0.	0.
DIRECTOR (8) KRISTEN DALY	0.50	^				-		0.	0.	0.
FORMER DIRECTOR	0.30	X						0.	0.	0.
(9) CHRISTINE MCSHERRY	40.00	122						•	•	•
PRESIDENT & EXECUTIVE DIRE	40.00	1		x				0.	0.	0.
TRESIDENT & EXECUTIVE DIRE				122				•	0.	0.
		1								
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		ł								
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Form 990 (2018)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more erson	than is bo	th an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate mount other	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	npensa rom the ganizat d relat anizatie	e ion ed
		line)	Indi	Inst	Officer	Key	Hig	Fon						
			_											
			_											
												_		
	Sub-total Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n							>	0 • received more than \$100	0,000 of reportab	0 • le			0.
3	compensation from the organization Did the organization list any former officer,	director or tr	ıcto	o ka	ov. or	mple	21/00	0.5	highest componented o	mplayoo on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y un	relat				4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Schedui	9 J f	or s	uch	per	son					5	ш	X
1	Complete this table for your five highest co the organization. Report compensation for										npens	sation	from	
	(A) Name and business	address	NO	INC	E				(B) Description of s	services			C) ensatio	n
	Tabal musahan of trades and to 1	ا د داد داد داد داد دا				41-			d ale ave) outs a military					
	Total number of independent contractors (i \$100,000 of compensation from the organi		ot III	mte	u to	เทอ	0 0	stec	a above) who received h	iore trian				

Form **990** (2018)

Pa	rt V	<u> </u>	Statement of Revei	nue					
			Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
ar our		b	Membership dues	1b					
s, (Am			Fundraising events		100,500.				
agi			Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contribut	tions) 1e					
± Sei		f	All other contributions, gifts, gran						
ğξ			similar amounts not included abo	ve 1f 1,	771,677.				
g		g	Noncash contributions included in lines	s 1a-1f: \$					
<u>8 8</u>		h	Total. Add lines 1a-1f		>	1,872,177 .			
					Business Code				
<u>.e</u>	2	а							
e Z		b							
n S		С							
gra Re		d							
Program Service Revenue		е							
			All other program service reve						
_			Total. Add lines 2a-2f						
	3		Investment income (including other similar amounts)	•	′				
	4		Income from investment of ta						
	5		Royalties		· ·				
	3		noyaliles	(i) Real	(ii) Personal				
	6	a	Gross rents		(ii) i ersoriai				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
		d	Net gain or (loss)						
<u>o</u>	8	а	Gross income from fundraisin	g events (not					
Other Revenue			including \$ 100,5						
ě			contributions reported on line	e 1c). See					
ē			Part IV, line 18		251,155.				
₽			Less: direct expenses		84,125.	167 020			167 020
•			Net income or (loss) from fund	-	>	167,030.			167,030.
	9		Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gan		P				
	IU		Gross sales of inventory, less						
			and allowances						
			Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11	a			Duamess Code				
		a b		-					
		c							
			All other revenue						
			Total. Add lines 11a-11d		>				
	12		Total revenue. See instructions			2,039,207.	0.	0.	167,030.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	225 020	225 020		
	individuals. See Part IV, line 22	235,038.	235,038.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		555,383.	394,322.	61,092.	99,969
7 o	Other salaries and wages Pension plan accruals and contributions (include	333,303.	374,344	01,002.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	section 401(k) and 403(b) employer contributions)				
C.	Other employee benefits				
9 10	• • • • • • • • • • • • • • • • • • • •	47,972.	34,060.	5,277.	8,635
10 11	Payroll taxes Fees for services (non-employees):	- I J I A 6	J=,000•	5,2110	0,033
	Management				
a b		2,012.		2,012.	
C	Legal Accounting	12,000.		12,000.	
d		22,0001		22,000	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	123,063.	70,160.	32,681.	20,222
14	Information technology			•	·
15	Royalties				
16	Occupancy	57,675.	55,674.	2,001.	
17	Travel	25,340.	20,438.	1,327.	3,575
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	133,852.	133,852.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,016.	9,669.	347.	
23	Insurance	8,348.	8,058.	290.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM/EVENT SUPPLIES	317,724.	314,737.	0.	2,987
b	CAMP PROMISE	114,093.	114,093.	0.	0
С	MISCELLANEOUS	5,082.	0.	4,063.	1,019
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,647,598.	1,390,101.	121,090.	136,407
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	i		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	659,116.	1	988,926.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	150,000.
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L	3,259.	5	0 .
6	Loans and other receivables from other disqualified persons (as defined under	r		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>ş</u>	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 4	Notes and loans receivable, net		7	
[₹] 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	85,858.	9	7,728
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 79, 446			
b			10c	25,050
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	46.436
15	Other assets. See Part IV, line 11	20,136.	15	16,136
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,187,840
17	Accounts payable and accrued expenses		17	46,487
18	Grants payable		18	
19	Deferred revenue		19	0
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	17 052
_ 23	Secured mortgages and notes payable to unrelated third parties		23	17,953
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
00	Schedule D	68,799.	25	64,440
26	Total liabilities. Add lines 17 through 25	-	26	04,440
.	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ğ	complete lines 27 through 29, and lines 33 and 34.	612,635.	27	719,399
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	Unrestricted net assets	4444	28	404,001
28	Temporarily restricted net assets	"	29	404,001
B 29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
30 31 32 32	and complete lines 30 through 34.		30	
30	Capital stock or trust principal, or current funds		31	
31	Paid-in or capital surplus, or land, building, or equipment fund		32	
32	Retained earnings, endowment, accumulated income, or other funds		33	1,123,400
33	Total lichilities and not except/fund balances	000 500	34	1,187,840
34	Total liabilities and net assets/fund balances	000,390•	J4	T, 107, 040

