_{Form} 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

2012
Open to Public Inspection

Form 990 (2012)

For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, Check if applicable C Name of organization D Employer identification number Address change THE REASON FOUNDATION]Name |Change Doing Business As 95-3298239]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin ated 5737 MESMER AVENUE 391-2245 (310) Amended City, town, or post office, state, and ZIP code G Gross receipts \$ 9,294,566. Applica LOS ANGELES, CA 90230-6316 H(a) Is this a group return pending F Name and address of principal officer: DAVID NOTT Jyes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 If "No," attach a list, (see instructions) J Website: ► WWW.REASON.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1978 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO ADVANCE A FREE SOCIETY BY Governance DEVELOPING, APPLYING, AND PROMOTING LIBERTARIAN PRINCIPLES INCLUDING Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 70 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) Ō 6 Total number of volunteers (estimate if necessary) 6 146,354 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 O. b Net unrelated business taxable income from Form 990-T, line 34 7h Prior Year **Current Year** 8,147,254. 8,133,170. Contributions and grants (Part VIII, line 1h) 895,742. 894,048. Program service revenue (Part VIII, line 2g) 83,768. 45,331. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -19,918-5,726. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,106,846. 9,066,823. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Ō. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,734,453. 5,198,093. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,003,070. **b** Total fundraising expenses (Part IX, column (D), line 25) 4,050,409. 3,754,563. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,784,862 8,952,656. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 321,984 114,167. 19 Revenue less expenses. Subtract line 18 from line 12 56 **Beginning of Current Year End of Year** 7,352,487. 7,273,642. 20 Total assets (Part X, line 16) 2,474,484. 2,101,322. 21 Total liabilities (Part X, line 26) 4,878,003. 5.172.320.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 DAVID NOTT, PRESIDENT AND CEO Here Type or print name and title Date PTIN Print/Type preparer's name Check Preparer's signature KENNETH W. SCURLOCK ₽00436090 Paid NSBN LLP Preparer Firm's name Firm's EIN 95-2399533 Firm's address > 9454 WILSHIRE BLVD., 4TH FLOOR Use Only BEVERLY HILLS, CA 90212-2907 Phone no. (310)273-2501 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Pal	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO ADVANCE A FREE SOCIETY BY DEVELOPING, APPLYING, AND PROMOTING
	LIBERTARIAN PRINCIPLES, INCLUDING INDIVIDUAL LIBERTY, FREE MARKETS,
	AND THE RULE OF LAW. WE USE JOURNALISM AND PUBLIC POLICY RESEARCH TO
	INFLUENCE THE FRAMEWORKS AND ACTIONS OF POLICYMAKERS, JOURNALISTS, AND
2	Did the organization undertake any significant program services during the year which were not listed on
2	T. 000 000 570
	•
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	1 570 000
	REASON.TV
	PRODUCING FREE MARKET IDEAS THROUGH VIDEO JOURNALISM ONLINE
	459 VIDEOS PRODUCED
	AVERAGE OF 819,000 VIDEOS PLAYED EACH MONTH (INCLUDES YOUTUBE.COM
	PLAYCOUNT)
	PERICOUNTY
4b	(Cade:) (Expenses \$ 2,922,353. including grants of \$) (Revenue \$ 744,202.)
	REASON MAGAZINE
	DISCUSSING "FREE MINDS AND FREE MARKETS" SINCE 1968
	11 ISSUES PUBLISHED
	48,000 PAID/REQUESTED COPIES
	1,000 NEWSSTAND COPIES SOLD
	AVERAGE OF 3.0 MILLION USER VISITS PER MONTH AT REASONONLINE
4c	(Code:) (Expenses \$ 2,357,597 • including grants of \$) (Revenue \$)
	REASON FOUNDATION
	RESEARCH AND ANALYSIS OF ISSUES RELATING TO PRIVATIZATION,
	TRANSPORTATION, EDUCATION, LAND USE AND THE ENVIRONMENT; EDUCATIONAL
	OUTREACH FROM A LIBERTARIAN PERSPECTIVE TO POLICYMAKERS, RELEVANT
	STAKEHOLDERS AND THE GENERAL PUBLIC.
	13,400 ARTICLES CITING REASON EXPERTS
	TOTAL CIRCULATION OF ARTICLES: 936 MILLION
	1,634 MEDIA APPEARANCES BY REASON EXPERTS
	8 APPEARANCES TO PROVIDE LEGISLATIVE TESTIMONY; 38 POLICY STUDIES; 175
	COMMENTARIES AND OP-EDS; 11 SURFACE TRANSPORTATION INNOVATIONS
	NEWSLETTERS; 11 AIR SECURITY NEWSLETTERS; 11 AIR TRAFFIC CONTROL
	NEWSLETTERS; 4 REASON REPORT NEWSLETTERS.
4 _d	Other program services (Describe in Schedule O.)
	(Expenses \$ 819,479 • including grants of \$) (Revenue \$)
40	Total program service expenses ► 7,671,638.
	Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	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		х
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		х
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	X	l
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			١
	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		ŀ	.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	مددا	x	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	x	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		-
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	to the exemplation a school departhed in section 170/bV(1VAV/ii)2 If "Ves." complete Schoolule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	1		1
	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 assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			1
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u></u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	_w
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		├ ^
<u>D</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Į ∠UD		Ц.,,

Form 990 (2012) THE REASON FOUNDAT Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			ŀ
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	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
35a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	ļ
		_	000	

Form 990 (2012) THE REASON FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

18 Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable 19 Enter the number of Forms W-25 included in fine 1s. Enter 0 if not applicable 20 Of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 22 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return 19 If all least one is reported on line 22, did the organization field elirequite deteral employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) 30 Dof the organization have unrelated business goess income of \$1,000 or more during the year? 31 Post life organization in the report of foreign of payment or organization for alterquite deteral employment tax returns? 32 Note the organization organization file organization for alterquite deteral employment tax returns? 33 Note 11 Press, "enter the name of the foreign country Euror organization for the payment or foreign Bank and Financial Accounts. 34 Note in the organization and party to a prohibited tax shelter transaction at any time during the tax year? 35 Was the organization appray to a prohibited tax shelter transaction at any time during the tax year? 36 Did any taxable party notify the organization file Form 8865.77 36 Does the organization have amalgross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive diductible contributions under section \$100,000, and did the organization solicit any contributions that may receive diductible contributions under section \$100,000, and did the organization organization receive a payment in excess of \$75 made party as a centre business provided 7 to great the organization may contribute with every solicitation and party to goods and services provided to life organization self-payment payme		Check if Schedule O Contains a response to any question in this Part V				<u>Ш</u>
be Enter the number of Forms W.2G included in line 1s. Enter of Jin Indiapplicable Dist the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendary pare entering with or within the year covered by this return. 70 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. It this sum of lines 1 and 750, you may be required to effect enstructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, has filed a Form 950 of the this year? If Yes, Provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a franculal account in a foreign country (such as a bank account, securities account, or other financial account)? 4b If Yes, enter the name of the foreign country; be See instructions for fining requirements for Form ID F 90-22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5c If Yes, 1 de the 6a or 5b, did the organization file Form 8886 T? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions what were not tax deductible as charitable contributions? 5c If Yes, 1 did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible as charitable contributions and party for goods and services provided? 6c If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 7c If If If Yes, 2 did the orga	•-	Saturation assembles are stand in Paul C of Saura 1000. Satura C if and continue to	ارد ایدا		Yes	No
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. [itel for the calendar year anding with on within the year covered by this nature.] 22. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. [itel for the calendar year anding with on within the year covered by this nature.] 33. It was not seported on line 2a, did the organization file all required lederal employment tax returns? 34. Note: It the sum of lines to and 2a is greater than 250, you may be required to e-file (see instructions) 35. It was not seen to a sum of the seen and 2a is greater than 250, you may be required to e-file (see instructions) 36. It was not a sum of lines to an advise the seen and the see					1	
(gambling) winnings to prize winners? Each Error thre number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return It all tasts one is reported on line 2a, did the organization lie all required federal employment tax returns? Note. If the sum of lines 1 and 2a greater than 250, you may be required to e-fife (see instructions) By the organization have unrelated business gross income of \$1,000 or more during the year? By the organization have unrelated business gross income of \$1,000 or more during the year? By the organization specific for this year If "No, provide an explanation in Schedule O By the organization and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? By the organization and party to a prohibited tax shelter transaction at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? By the organization apparty to a prohibited tax shelter transaction at any time during the tax year? By the organization apparty to a prohibited tax shelter transaction at any time during the tax year? By the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the organization and the organization include with every solicitation an express statement that such contributions or grits were not tax deductibles of tax deductibles of the organization receive a payment in excess of \$75 made partly as a conhibition and partly for goods and services provided? Could the organization receive a payment in excess of \$75 made partly as a conhibition of any time of the payor? By the organization receive and contribution of grants and the goods or services provided? Could be organization received a contribution of any time of the goods or services provided? C		• • • • • • • • • • • • • • • • • • • •		.		
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by the siretum. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of files to an 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unristed business gross income of \$1,000 or more dumpt the year? 3 If If Yes, 'has it filed a form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 If Yes, 'has it filed a form 990-T for this year? If 'No, 'provide an explanation in Schedule O 4 At any time during the calendary var. did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions to filing requirements for from TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax whether transaction? 5 Was the organization have an apray to a prohibited tax whether transaction? 6 If 'Yes,' to line 5 aor 55, did the organization file Form 8888-17 8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 8 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10 If the organization receive a payment in excess of 5f made party as a confibition and party for goods and services provided to the payor? 7 If Yes,' did the organization notify the donor of the value of the goods or services provided? 7 If Yes,' did the organization received a symmetimal expression of the payor of the p	·		oportable garring	10	x	
filed for the calendary year ending with or within the year covered by this return 2a 70	2a		l	-10		
b If at least one is reported on line 2a, did the organization file all required tederal employment tax returns? 3			22 70		- 1	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b if "Yes," has it filed a Form 9901 for this year? if "No," provide an explanation in Schedule O 4a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account; of the regarding country (see has a bank account, earn of the foreign country (see has a bank account, earn of the foreign country (see has a bank account, or other financial account)? 4a X b if "Yes," enter the name of the foreign country. ► 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charantate contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(e). 5c Was the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 5c Variantization shall may receive deductible contributions under section 170(e). 5d Was the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 5d Was the organization receive a payment in excess of \$75 made partly as a contribution of core file value of the goods or services provided? 5d Was the organization received and contribution of core in the value of the goods or services provided? 5d Was the organization received and contribution of core in the value of the goods or services provided? 5d Was the organization received and contribution of core in the value of the goods or service	ь			2h	\mathbf{x}	
3a	•			-20		
b if Yes, *has if filed a Form 990.T for this year? If *No.* provide an explanation in Schedule O 48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 48 X 59 If Yes, *enter the name of the foreign country; Event of Foreign Bank and Financial Accounts. 50 Was the organization a party to a prohibited tax shetter transaction at any time during the tax year? 50 Did any taxable party notify the organization file form 8861? 51 Did any taxable party notify the organization file form 8861? 52 Did any taxable party notify the organization file form 8861? 53 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 54 If Yes, *did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 55 Organizations that may receive deductible contributions under section 170(c). 56 If Yes, *did the organization notify the donor of the value of the goods or services provided? 57 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 2822? 58 If Yes, *indicate the number of Forms 8282 filed during the year 59 Did the organization received a contribution of cas, boats, singhanes, or other vehicles, did the organization of Porms 2828? 79 If Yes, *indicate the number of Forms 8282 filed during the year 50 Did the organization received a contribution of cas, boats, singhanes, or other vehicles, did the organization of Porms 899 as required? 51 Did the organization received a contribution of cas, boats, singhanes, or other vehicles, did the organizations of Porms 890 as required? 52 Did the organization make any taxable distributions under section 49667 53 Spensoring organizations maintai	За		s, 	3.	x	
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders Gross income from members or shareholders Gross income from members or shareholders Ital Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If Yes, enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand A Did the organization receive any payments for indoor tanning services during the tax year? Ital If Yes, has it filed a Form 720 to report these payments? If *No.* provide an explanation in Schedule O.	8					
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		organization is licensed to issue qualified health plans	13b			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C	Enter the amount of reserves on hand	13c			
	14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O			

Form 990 (2012) THE REASON FOUNDATION 95-3298239 Page
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 Q. See instructions

	to and day day for the beam, describe the broading and the processes, or charges in deficiency.			
	Check if Schedule O contains a response to any question 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 1a 21			
	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.			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
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			7.5
	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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		!	х
L	more members of the governing body?	7a	<u> </u>	├-^
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		 ^
8		0-	х	1
a	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	<u> </u>	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3	\vdash	
	tien at a transportation and tra		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	X	
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	ľ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	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	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		l	
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ľ	Ì	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,
	taxable entity during the year?	16a	├─	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	l		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ļ	
<u>~</u>	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	tion C. Disclosure	UT	77	77.0
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA			, 45
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	avallat) IU	
	Own website Another's website W 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 fina	ncial	
	statements available to the public during the tax year.	idi		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	>	
	JONATHAN GRAFF - (310) 391-2245			
	5737 MESMER AVENUE, LOS ANGELES, CA 90230			