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,03		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,64		
3	Revenue less expenses. Subtract line 2 from line 1	3			09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73	<u>1,7</u>	91.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,12	3,4	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
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			1
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number JETT FOUNDATION, INC. 04-3563445 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	833,429.	1101741.	2195382.	1566314.	1872177.	7569043.
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	833,429.	1101741.	2195382.	1566314.	1872177.	7569043.
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)						3814476.
6	Public support. Subtract line 5 from line 4.						3754567.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total 7569043.
7	Amounts from line 4	833,429.	1101741.	2195382.	1566314.	1872177.	7569043.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	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						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7569043.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	706,782.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						▶□
	ction C. Computation of Publ						
14	Public support percentage for 2018 (I					14	49.60 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	54.07 %
16a	33 1/3% support test - 2018. If the o	•		•		•	
	stop here. The organization qualifies						<u>X</u>
b	33 1/3% support test - 2017. If the o						nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 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	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(2) 2010	(0) 2010	(4) 23 17	(6) 2010	(i) rotal
•	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						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(u) 2014	(5) 2010	(0) 2010	(a) 2017	(6) 2010	(i) rotar
	Gross income from interest,						
.00	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
L	Unrelated business taxable income (less section 511 taxes) from businesses						
	` '						
	acquired after June 30, 1975						
44	Add lines 10a and 10b						
• • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
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, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶□
Sec	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2018 (lin	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	-					ightharpoons
b	33 1/3% support tests - 2017. If the o						and
-	line 18 is not more than 33 1/3%, chec	•			·	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai 1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			, -
Sect	ion A - Adjusted Net Income	•	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting ord	anization (see
	instructions).	. •		•

Schedule A (Form 990 or 990-EZ) 2018

1 ai	Type in item i anotheriany integrated ese	(a)(3) Supporting Orga	anizations (continued)	_
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	<u> </u>		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
	From 2015			
d	From 2016			
е	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
-	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
_	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	LA0000 HOITI 2010			

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), then	iana, Cammiata Dart III			
 Section 501(c)(4), (5), or (6) organization 	ions: Complete Part III.		Emr	oloyer identification number
•	UNDATION, INC.			04-3563445
Part I-A Complete if the orga	anization is exempt unde	er section 501(c)	or is a section 527	
 Provide a description of the organiza Political campaign activity expenditu Volunteer hours for political campaig 	ıres		> :	\$
Part I-B Complete if the orga	anization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax in			•	 \$
2 Enter the amount of any excise tax is	ncurred by organization manager	s under section 4955	> :	\$
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the orga 1 Enter the amount directly expended	<u> </u>			• • • • • • • • • • • • • • • • • • • •
 2 Enter the amount of the filing organize exempt function activities 3 Total exempt function expenditures. line 17b 4 Did the filing organization file Form 1 5 Enter the names, addresses and emmade payments. For each organization contributions received that were propolitical action committee (PAC). If a 	Add lines 1 and 2. Enter here an 1120-POL for this year? Inployer identification number (EIN ion listed, enter the amount paid omptly and directly delivered to a	d on Form 1120-POL,) of all section 527 pol from the filing organizate political orga	itical organizations to whi ation's funds. Also enter t inization, such as a separ	Yes No ich the filing organization the 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
				1