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	<u> </u>		(()			(D)	(E)	(F)
Name and Title	Average	Position (do not check more the			than		Reportable	Reportable	Estimated	
	hours per week	er box.		ss pe id a d	recto	s bot r/tus	n an tee)	compensation from	compensation from related	amount of other
	(list any	rctor						the	organizations	compensation
	hours for	Individual trustite of director	l z			Highest compensated employee		organization	(W·2/1099·MISC)	from the
	related organizations	rustre.	Institutional trustee		į	mpens		(W·2/1099·MISC)		organization and related
	below	duit t	thon	_	(o)dw	3,50		<u> </u>		organizations
	line)	lad.vn	in str	Officer	Key employee	Highe	Former			J
(1) THOMAS E, BEACH	1.00									
CHAIRMAN		X		X				0.	0.	0.
(2) BARON BOND	1.00							_	_	_
TRUSTEE		X						0.	0.	0.
(3) DREW A. CAREY	1.00							_	_	_
TRUSTEE		Х	_	L		L	<u> </u>	0.	0.	0.
(4) DERWOOD S. CHASE, JR.	1.00						ŀ			
TRUSTEE	1	X	_				_	0.	0.	0.
(5) JAMES R. CURLEY	1.00		1				İ			
TRUSTEE		X	<u> </u>	_	<u> </u>	L	_	0.	0.	0.
(6) RICHARD J. DENNIS	1.00									•
TRUSTEE	1 00	X	┞	_		╙		0.	0.	0.
(7) WILLIAM A. DUNN	1.00	١.,				ļ				
TRUSTEE	1 00	X	<u> </u>	-		1		0.	0.	0.
(8) DAVID FLEMING	1.00	x				ł		0.	0.	0.
TRUSTEE (9) C. BOYDEN GRAY	1.00	^	⊢	┝	┝	├	_	0.	0.	0.
	1.00	x	l				l	0.	0.	0.
TRUSTEE (10) JAMES D. JAMESON	1.00	Λ	-	⊢	⊢	├	 	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
TRUSTEE	1.00	x						0.	0.	0.
(11) MANUEL S. KLAUSNER	1.00	₽	┢╌	├		┢	⊢		<u> </u>	·
TRUSTEE	1.00	X	l					0.	l o.	0.
(12) DAVID H. KOCH	1.00		┢	╁╴	┢	 	┢	<u> </u>		<u>_</u>
TRUSTEE		x	ļ				l	0.	l o.	0.
(13) JAMES LINTOTT	1.00	<u> </u>	┢	 	┢	╁	┢			
TRUSTEE		x						0.	0.	0.
(14) STEPHEN MODZELEWSKI	1.00		İ				T			
TRUSTEE	-	X		ļ				0.	0.	0.
(15) GEORGE F. OHRSTROM	1.00	Г	1				T	<u> </u>		
TRUSTEE		X						0.	0.	0.
(16) CAROL SANDERS	1.00									
TRUSTEE		X			_			0.	0.	0.
(17) VERNON L. SMITH	1.00							_	_	_
TRUSTEE	1	X	L		<u>.</u>	<u> </u>	<u> </u>	0.	0.	0.

Part VIII	Section A. Officers, Directors, Trus		ploy	ees			ghe	st C					
	(A) (B)		(C) Position						(D)	(E)		(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation		Estima amour	
		week					or/trus		from from related		'	othe	
		(list any	ğ						the	organizations	co		sation
		hours for	8 10	,			pare	İ	organization	(W-2/1099-MISC)		from 1	
		related organizations	uste	trustee		٠,	Suado		(W-2/1099-MISC)			rganiz	
		below	1 m	20		ploye	TCO a	_				ind rel ganiza	
		line)	Individual trustee or director	institut	Officer	Key emplayee	Highest compensated employee	Fermer			"	94	1110113
(18) RIC	HARD A. WALLACE	1.00	一	Ť		Ī					\top		
TRUSTEE			X						0.	0	<u>. </u>		0.
(19) FRE	D M. YOUNG, JR.	1.00	\prod				Π						
TRUSTEE			X	<u> </u>		_	辶	_	0.	0			0.
(20) DAV	ID NOTT	40.00]			l				_			_
PRESIDEN'			X		Х				310,000.	0	<u>.</u>		0.
(21) ROB	ERT W. POOLE, JR.	40.00]				l				ļ		_
FOUNDER		1000	X		Х		┖	Ш	200,000.	0	┵_		0.
	HAEL ALISSI	40.00		1	١				474 000	•			•
	SIDENT, OPERATIONS	40.00	ļ	 _	X		╀	L	171,833.	0	┵		0.
	HOLAS GILLESPIE	40.00	1				1		106 663				^
	SIDENT, REASON ONL	40-00	<u> </u>	₩	X		↓	 	196,667.	0	┵—		0.
	ATHAN GRAFF	40.00	ł						164 000		.		0
	R, SECRETARY	40 00	-		X	-	╁	├—	164,000.	0	┿		0.
	IAN T. MOORE	40.00	ł		x			1	190,000.	o	.		^
	SIDENT, POLICY	40.00	┢	┢	₽	⊢	╄	⊢	190,000.	U	╬		0.
	IAN MORRIS	40.00	┨		x	l			160,000.	o	.		0.
	SIDENT, RESEARCH	<u> </u>		i	Λ	<u> </u>	Ļ	<u>!</u>	1,392,500.				0.
1b Sub-		II Castian A							300,500.		-		0.
	I from continuation sheets to Part V	•		•••••					1,693,000.				<u> </u>
	Il (add lines 1b and 1c) I number of individuals (including but r	ot limited to the		liet	ed a	hov	e) w	ho r			<u></u>		
	pensation from the organization		.030	,			٠,			,,ooo oi ropoitabio			12
												Ye	
3 Did t	the organization list any former officer,	director, or th	uste	e, ke	ey eı	mple	oyee	, or	highest compensated e	mployee on		十	
	1a? If "Yes," complete Schedule J for s			-	•						3	, [X
4 For a	any individual listed on line 1a, is the si	um of reportab	le c	omp	ens	atio	n an	d ot	her compensation from	the organization			
and i	related organizations greater than \$15	0,000? If "Yes	, • cc	mpl	ete .	Sch	edul	e J	for such individual		. 4	<u> </u>	
5 Did a	any person listed on line 1a receive or	accrue compe	nsat	tion	from	an	y un	relat	ted organization or indiv	idual for services			
	ered to the organization? If "Yes," con	plete Schedu	le J	for s	uch	per	son				5		X
	3. Independent Contractors	· · · · · · · · · · · · · · · · · · ·											
	plete this table for your five highest co										nsatio	n from	1
the c	organization. Report compensation for	the calendar y	/ear	end	ing v	with	or v	/ithi		year.			
	(A) Name and business	address	NT	ON	.				(B) Description of s	services	Com	(C) pensa	tion
	ramo ano obsinoss		14,	OIN.					- Bosonphon of C				
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			_		_								
	I aumhor of indoportions continues	inalisation to a	204 1	innia -	- A A -	, øh		01-	d about whe reastred	nore than			
	I number of independent contractors (0,000 of compensation from the organ	•	iOt I	arute	a to		ose i O	518	u abovej wno received r	nore man			
	EE PART VII, SECTIO		TI	NÜ.	AΤ			SH	EETS	<u></u>	For	m 99	0 (2012)
232008 12-10-12	·												,,

art VII Section A. Officers, Directors, T	(2)	Τ	,,,,,,			ngu	691	Compensated Employ	(2)	(=)
(A) Name and title	Average hours			Pos all	ition	ı		Reportable compensation	Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Indredual Busitee or director	institutional frustee	Officer	Key emplayee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W·2/1099·MISC)	other compensatio from the organization and related organizations
27) MATT WELCH	40.00	ļ		,,				172 000	^	
CE PRESIDENT, MAGAZINE	40.00	┢		X	_	├	<u> </u>	173,000.	0.	(
R) VICTORIA HUGHES CE PRESIDENT, DEVELOPMENT	40.00	┨		x				127,500.	0.	(
<u> </u>		-		-		-	-	127,3001		
		-	\vdash							
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		1	\vdash		\vdash					-
		<u> </u>	<u> </u>				<u> </u>			

Form 990 (2012) THE REA

		Check if Schedule O contains a response	to any question i	in this Part VIII		·····	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts ts	1 a	Federated campaigns 1a					
ğ ă	b	Membership dues 1b					
Am, C	c	Fundraising events 1c	110,512.				
를 를	d	Related organizations 1d					
is,	е	Government grants (contributions) 1e					
z ti	f	All other contributions, gifts, grants, and					
호		similar amounts not included above	022,658.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f: \$					
<u>8 0</u>	h	Total. Add lines 1a-1f		8,133,170.			
	_	CUDCODIDATON CALEC	Business Code 900099	742,694.	742,694.		
iĝ		SUBSCRIPTION SALES ADVERTISING INCOME	511120	130,043.	142,034.	130,043.	
E S		MAILING LIST RENTAL	511120	16,311.		16,311.	
EŠ	C	RESEARCH INCOME	900099	5,000.		10,311.	5,000.
Program Service Revenue	0	RESEARCH INCOME	300033	3,000.			3,000.
۳	e	All other program service revenue					l
1		Total. Add lines 2a-2f		894,048.			
\neg	3	Investment income (including dividends, intere					
		other similar amounts)		45,331.			45,331.
	4	Income from investment of tax-exempt bond p					
	5	Royalties)				
- 1		(i) Real	(ii) Personal				
	6 a	Gross rents			ļ		
	b	Less: rental expenses					
	c	Rental income or (loss)					İ
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory			:		1
	b	Less: cost or other basis					Ĭ
		and sales expenses					
		Gain or (loss)		-			
	d	• • • • • • • • • • • • • • • • • • • •		 			
enne	8 a	Gross income from fundraising events (not including \$ 110,512. of				:	
Š		contributions reported on line 1c). See				1	
Other Rev			220,509.				
her	h		227,743.	†			
ō		Net income or (loss) from fundraising events		-7,234.			-7,234.
		Gross income from gaming activities. See		· ·			
		Part IV, line 19					
	b	Less: direct expenses b		1			
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	Ţ				
		and allowances a					
	Ь	Less: cost of goods sold b]			
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11 a	MISC. INCOME	900099	1,508.	1,508.		ļ
	b			_			
	С				ļ		
	d	All other revenue		1,508.			
		Total. Add lines 11a-11d		9,066,823.		146,354.	12 007
23200	12	Total revenue. See instructions.	·····	0,000,043.	144,404.	1 740,334	43,097.

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

	Check if Schedule O contains a respon			mpiete colamii (7 y.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States, See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		j	J	
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members	_			
5	Compensation of current officers, directors,				
-	trustees, and key employees	1,693,000.	1,242,500.	96,600.	353,900.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		Ì	ł	
	persons described in section 4958(c)(3)(B)	2 056 004	2 624 746	106 077	174 261
7	Other salaries and wages	2,956,084.	2,674,746.	106,977.	174,361.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	200,227.	168,163.	8,662.	23,402.
10	Payroll taxes	348,782.	297,290.	14,376.	37,116.
11	Fees for services (non-employees):				
а	Management				
b	Legal	21,990.	18,499.	813.	2,678. 2,436.
C	Accounting	20,000.	16,824.	740.	2,436.
d	Lobbying				
8	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	231,387.	212,723.	158.	18,506.
13	Office expenses	233,788.	181,516.	7,578.	44,694.
14	Information technology				•
15	Royalties				
16	Occupancy	302,540.	253,633.	11,757.	37,150.
17	Travel	508,440.	379,546.	2,589.	126,305.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		·		
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,754.	73,388.	3,388.	10,978.
23	Insurance	93,469.	77,258.	3,778.	12,433.
24	Other expenses, Itemize expenses not covered above, (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONTRACT SERVICES	1,078,089.	1,048,893.	12,355.	16,841.
Ь	MANUFACTURING AND DISTR	528,639.	528,500.	0.	139.
C	POSTAGE AND SHIPPING	132,388.	66,828.	-486.	66,046.
d	ON-LINE SERVICES	114,972. 401,107.	105,822. 325,509.	2,224. 6,439.	6,926. 69,159.
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	8,952,656.	7,671,638.	277,948.	1,003,070.
<u>25</u> 26	Joint costs. Complete this line only if the organization	3,322,0301	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,000,010.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u></u>		
23201	0 12-10-12		· · ·	-	Form 990 (2012)

Form 990 (2012)
Part X Balance Sheet

<u>ar</u>	t X	Balance Sneet			<u> </u>
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	552,344.	1	801,917.
ı	2	Savings and temporary cash investments	24,883.	2	104,273
	3	Pledges and grants receivable, net	305,350.	3	302,002
1	4	Accounts receivable, net	79,069.	4	97,638
ı	5	Loans and other receivables from current and former officers, directors,		ŀ	- · · · · · · · · · · · · · · · · · · ·
		trustees, key employees, and highest compensated employees. Complete		.	
١		Part II of Schedule L		5	
١	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ŀ		employers and sponsoring organizations of section 501(c)(9) voluntary	ı		
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		В	
	9	Prepaid expenses and deferred charges		9	
ļ	10a	Land, buildings, and equipment: cost or other			
-		basis. Complete Part VI of Schedule D 10a 4,051,500.			
- }	b	Less: accumulated depreciation 10b 1,002,516.	2,538,017.	10c	3,048,984 2,877,416
	11	Investments - publicly traded securities	3,670,890.	11	2,877,416
ł	12	Investments - other securities. See Part IV, line 11		12	
١	13	Investments - program-related. See Part IV, line 11		13	
ĺ	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	181,934.	15	41,412
_}	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,352,487.	16	7,273,642
	17	Accounts payable and accrued expenses	1,070,924.	17	858,706
	18	Grants payable		18	
-	19	Deferred revenue	364,694.	19	373,099
	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,			
		key employees, highest compensated employees, and disqualified persons.			
3		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,038,866.	23	869,517
	24	Unsecured notes and loans payable to unrelated third parties		24	
1	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			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,474,484.	26	2,101,322
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
2		complete lines 27 through 29, and lines 33 and 34.		ļ ļ	:
	27	Unrestricted net assets	4,778,375.	27	4,831,175
	28	Temporarily restricted net assets	55,349.	28	296,866
; [29	Permanently restricted net assets	44,279.	29	44,279
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
;		and complete lines 30 through 34.			
!	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
5 1		•	4 000	_	F 4 B 0 0 0 0
Net Assets of Fund balances	33	Total net assets or fund balances	4,878,003.	33	5,172,320

Both consolidated and separate basis

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

separate basis, consolidated basis, or both:

consolidated basis, or both:

Act and OMB Circular A-133?