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

		•			
Part II-A Complete if the org	ganization is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
A Check ► if the filing organiza	ation belongs to an affil	iated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbying	expenditures).			
B Check ► ☐ if the filing organiza	ation checked box A ar	nd "limited control" pro	ovisions apply.		
	its on Lobbying Exper ditures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to infl	uence a legislative boo	ly (direct lobbying)		0.	
c Total lobbying expenditures (add l	ines 1a and 1b)			0.	
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add lines 1c and 1d)		0.	
f Lobbying nontaxable amount. Ent	er the amount from the	following table in bot	h columns.	0.	
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			0.	
h Subtract line 1g from line 1a. If zer	ro or less, enter -0				
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720	-	
reporting section 4911 tax for this				L	Yes No
(Some organizations t	hat made a section 5	raging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	160,455.	248,751.	227,555.		636,761.
b Lobbying ceiling amount					0== 440
(150% of line 2a, column(e))					955,142.
c Total lobbying expenditures					
d Grassroots nontaxable amount	40,114.	62,188.	56,889.		159,191.
e Grassroots ceiling amount (150% of line 2d, column (e))					238,787.
	1				l

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 JETT FOUNDATION, INC. 04-356344 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)).

f the lobbying activity.		(a)		(b)	
	Yes	ı	No	Am	ount
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:					
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?					
i Other activities?					
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					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
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), se	ction 501(c	c)(5),	or se	ection	
501(c)(6).				Yes	N
50 I(c)(o).					
			1		
Were substantially all (90% or more) dues received nondeductible by members?					
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 carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), second to the complete in the organization is exempt under section 501(c)(4), second to the complete in the organization is exempt under section 501(c)(4), second to the complete in the organization is exempt under section 501(c)(4), second to the complete in the complete in the organization is exempt under section 501(c)(4), second to the complete in the	m the prior ye	ar? c)(5),	2 3 or se		ne 3,
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 carry over lobbying and political campaign activity expenditures fro art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."	m the prior ye ction 501(c red "No," C	ear? c)(5), OR (b	2 3 or se		ne 3,
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 carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments and similar amounts from members	m the prior ye ction 501(c red "No," C	ear? c)(5), OR (b	2 3 or se o) Par		ne 3,
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 carry over lobbying and political campaign activity expenditures fro art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of page 1.2)	m the prior ye ction 501(c red "No," C	ear? c)(5), OR (b	2 3 or se o) Par		ne 3,
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 carry over lobbying and political campaign activity expenditures fro art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of possible processes for which the section 527(f) tax was paid).	m the prior ye ction 501(c red "No," C	ear? c)(5), DR (b	2 3 or se 0) Par		ne 3,
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 carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	m the prior ye ction 501(c red "No," C	ear? c)(5), OR (b	2 3 or se b) Par		ne 3,
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 carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polymers for which the section 527(f) tax was paid). Current year Carryover from last year	m the prior ye ction 501(c red "No," C	ear? c)(5), DR (b	2 3 or se b) Par 1 2a 2b		ne 3,
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 carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of percentage of the organization is exempt under section 527(f) tax was paid). Current year Carryover from last year Carryover from last year	m the prior ye ction 501(c red "No," C	ear? c)(5), DR (b	2 3 or se b) Par 1 2a 2b 2c		ne 3,
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 carry over lobbying and political campaign activity expenditures fro art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses 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	m the prior ye ction 501(c red "No," C	ear? c)(5), DR (b	2 3 or se b) Par 1 2a 2b		ne 3,
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 carry over lobbying and political campaign activity expenditures fro art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of perspenses 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 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	m the prior ye ction 501(c red "No," C	ear? c)(5), DR (b	2 3 or se b) Par 1 2a 2b 2c		ne 3,
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 carry over lobbying and political campaign activity expenditures fro art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of perspenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues the organization agree to carryover to the reasonable estimate of nondeductible lobbying and does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amount on the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit	m the prior ye ction 501(c red "No," C	ear? c)(5), DR (b	2 3 or se b) Par 1 2a 2b 2c 3		ne 3,
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 carry over lobbying and political campaign activity expenditures fro art III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of perspenses 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 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	m the prior ye ction 501(c red "No," C	ear? c)(5), DR (b	2 3 or se b) Par 1 2a 2b 2c		ne 3,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TETT FOUNDATION