Separate basis

Consolidated basis

Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

30		
Form	990	(2012)

2b | X

X

2c

За

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number THE REASON FOUNDATION 95-3298239 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d ____ Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iv) is the organization (v) Did you notify the (vi) Is the (III) Type of organization (vii) Amount of monetary (ii) EIN (i) Name of supported organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the U.S.? support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No No Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

(Form 990 or 990-EZ) 2012 THE REASON FOUNDATION 95-3298239 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6093799.	6399733.	7123746.	8063133.	8022658.	35703069.
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	6093799.	6399733.	7123746.	8063133.	8022658.	35703069.
5	The portion of total contributions						
	by each person (other than a						1
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					····	
	Public support. Subtract line 5 from line 4.						35703069.
	ction B. Total Support				r		·
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009 6399733.	(c) 2010 7123746.	(d) 2011 8063133.	(e) 2012	(f) Total
7	Amounts from line 4	6093799.	6399/33.	/123/46.	8063133.	8022658.	35703069.
8	Gross income from interest,						1
	dividends, payments received on						l
	securities loans, rents, royalties					45 204	045 050
	and income from similar sources	78,392.	50,137.	59,630.	83,768.	45,331.	317,258.
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					4 500	
	assets (Explain in Part IV.)	1,211.	2,082.	1,183.	431.	1,508.	
11	Total support. Add lines 7 through 10				<u></u>		36026742.
12	•	•	•				,085,075.
13	First five years. If the Form 990 is for	_	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. —
حم	organization, check this box and stor	here				·····	> L
	ction C. Computation of Publ						00 10
	Public support percentage for 2012 (•	column (f))	,,	14	99.10 % 98.85 %
	Public support percentage from 2011					15	
16a	33 1/3% support test - 2012. If the						► [V]
	stop here. The organization qualifies		_		16 45 - 00 1/00		
t	33 1/3% support test - 2011. If the						
	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	-					
	more, and if the organization meets the						e
40	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 100, 1/a, or 1/			0 or 990-EZ) 2012
					acni	שמוש א נרטוווו שש	0 01 350-EZJ ZU 12

Schedule A (Form 990 or 990 EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support		p				
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and]				
	membership fees received. (Do not						
	include any "unusual grants.")					<u> </u>	
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				<u> </u>	ļ	
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			1	1	1	
	or expended on its behalf		_	ļ			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	·					
6	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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		<u> </u>				
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)		1	<u> </u>			
Se	ction B. Total Support	·					
Cale	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						ļ
10	Gross income from interest,		}			1	[
	dividends, payments received on securities loans, rents, royalties						1
	and income from similar sources		<u> </u>				<u></u>
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		<u> </u>	ļ		1	
•	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is		1				ł
	regularly carried on					<u> </u>	
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)		<u> </u>				
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 secti	on 501(c)(3) organi	zation,
	check this box and stop here	*		*****************	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	> □
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2012 (I	ne 8, column (f) o	divided by line 13,	column (f))		15	%
_	Public support percentage from 2011					16	
Se	ction D. Computation of Inves	tment Incom	ne Percentage				
17	Investment income percentage for 20	12 (line 10c, colu	ımn (f) divided by li	ne 13, column (f))		17	
	Investment income percentage from 2					18	
198	33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶ └
t	33 1/3% support tests - 2011. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and a	stop here. The org	anization qualifies	as a publicly sup	ported organization	·
20	Brigate foundation If the crossization	a did aat abaal, a	hay an line 14 10	a ar 10h abant t	والمناه فيما المناه والمالية		▶ 1 1

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number Name of the organization THE REASON FOUNDATION 95-3298239 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

THE REASON FOUNDATION

95-3298239

art II No	oncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ _		 s	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ _		 	

Name of organization

Employer identification number

	ASON FOUNDATION			95-3298239
Part III	Exclusively religious, charitable, etc., individed to the year. Complete columns (a) through (e) and it the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	ridual contributions to section 501(c) ne following line entry. For organizati c., contributions of \$1,000 or less fo al space is needed.	;)(7), (8), or ons complet r the year. (£)	(10) organizations that total more than \$1,000 for the ing Part III, enter neer this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			-	
		(e) Transfer of gi	ft	
-	Transferee's name, address, as	nd ZIP + 4	Rela	etionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			_ :	
		(e) Transfer of gi		
-	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			:	
		(e) Transfer of gi		
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi		ationship of transferor to transferee
				and the second s

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

• ;	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	e of organization		_	Emple	oyer identification number
	THE REA	SON FOUNDATION			95-3298239
Pa	rt I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527 or	rganization.
1	Provide a description of the organization	ration's direct and indirect politica	l campaign activities		
2	Political expenditures			► \$	
3	Volunteer hours			·····	
					<u> </u>
	rt I-B Complete if the org				
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manager	rs under section 4955	5▶\$	
	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		
			*********		Yes L No
b	If "Yes," describe in Part IV.		manadian FOd/av		01/01
	rt I-C Complete if the org			<u> </u>	
	Enter the amount directly expended				
2	Enter the amount of the filing organ				
	exempt function activities				
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here an	nd on Form 1120-POL		
4	Did the filing organization file Form				
5					
	made payments. For each organiza				
	contributions received that were propolitical action committee (PAC). If	• •	• •		ite segregated lund or a
		, · · · · · · · · · · · · · · · · · · ·		- 1	1 4 3 4 4 193 1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter ·0·.	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
			 		77 110110, 011101 01
			·		
				-	
		[
_			 		
					
_					

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

Schedule C (Form 990 or 990-EZ) 2012	THE RE	EASON I	FOUNDATION		95-3	298239 Page 2
Part II-A Complete if the org	anizatio	n is exen	npt under section	n 501(c)(3) and file	ed Form 5768	<u></u>
(election under sec						
* *	-			Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar			•			
B Check Lif the filing organiza	tion checke	ed box A an	d 'limited control" pro	visions apply.		
	ts on Lobb ditures" me		iditures nts paid or incurred.)	'	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publi	c opinion (c	grass roots lobbying)			
b Total lobbying expenditures to influ	uence a leg	islative bod	y (direct lobbying)		7,870.	
c Total lobbying expenditures (add li	ines 1a and	1b)			7,870.	
d Other exempt purpose expenditure					8,174,074.	
e Total exempt purpose expenditure	s (add lines	1c and 1d)		8,181,944.	
f Lobbying nontaxable amount. Enter	er the amou	int from the	following table in bot	h columns.	559,097.	
If the amount on line 1e, column (a) o	or (b) is:	The lob!	oying nontaxable am	ount is:		
Not over \$500,000		20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000,0	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$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 (en	nter 25% of	line 1f)			139,774.	
h Subtract line 1g from line 1a. If zer	o or less, e	nter 👀 👑	*************		0.	
i Subtract line 1f from line 1c. If zero	•				0.	
j If there is an amount other than ze		rline 1h or l	ine 1i, did the organiz	ation file Form 4720	г	
reporting section 4911 tax for this		<u> </u>				Yes No
(Some organia			raging Period Under	Section 501(h) n do not have to comp	slate all of the five	
•			• •	s 2a through 2f on pa		
	Lobb	ying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	462	2,539.	505,245.	551,649.	559,097.	2,078,530.
b Lobbying ceiling amount (150% of line 2a, column(e))						3,117,795.
c Total lobbying expenditures	2	2,077.		9,391.	7,870.	19,338.
d Grassroots nontaxable amount	115	5,635.	126,311.	137,912.	139,774.	519,632.
e Grassroots ceiling amount (150% of line 2d, column (e))						779,448.