Employer identification number 04 - 3563445

Pai	t I Organizations Maintaining Donor Advise		unds or Accounts Complete if the
ı aı			inds of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	-	(a) Donor advised funds	(b) I dries and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor	advised 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 a	dvisors in writing that grant funds ca	n be used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purp	oose conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 9	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic stru		
4	Number of conservation easements included in (c) acquired a		
u			1 1
3	listed in the National Register		
3		leased, extinguished, or terminated t	y the organization during the tax
4	Number of states where property subject to concentration as	nament is leasted	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing	conservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	servation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that descr	ibes the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		or Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in fur	herance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue state	ment and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance o	of public service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for fina	ancial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		

832051 10-29-18

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

Schedule D (Form 990) 2018

Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	r Other	Similar	Asset	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	k any of the	following that	are a sign	ificant use	of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	c	ı <u> </u>	Loan or exc	hange prograr	ns					
b	Scholarly research	e	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	in how th	ney further t	he organizatio	n's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	r similar as	ssets		_		
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the	organizatio	n answered "ነ	es" on Fo	orm 990, P	art IV, I	ine 9, or	•	
1a	Is the organization an agent, trustee, custod on Form 990, Part X?		-					\Box	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatio	n has been	provided on F	art XIII]
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Part I	V, line 10.					
		(a) Current year	(b) P	rior year	(c) Two years	back (d)	Three years	s back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administer	ed for the	organizati	on	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment t	funds.							
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990,	Part X, lin	ie 10.				
	Description of property	(a) Cost or o			or other (other)		umulated ciation		(d) Boo	k value	Э
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			3	4,743.	3	3,100	•		1,6	43.
	Other				4,703.		1,296			3,4	

Schedule D (Form 990) 2018

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

25,050.

Schedule D (Form 990) 2018 JETT FOUNDA	rion, inc.		04	-3563445 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,	ine 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		ine 11d. See Form 990,	Part X, line 15.	
(a) [Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,		990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

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

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII □

Schedule D (Form 990) 2018

	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,723,385.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	<u> </u>
a		2a			
b			684,178.		
С					
d					
е		' <u>-</u>		2e	684,178.
3	Subtract line 2e from line 1			3	2,039,207.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,039,207.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				2 221 776
1	Total expenses and losses per audited financial statements			1	2,331,776.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	604 170		
а			684,178.		
b	, , , , , , , , , , , , , , , , , , , ,				
С					
d					601 170
е	• • • • • • • • • • • • • • • • • • • •			2e	684,178. 1,647,598.
3	Subtract line 2e from line 1			3	1,047,390.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	, , , , , , , , , , , , , , , , , , , ,				
b				4-	0.
- C	Add lines 4a and 4b			4c	• •
	Total expanses Add lines 2 and 40 (This must equal Form 000 Part I line 19)			=	1 64 / 598
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,647,598.
Pa	rt XIII Supplemental Information.				
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information.	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		
Pa Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

name of the organization JETT FO	UNDATION, INC.					04-3563	445
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-EZ	I filers are not
Indicate whether the organization rais	sed funds through any of the following and solicitates and solicitates are represented by the following and solicitates are represented by the following and solicitates are solicitated by the following are solicitated by the follow	ion of ion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
- Fotal			•				
3 List all states in which the organization or licensing.			utions	s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 JETT FOUNDATION, INC. 04-3563445 Page 2 Fundraising Events. Complete if the organization answered "Yes" on 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 (add col. (a) through GAKS FOR CALANNUAL GALA col. (c)) (event type) (event type) (total number) Revenue 84,214. 351,655. 179,041. 88,400. 1 Gross receipts 89,500. 11,000 100,500. 2 Less: Contributions 84,214. 89,541. 77,400. 251,155. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 3,000. 3,000. 6 Rent/facility costs 58,500. 1,399. 59,899. 7 Food and beverages 1,750. 1,750. 8 Entertainment 3,586. 19,476. 9 Other direct expenses 13,539. 2,351 84,125. **10** Direct expense summary. Add lines 4 through 9 in column (d) 167,030. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on 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 (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct 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) 2018