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 THE REASON FOUNDATION 95-3298239 Page 3 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)).

or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
f the lobbying activity.	Yes	No	Amo	unt
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)?	ì			
c Media advertisements?				
d Mailings to members, legislators, or the public?	1			
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?	t	+		
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		ì		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	5) or so	ction	
501(c)(6).	11 30 1(0)	(J), UI 36	Ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
answered "Yes."			t III-A, lir	
Dues, assessments and similar amounts from members	al	1		· · · · · · ·
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 	al	1		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). 	al			
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year 	al	2 a	,	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 	al	2a 2b	,	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	al	2a 2b 2c		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		2a 2b		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 	ess	2a 2b 2c		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	ess	2a 2b 2c		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure next year? 	ess	2a 2b 2c		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 	ess	2a 2b 2c 3		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 	ess olitical	2a 2b 2c 3		
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Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year 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 exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I	ess olitical	2a 2b 2c 3		-A, line
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Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year 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 exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C	ess olitical	2a 2b 2c 3		-A, line
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 	ess olitical	2a 2b 2c 3		-A, line
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year 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 exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I	ess olitical	2a 2b 2c 3		-A, line
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year 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 exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C	ess olitical	2a 2b 2c 3		-A, line
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year 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 exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I	ess olitical	2a 2b 2c 3		-A, line

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE REASON FOUNDATION

Employer identification number 95-3298239

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed 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 can be u	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?	••••••	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	 	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organization's accounting for
Da	conservation easements. † III Organizations Maintaining Collections of	Art Historical Transcures or Ot	thar Similar Assats
Га		•	mei Olilliai Assets.
	Complete if the organization answered "Yes" to Form	····	
18	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex the text of the footnote to its financial statements that descri		ice of public service, provide, in Part XIII,
.	If the organization elected, as permitted under SFAS 116 (A)		and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		•
		docation, of research in fortherance of pur	nic service, provide the following amounts
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	pasures or other similar assets for financial	
~	the following amounts required to be reported under SFAS:		gan, provido
а		· · · · · · · · · · · · · · · · · · ·	> \$
	Assets included in Form 990, Part X		▶ \$
	There is a second of the contract of the contr		

Schedule D (Form 990) 2012

23,066

21,725.

957,725.

1,908,473.

964,906.

173,606.

3,048,984.

1,999.

1a Land

b Buildings

d Equipment e Other

c Leasehold improvements

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

1,908,473

1,131,331

987,972.

23,724.

FIN 48 (ASC 740) Footnote. 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

(11)

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

POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING

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

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

OMB No. 1545-0047

2012

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2012

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

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

	_	of fundraising event contributions and g				pts greater than \$5,000.
			(a) Event #1 REASON WEEKEND	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	331,021.			331,021.
	2	Less: Contributions	110,512.			110,512.
	3	Gross income (line 1 minus line 2)	220,509.			220,509.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs) 			
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	227,743.			227,743.
		Direct expense summary. Add lines 4 throug				(227,743,
.	11	Net income summary. Combine line 3, colum	n (d), and line 10		<u>.</u>	7,234.
Pa	ıπ	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	I a . Dull taba (autom)	· · · · · · · · · · · · · · · · · · ·	[.n=
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		>	()
	8	Net gaming income summary. Combine line	1, column d, and line 7		>	
		ter the state(s) in which the organization oper				
		the organization licensed to operate gaming a	ctivities in each of these	states?		Yes No
t	o If '	No," explain:				
	_					
		ere any of the organization's gaming licenses (Yes,* explain:		_	year?	Yes No
	-			·		
	_					
2320	82 0	1.07.13	· 		Schedule G (Fo	orm 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 THE REASON FOUNDATION	15-3	298239	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	U 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 garning activity operated in:	1	1	
а	The organization's facility	ì	13a	%
b	An cutside facility	1	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:		
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization of the organization	nt		
_	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name >			
	Address ▶			
16	Gaming manager information:			
	Name			
			_	
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mandatan, distributions			
	Mandatory distributions:			
а	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	No
_	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	, tha	165	
0		1 1116		
Da	organization's own exempt activities during the tax year \$ Irt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colur	(iii)	and (v) and	I Doet III
ra				
_	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	mation	(see instru	etions).
			· ······	
				

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

2012

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

THE REASON FOUNDATION

Employer identification number 95-3298239

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	i		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to]
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract		l	
	Independent compensation consultant X Compensation survey or study			ļ
	Form 990 of other organizations X Approval by the board or compensation committee			
				İ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		l	
	organization or a related organization:			v
a	Receive a severance payment or change-of-control payment?	4a	-	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	-	<u> </u>
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			v
а	The organization?	5a	-	X
þ	Any related organization?	5b		<u> </u>
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_	1	v
	The organization?	6a	-	X
þ	Any related organization?	6b	\vdash	 ^
_	If "Yes" to line 6a or 6b, describe in Part III.	1		
7		_		x
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	╁	 ^
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	١.		$ _{\mathbf{x}}$
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	\vdash	├ ^
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	_ a		

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

Schedule J (Form 990) 2012

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

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

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(B)(I)-(U)	in prior Form 990
(1) DAVID NOTT	(i)	235,000.	75,000.	0.	0.	0.		0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) ROBERT W. POOLE, JR.	(i)	200,000.	0.	0.	0.	0.	/	0.
POUNDER	(ii)	0.	0.	0.	_0.	0.		0.
(3) MICHAEL ALISSI	(i)	130,833.	41,000.	0.	0.	0.	171,833.	0.
VICE PRESIDENT, OPERATIONS	(0)	0.	0.	0.	0.	0.	0.	0.
(4) NICHOLAS GILLESPIE	(i)	156,667.	40,000.	0.	0.	0.	196,667.	0.
VICE PRESIDENT, REASON ONL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JONATHAN GRAFF	(i)	139,000.	25,000.	0.	0.	0.	164,000.	0.
TREASURER, SECRETARY	(ii)	0.	0.	0.	0.	0.		0.
(6) ADRIAN T. MOORE	(0)	155,000.	35,000.	0.	0.	0.	190,000.	0.
VICE PRESIDENT, POLICY	(ii)	0.	0.	0.	0.	0.	,	0.
(7) JULIAN MORRIS	(i)	130,000.	30,000.	0.	0.	0.	160,000.	0.
VICE PRESIDENT, RESEARCH	(ii) [0.	0.	0.	0.	0.		0.
(8) MATT WELCH	(i)	140,000.	33,000.	0.	0.	0.		0.
VICE PRESIDENT, MAGAZINE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(0)							
	(0)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(0)						_	
	(i)							
	(ii)						_	
	(i)					<u></u> :		
	(ii)							