Sch	nedule G (Form 990 or 990-EZ) 2018 JETT FOUNDATION, INC.	<u>1 – 3563</u>	445	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
				——————————————————————————————————————
	o An outside facility	130		70
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?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
,	or If "Yes," enter name and address of the third party:			
•	on 165, chick hame and address of the time party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	 1e		
•	organization's own exempt activities during the tax year > \$	10		
D۵	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Dart III I	inos Q	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ı ranını, ı	iiles ə,	9D, 10D,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	JETT FOUNDATION	, INC.	04-3563445 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		<u> </u>
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

JETT FOUN	DATION, I	NC.					04-3563445
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assi							▼,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	Domestic Organi	zations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is nee	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 		4					>

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
	(-), -),		· •		(book, FMV, appraisal, other)	(,, = ===,, ===========================
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR	DIRECT ASSISTANCE - JETT GIVING FUND	7	0.	235.038.	ACTUAL COST	ACCESSIBILITY EQUIPMENT
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR				, -		
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR						
PART I, LINE 2: THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR	Part IV Supplemental Information Provide the information	roquired in Part L lin	o 2: Part III. column	(b): and any other a	dditional information	
THE JETT FOUNDATION HAS ESTABLISHED THE JETT FOUNDATION GIVING FUND TO ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR	Supplemental information. Provide the information i	required in Part I, III	ie 2, Part III, Columi	r (b), and any other a	aditional information.	
ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR	PART I, LINE 2:					
ASSIST DUCHENNE FAMILIES ACROSS THE UNITED STATES WITH A CHILD/CHILDREN DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR	THE JETT FOUNDATION HAS ESTABLISH	HED THE JE	TT FOUNDAT	ION GIVING	FUND TO	
DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY (DUCHENNE) WITH MUCH NEEDED FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR				_		
FINANCIAL ASSISTANCE TO PURCHASE VITAL AND NECESSARY EQUIPMENT OR	ASSIST DUCHENNE FAMILIES ACROSS	THE UNITED	STATES WI	TH A CHILD	/CHILDREN	
	DIAGNOSED WITH DUCHENNE MUSCULAR	DYSTROPHY	(DUCHENNE	E) WITH MUC	H NEEDED	
	FINANCIAL ASSISTANCE TO PURCHASE	VTTAL AND	NECESSARY	Z EOUTPMENT	OR	
ACCESSIBILITY ITEMS THAT ARE EITHER NOT COVERED BY INSURANCE OR TOO	I III III III III III III III III III	VIIII 111(D	TVLOLOGITI 1			
	ACCESSIBILITY ITEMS THAT ARE EITH	HER NOT CO	VERED BY 1	NSURANCE O	R TOO	
EXPENSIVE FOR A FAMILY TO AFFORD.	EVDENCIVE EOD A BAMILY MO ABBODO					

Part IV | Supplemental Information

JETT FOUNDATION TO FUND THE GRANT(S). THE GRANTS ARE FUNDED THROUGH THE GENEROSITY OF THE JETT FOUNDATION DONORS.

THIS JETT GIVING FUND IS DESIGNED TO BE A "MATCHING GIFT" PROGRAM WHEREBY

APPLICANTS AIM TO RAISE 50% OF THEIR MONETARY NEED AND THE JETT FOUNDATION

PROVIDES THE REMAINING FUNDING. IT IS DESIGNED TO BE FLEXIBLE TO ALLOW

ELIGIBLE APPLICANT'S TO PURCHASE THEIR CHOICE EQUIPMENT OR ACCESSIBILITY

ITEMS FROM QUALIFIED PROVIDERS/VENDORS. THERE ARE NO INCOME/AGE

REQUIREMENTS OR RESTRICTIONS, HOWEVER APPLICANT MUST BE DIAGNOSED WITH

DUCHENNE MUSCULAR DYSTROPHY. APPLICANTS ARE ELIGIBLE PER ANNUM AND PAYMENT

WILL BE PAID DIRECTLY TO A QUALIFIED PROVIDER/VENDOR. FAMILIES WITH

MULTIPLE ELIGIBLE APPLICANTS MAY APPLY ON BEHALF OF EACH CHILD.

EQUIPMENT OR ACCESSIBILITY ITEMS MUST BE DEEMED MEDICALLY NECESSARY TO MEET THE REHABILITATION NEEDS AND/OR QUALITY-OF-LIFE GOALS SPECIFIC TO THE CHILD AND MUST BE CONFIRMED BY THE CHILD/CHILDREN(S) PHYSICIAN. FOUNDATION GIVING FUND COMMITTEE WILL REVIEW ALL OF THE APPLICANTS AND DETERMINE IF ELIGIBILITY REQUIREMENTS ARE MET. THE COMMITTEE WILL BE COMPRISED OF DISINTERESTED BOARD MEMBERS AND SENIOR EMPLOYEES OF THE JETT FOUNDATION. NO DIRECTORS, OFFICERS OR EMPLOYEES OF JETT FOUNDATION WILL BE PERMITTED TO RECEIVE A GRANT AWARD. GRANT AWARDS WILL BE MADE ON THE BASIS OF ELIGIBILITY, THROUGH AN APPLICATION PROCESS. ALL CONFLICT OF INTEREST ALL PAYMENTS WILL BE POLICIES AND PROCEDURES WILL APPLY AND BE FOLLOWED. PAID DIRECTLY TO A QUALIFIED PROVIDER/VENDOR, NOT THE APPLICANT. THE COMMITTEE SHALL HAVE THE AUTHORITY TO GRANT AWARDS UP TO THE FUND AMOUNT PREVIOUSLY AUTHORIZED BY THE BOARD. THE COMMITTEE WILL REPORT TO THE BOARD A FINAL LIST OF RECIPIENTS AND AWARD AMOUNTS DETERMINED. THE GRANT RECIPIENTS WILL BE CONTACTED IN WRITING, AND UPON ACCEPTANCE, THE NAME OF

Schedule I (Form 990)

Schedule I (Form 990)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Part I

(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.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

JETT FOUNDATION, INC.

Employer identification number 04-3563445

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons. Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(b) Relationship (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? cómmittee? organization? To From Yes No Yes No Yes No Total

Part III 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 of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2018

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's
	pordori and the organization	transaction	transaction	revenues? Yes No	
JORDAN MCSHERRY	CHILD OF EXECUTIVE	72,150.	COMPENSATIO		Х
Provide additional information for resp	onses to questions on Schedule L (see	instructions).	•		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	TED PERSONS:		
(A) NAME OF PERSON: JORDAN	N MCSHERRY				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	TION:		
CHILD OF EXECUTIVE DIRECTO	OR .				
(C) AMOUNT OF TRANSACTION	\$ 72,150.				
(D) DESCRIPTION OF TRANSAC	CTION: COMPENSATION	PAID TO CH	LD OF EXECU	TIVE	ı I
DIRECTOR AS DIRECTOR OF PR	ROGRAMS				
(E) SHARING OF ORGANIZATION	ON REVENUES? = NO				

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JETT FOUNDATION, INC.

Employer identification number 04-3563445

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

ENSURE THAT ALL AFFECTED BY DUCHENNE HAVE THE OPPORTUNITY TO ENJOY A

FULL LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BRINGING CAMPERS NEW EXPERIENCES THROUGH ADAPTATION, TECHNOLOGY,

CREATIVITY, AND SPECIAL GUESTS.

IN 2018, JETT SERVED 88 CAMPERS AND WORKED WITH OVER 150 VOLUNTEERS

ACROSS 3 WEEKS IN 3 DIFFERENT GEOGRAPHICAL LOCATIONS, EAST, WEST AND

THE ROCKIES. IN 2017, JETT SERVED MORE THAN 94 CAMPERS AND WORKED WITH

100 VOLUNTEERS. IT IS NUMBERS LIKE THESE, IN ADDITION TO THE

INTANGIBLE MEMORIES OF CAMP, THROUGH WHICH WE MEASURE AND BELIEVE IN

THE MAGNITUDE OF THE IMPACT OF CAMP PROMISE.