Schedule J (Form 990) 2012

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization

Employer identification number

E REASON FOUNDATION 95_3298239

			N FOUNDA							195	-32	1982	39								
						section 501(c)(4)	_														
	ne organization					art IV, line 25a or	25b.	or F	orm 990:EZ, F	art V,	line 40	Db.									
1 (a) Name of disqualifie	d person	(b) F	lelationship bety			ified	(c) Description of transaction				(d) Corrected										
	- possoss		person and or	ganiza	ation								Y	es .	No						
							_						+	_							
													4—								
									···					-							
													4_	_							
													_l								
2 Enter the amount of ta	ax incurred by	the o	rganization man	agers	or disc	qualified persons	duri	ng th	ie year under												
section 4958											▶ \$										
3 Enter the amount of ta	ax, if any, on li	ne 2, i	above, reimburs	ed by	the or	ganization					▶ \$			 -							
Part II Loans to a	nd/or Fron	n Int	erested Per	eone								_									
						D 411 11 00:	_														
	•					, Part V, line 38a	or Fo	orm !	990, Part IV, Iir	18 26;	or if th	ne orga	anizati	on							
	(b) Relatio	n 990 nship	, Part X, line 5, 6		an to or	4.10 :-:	_		<u> </u>	1_,	1 1	(h) Ap	proved	423 TA	ritten						
(a) Name of interested person	with		(c) Purpose of loan	fron	n the	(e) Original principal amour	nt (1) Balance		pal amount		(f) Balance due		(f) Balance due) In Juit?	by bo	proved ard or	agree	ment?
	organiza	tion			zation?		- 1			Yes	No	Yes		Yes	r						
	-			То	From		-+			168	NO	108	No	105	No						
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^{fotal} Part III │ Grants or .	Assistance	Bei	nefiting Inter	reste	d Pe					<u>. </u>		ــــــــــــــــــــــــــــــــــــــ		<u> </u>							
			vered "Yes" on																		
(a) Name of intereste						(c) Amount	<u>~</u>	Т	(d) Type	of	Т) Purp	050.0	ŗ						
(a) Name of intereste	ed person	'	(b) Relationship interested pers			assistance		1	assistar	ice		16	assist	ance	•						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

Complete if the organizatio	n answered "Yes" on Form 990, Part IV, line 28a, 2				
(a) Name of interested person		(c) Amount of transaction	(d) Description of transaction	organiz rever	aring of zation's nues?
TERI MOORE	OFFICER'S SPOUSE	5 262	RUNS A COMP	Yes	No X
KENDRA OKONSKI	OFFICER'S SPOUSE		CONTRACT WO		X
NEWDAY ONORDKI	OTTICER & BIOOBE	3,442.	CONTRACT WO		^
Part V Supplemental Inform					<u> </u>
	nation de additional information for responses to question	ns on Schedule L (see	instructions).		
SCH L, PART IV, BUSI	NESS TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON:	TERI MOORE				
(D) DESCRIPTION OF T	RANSACTION: RUNS A COMPAN	Y WHICH PER	RFORMS EDITI	NG	-
SERVICES FOR THE FOU	NDATION STUDIES.				
(A) NAME OF PERSON:	KENDRA OKONSKI				
(D) DESCRIPTION OF T	RANSACTION: CONTRACT WORK	REGARDING	PROMOTIONAL	•	
EVENTS.					
					
					_
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2012
Open to Public Inspection

Name of the organization

THE REASON FOUNDATION

Employer identification number 95-3298239

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUAL LIBERTY, FREE MARKETS, AND THE RULE OF LAW. WE USE
JOURNALISM AND PUBLIC POLICY RESEARCH TO INFLUENCE THE FRAMEWORKS AND
ACTIONS OF POLICYMAKERS, JOURNALISTS, AND OPINION LEADERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPINION LEADERS.
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING WITH THE IRS THE
DRAFT 990 WILL BE EMAILED TO THE ENTIRE BOARD OF TRUSTEES FOR REVIEW,
FEEDBACK WILL BE PROVIDED TO THE CFO.
FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES AND OFFICERS OF THE
FOUNDATION WILL COMPLETE A FORM TO CERTIFY THAT THERE ARE NO EXISTING
CONFLICTS. IF THERE ARE ANY CHANGES TO THAT STATUS THEY WILL COMPLETE AND
SUBMIT ANOTHER FORM.
OTHER EMPLOYEES HAVE CERTIFIED THAT THEY ARE AWARE OF THE POLICY AND WILL
DISCUSS AND POTENTIAL CONFLICTS WITH THEIR IMMEDIATE SUPERVISOR.
FORM 990, PART VI, SECTION B, LINE 15: COMPARABLE DATA WAS ASSEMBLED FROM
PUBLIC 990 FILINGS FOR SIMILAR POSITIONS WITHIN OTHER NONPROFIT

THE FULL BOARD.

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

232211
01-04-13

TRUSTEES WITH RECOMMENDATIONS FOR COMPENSATION.

Schedule O (Form 990 or 990-EZ) (2012)

THE FINANCE COMMITTEE THEN

ORGANIZATIONS AND PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF

DISCUSSED AND APPROVED COMPENSATION IN AN EXECUTIVE COMMITTEE MEETING OF

Form 990-1	-	xempt Organization bu			ax netui	"	2012
Department of the Treasury Internal Revenue Service	Force	(and proxy tax und	der sed	12 , and ending SI	EP 30, 2	013	pen to Public Inspection to 31(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name		D Employer identification number (Employees' trust, see instructions.)			
B Exempt under section	Print	THE REASON FOUNDATION		95-3298239			
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. bo	E Unrelated business activity codes (See instructions)				
408(e) 220(e)	Туре	5737 MESMER AVENUE				(566 1115	il delibris)
408A 530(a)		City or town, state, and ZIP code				No.	
529(a)		LOS ANGELES, CA 90230	0-631	.6		5111	.20
C Book value of all assets at end of year		p exemption number (see instructions) k organization type X 501(c) corporation	on _	501(c) trust	401(a) trust		Other trust
7,273,642.							
H Describe the organization	n's prim	ary unrelated business activity.	SEE S	TATEMENT 1			
1 During the tax year, was	the corp	poration a subsidiary in an affiliated group or a pare	ent-subsic	liary controlled group?	Hamman Mark	Yes Yes	X No
		itifying number of the parent corporation.					
J The books are in care o		JONATHAN GRAFF			ne number 🕨		
Part I Unrelate	d Tra	de or Business Income		(A) Income	(B) Expens	es	(C) Net
1a Gross receipts or sal	es						
b Less returns and allo		c Balance	1c				
2 Cost of goods sold (Schedule	e A, line 7)	2				
3 Gross profit. Subtract	t line 2 f	rom line 1c	3				
4a Capital gain net inco			4a				
		Part II, line 17) (attach Form 4797)	4b	1			
c Capital loss deduction	n for tru	sts	4c				
		nips and S corporations (attach statement)	5				
6 Rent income (Sched)							
		me (Schedule E)	7			_	
		and rents from controlled organizations (Sch. F)	8			1	
9 Investment income of	of a section	on 501(c)(7), (9), or (17) organization					
(Schedule G)		· · · · · · · · · · · · · · · · · · ·	9				
10 Exploited exempt act	ivity inco	ome (Schedule I)	10	16,311.		732.	3,579
11 Advertising income (11	141,247.	137,	332.	3,915.
And the second s		ns; attach statement)	12				
13 Total. Combine line			13	157,558.	150,	064.	7,494.
		ot Taken Elsewhere (see instructions futions, deductions must be directly connected.)			income)		
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		F1,FF7,0+0 1000.11.12.11.24.04.0	14	
15 Salaries and wages				Dell'eribolisiessessessessessessessessessessessesse		15	