JETTING FOR SUCCESS

IN LATE 2017, JETT FOUNDATION LAUNCHED A NEW PILOT PROGRAM, JETTING FOR

SUCCESS, AIMED AT SUPPORTING YOUNG PEOPLE AFFECTED BY NEUROMUSCULAR

DISORDERS AS THEY PURSUE A COLLEGE EDUCATION. IN 2018 WE SERVED NINE

PARTICIPANTS AND CONNECTED THEM WITH MENTORS IN THE COMMUNITY. TWO

COLLEGE AGED PROGRAM PARTICIPANTS SERVED AS A SOCIAL MEDIA AND PROGRAM

FELLOWS AT JETT FOUNDATION DURING THE SUMMER OF 2018. ONE HIGH SCHOOL

SENIOR RECEIVED TWO SCHOLARSHIPS AND WAS ACCEPTED AND STARTED COLLEGE

THIS PAST SEPTEMBER. ONE 9TH GRADE STUDENT BECAME A BROADCASTER AT HIS

SCHOOL FOOTBALL AND BASKETBALL GAMES AFTER DISCUSSIONS WITH HIS MENTOR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

JETT FOUNDATION, INC.

Employer identification number
04-3563445

ABOUT GETTING MORE INVOLVED WITH SCHOOL ACTIVITIES, AND VOLUNTEERED AT

THE CITY ZOO IN HIS AREA ON HALLOWEEN.

JETT GIVING FUND

JETT FOUNDATION ESTABLISHED THE JETT GIVING FUND TO ASSIST FAMILIES

AFFECTED BY DUCHENNE MUSCULAR DYSTROPHY IN PURCHASING UNAFFORDABLE, BUT

VITAL MEDICAL AND ACCESSIBILITY EQUIPMENT. HEALTH INSURANCE OFTEN

WON'T COVER ALL SPECIALIZED MEDICAL AND ACCESSIBILITY EQUIPMENT SUCH AS

SCOOTERS, SHOWER CHAIRS, RAMPS, ROTATIONAL BEDS AND ACCESSIBLE VANS;

ITEMS NEEDED WHEN SUFFERING FROM A PROGRESSIVE MUSCLE-WASTING DISORDER.

WITHOUT THESE NECESSITIES, THOSE WITH DUCHENNE STRUGGLE TO PARTICIPATE

IN THE KINDS OF ACTIVITIES THAT MOST PEOPLE TAKE FOR GRANTED, SUCH AS

GETTING TO AND FROM SCHOOL, OR GOING TO THE MALL WITH FRIENDS.

THROUGH THE GENEROSITY OF INDIVIDUALS, CORPORATE AND FOUNDATION

SUPPORTERS, WE PROVIDED SIX VANS AND ONE STAIRLIFT TO FAMILIES IN 2018,

IN 2017 WE PROVIDED SIX VANS, ONE VAN CONVERSION, ONE ROTATING BED, TWO

STAIR LIFTS, AND ONE SCOOTER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2018, JETT FOUNDATION HOSTED EIGHT WORKSHOPS IN EIGHT DIFFERENT

MAJOR CITIES ACROSS THE UNITED STATES, SERVING OVER 400 PARTICIPANTS,

DURING THESE WORKSHOPS, DUCHENNE CLINICIANS, PHARMACEUTICAL COMPANIES

IN THE DUCHENNE SPACE, AND LOCAL EXPERTS PRESENT ON TOPICS SUCH AS

CLINICAL TRIALS, STANDARD OF CARE, PHYSICAL THERAPY AND ADAPTIVE

SPORTS. PATIENTS AND FAMILIES ALSO USE OUR FAMILY WORKSHOPS AS A VENUE

TO CONNECT WITH EACH OTHER, OFFER EMOTIONAL SUPPORT, AND LEARN ABOUT

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** JETT FOUNDATION, INC. 04-3563445 HELPFUL RESOURCES AND DIRECT SERVICE PROGRAMS LIKE CAMP PROMISE, JETTING FOR SUCCESS, JETTRIDE, AND OTHER READY. SET. JETT INITIATIVES. IN 2017, JETT FOUNDATION PUT ON 12 FAMILY WORKSHOPS IN 12 MAJOR CITIES ACROSS THE UNITED STATES AND SERVED OVER 250 PATIENTS AND FAMILY MEMBERS. JETTRIDE JETTRIDE IS A PROGRAM FOR SIBLINGS AND CLOSE FRIENDS OF THOSE AFFLICTED WITH DUCHENNE. THE JETTRIDE GIVES THESE INDIVIDUALS THE OPPORTUNITY TO CONNECT WITH OTHER TEENS WHO ARE LIVING THROUGH THE SAME EXPERIENCES IN

THE COMMUNITY AMBASSADOR PROGRAM

ORDER TO BUILD LIFELONG FRIENDSHIP.

LAUNCHED IN 2017, THIS PROGRAM SPREADS AWARENESS ABOUT DUCHENNE AND THE PROGRAMS AND SERVICES THAT JETT FOUNDATION PROVIDES, THROUGH COMMUNITY AMBASSADORS (MOMS, DADS, GRANDPARENTS, AND SIBLINGS) WHO ARE ALREADY FAMILIAR WITH THE DUCHENNE LANDSCAPE. IN 2018, TWELVE JETT FOUNDATION AMBASSADORS ENGAGED WITH AN ESTIMATED 75 FAMILIES AFFECTED BY DUCHENNE THROUGHOUT THE COUNTRY.

NEWLY DIAGNOSED FAMILY EDUCATION MATERIALS/SERIES

FORMERLY NAMED THE COMMUNITY CARE INITIATIVE, IS AN INITIATIVE LAUNCHED IN LATE 2017 TO PROVIDE EDUCATIONAL RESOURCES TO PEOPLE AND FAMILIES AFFECTED BY DUCHENNE MUSCULAR DYSTROPHY. IN 2017 AND 2018, JETT FOUNDATION RECEIVED OVER 520 REQUESTS FOR THE DAN AND DMD CHILDREN'S

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** JETT FOUNDATION, INC. 04-3563445 BOOK. THE DUCHENNE BIOTECHNOLOGY COUNCIL ("DBC") THE DBC IS A GROUP OF INDUSTRY PARTNERS IN THE DUCHENNE SPACE WHO HAVE COME TOGETHER TO TRY TO SOLVE SOME OF THE MAJOR BARRIERS TO INNOVATION THAT THEY ALL FACE IN DUCHENNE DRUG DEVELOPMENT. AS A TEAM, THESE PHARMACEUTICAL COMPANIES, WITH DIFFERENT TECHNOLOGIES, INTELLECTUAL PROPERTIES, AND CULTURES, HAVE COMMITTED TO MEETING QUARTERLY TO BRAINSTORM AND THEN TACKLE THE COMMON CHALLENGES THEY ALL FACE AS DRUG DEVELOPERS IN DUCHENNE. IN 2018, WE HOSTED FOUR DBC MEETINGS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RESEARCH: ALTHOUGH MINIMAL IN 2018 AND 2017, JETT FOUNDATION CONTINUES TO SUPPORT JETT'S EFFORTS IN RESEARCH HAVE LED TO AN INCREASE IN RESEARCH. CLINICAL TRIALS, WHICH HAS EXPANDED THE ORGANIZATION'S EDUCATIONAL PROGRAMMING TO INCLUDE INFORMATION ON INNOVATIVE RESEARCH AND DRUG DEVELOPMENT. EXPENSES \$ 16,246. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE GOVERNING BODY REVIEWS THE FORM 990 FOR ACCURACY AND COMPLETENESS BEFORE BEING FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S GOVERNING BODY REQUIRES AN ANNUAL DECLARATION FROM ALL

Name of the organization JETT FOUNDATION, INC.	Employer identification number 04-3563445
BOARD MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE A	ND DISCLOSURE OF
ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS S	GIGN A DISCLOSURE
STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE	DIS-INTERESTED
BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS R	EQUIRED TO LEAVE
THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUS	SSION AND DECISION
MAKING PROCESS. IN THE EVENT OF A POTENTIAL CONFLICT, PR	OCEDURES TO OBTAIN
COMPETITIVE BIDS AND DILIGENCE ON FAIR MARKET VALUE WILL	BE ESTABLISHED.
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S GOVERNING BODY REVIEWS SALARY DATA, MA	DKET CONDITIONS
AND OTHER APPLICABLE DATA FOR DETERMINING THE COMPENSATION	
KEY EMPLOYEES WHEN NECESSARY.	N OF THE CEO AND
REI EMPLOIDES WHEN NECESSARI.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
MA, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MI, MN, MS, MO, NH, NJ, NM,	NY, NC, OK, OR, PA, RI
SC, TN, UT, VA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	