19 Taxes and licenses						19	
20 Charitable contribut	ions (see	e instructions for limitation rules)		12414253114437912591117911166111	avanamannis	20	
21 Depreciation (attack)	Form 4	562)		21			
22 Less depreciation c	laimed o	n Schedule A and elsewhere on return		22a		22b	
23 Depletion		ammannikand/ammynessasiss-saosumosm				23	
		mpensation plans					
25 Employee benefit po	ograms	(1.5)	() = (**************************************		25	
26 Excess exempt exp	enses (S	chedule I)		(property (4 % % (10 property	26	
		hedule J)					
28 Other deductions (a	ttach sta	tement)		rigavirous sumannamente		28	
29 Total deductions	. Add lin	nes 14 through 28				29	0
30 Unrelated business	taxable i	ncome before net operating loss deduction. Subtra	ct line 29	from line 13	attabli (persettariani)	30	7,494
		(limited to the amount on line 30)				31	7,494.
		ncome before specific deduction. Subtract line 31 t	from line 3	30			0.
				90		33	1,000.
34 Unrelated busine of zero or line 32	ess taxa	able income. Subtract line 33 from line 32. If line	33 is gre	ater than line 32, enter th	e smaller	34	0

223711 01-11-13

Part I	II Tax Computation								
35	Organizations taxable as corporat	ions (see ins	tructions for tax con	nputation).					
	Controlled group members (section	ns 1561 and	1563) check here	See instr	uctions and:				
a	Enter your share of the \$50,000, \$2		9,925,000 taxable ii	ncome brackets (in	that order):				
	(1) \$	(2) \$		(3) \$					
b	Enter organization's share of: (1) A	dditional 5%	tax (not more than	\$11,750) \$					
	(2) Additional 3% tax (not more the	an \$100,000)	S					
C	Income tax on the amount on line 3				****************		35c		0.
36	Trusts taxable at trust rates (see in	structions fo	or tax computation).	Income tax on the	amount on line 34	from:			
	Tax rate schedule or	Schedule D	(Form 1041)				36		
37	Proxy tax (see instructions)		######################################				37		
38	Alternative minimum tax					(-(*********	38		
39	Total. Add lines 37 and 38 to line 3	5c or 36, wh					39		0.
Part I	V Tax and Payments								
40a	Foreign tax credit (corporations atta	ach Form 11	18; trusts attach For	m 1116)	40a				
	Other credits (see instructions)		20000000000000000000000000000000000000		CONTRACTOR CONTRACTOR				
C	General business credit. Attach For	m 3800		(1) (1)	40c				
d	Credit for prior year minimum tax (attach Form I	8801 or 8827)		40d				
	Total credits. Add lines 40a throug					OCTOWS DEPOSITS OF THE PARTY OF	40e		
41	Subtract line 40e from line 39		THOUSENING OF THE TAX				41		0.
42	Subtract line 40e from line 39 Other taxes. Check if from: Fo	rm 4255	Form 8611	Form 8697	Form 8866	Other (attach statement)	42		
43	Total tax. Add lines 41 and 42					II DANIEL IN CONTROL OF THE PERSON	43		0.
44 a	Payments: A 2011 overpayment cr	edited to 20	12		44a				
b	2012 estimated tax payments				44b				
C	Tax deposited with Form 8868		****	MENNING SECTIONS	44c				
d	Foreign organizations: Tax paid or v	withheld at so	ource (see instructio	ns)	44d				
e	Backup withholding (see instruction	ns)			44e		1		
1	Credit for small employer health ins	urance prem	iums (Attach Form t	8941)	441				
	Other credits and payments:		Form 2439						
	Form 4136		Other		Total > 44g				
45	Total payments. Add lines 44a thro	ugh 44g					45		
46	Estimated tax penalty (see instruction	ons). Check i	f Form 2220 is attac	ned >			46		
47	Tax due. If line 45 is less than the to	otal of lines 4	3 and 46, enter amo	ount owed			47		0.
48	Overpayment. If line 45 is larger th.	an the total o	I lines 43 and 46, er	iter amount overpa	aid		48		0.
49	Enter the amount of line 48 you was					Refunded >	49		
Part V	Statements Regarding	ng Certa	in Activities a	nd Other Inf	ormation (see	instructions)			
1 Ata	ny time during the 2012 calendar ye	ar, did the or	ganization have an i	nterest in or a sign	ature or other author	ority over a financial ac	count (bank,	Yes	No
secu	urities, or other) in a foreign country	? If "Yes," the	organization may h	ave to file Form TD	F 90-22.1, Report	of Foreign Bank and Fi	nancial		
Acc	ounts. If "Yes," enter the name of the	foreign cour	ntry here						X
2 Durit	ng the tax year, did the organization receive es," see instructions for other forms the org	a distribution ganization may	from, or was it the grant have to file.	tor of, or transferor to,	a foreign trust?			000	X
3 Ente	er the amount of tax-exempt interest	received or a					No.		
Sched	ule A - Cost of Goods S	old. Enter	method of invento	ory valuation	N/A				
1 Inve	intory at beginning of year	1		6 Inventory at	end of year	THE CONTROL OF THE PERSON	6		
2 Puro	chases	2		7 Cost of good	ds sold. Subtract lin	e 6			
3 Cos	t of labor	3		from line 5.	Enter here and in Pa	art I, line 2	7		
4a Addi	tional section 263A costs (att. statement)	4a		8 Do the rules	of section 263A (w	th respect to		Yes	No
	er costs (attach statement)	4b			duced or acquired t				
	al. Add lines 1 through 4b	5		the organiza			18232111111111111111	and the same of	
	Under penalties of perjury I declare the correct, and complete. Declaration of	at I have exami	ned this return, including	g accompanying sch	edules and statements,	and to the best of my kno	wledge and bel	ef, it is true,	
Sign	correct, and pomplete. Declaration of	preparer (other	than taxpayer) is based	on all information of v	vnich preparer has any		ay the IRS disc		with
Here	V		12/11	Y PRI	ESIDENT A		e preparer show		
	Signatule of officer		Date	Title		in	structions)?	X Yes	No
	Print/Type preparer's name		Preparer's signa	ature	Date	Checki	f PTIN		
Paid			1	. 0	1 1-1	self- employed			
Prepa	KENNETH W. SC	URLOCK	Deugle	100	la 2/5/1	4	P004	436090	
Use O	- AVOIDAT	LLP	1		//	Firm's EIN ▶		239953	
030 0			HIRE BLVI	D., 4TH 1	FLOOR				
	Firm's address ► BEV	ERLY F	HILLS, CA	90212-29	907	Phone no.	(310):	273-25	01
223711 01-	-11-13						Fo	m 990-T	(2012)

1. Description of property	onie (r	Tom near	торе	ty and	a reisonai i	riopei	ty Least	ed With Hear F	ope	(ty)(ass manasions)	
(1)											
(2)											
(3)											
(4)											
		2. Rent receives	d or accrue	ed				III towards and			
(a) From personal property rent for personal proper 10% but not more	rty is more th	ntage of	(b)	of rent for p	nd personal propert ersonal property ext t is based on profit	ceeds 50%	centage or if			nected with the income in i) (attach statement)	
(1)											
(2)											
(3)											
(4)											
Total		· · ·	Total				0.	0.75.1.1.1.0			
(c) Total income. Add totals of c			er				_	(b) Total deductions Enter here and on page			
here and on page 1, Part I, line 6 Schedule E - Unrelate			<u> </u>				0.	Part I, line 6, column (B)	->	0	
Schedule E - Unrelate	a Dept	-Financed	incon	1e (see	instructions)			A metromotorio		ration of the second	
					2. Gross inc	ome from		 Deductions directly to debt-fin 			
1. Description	of debt-finan	nced property			or allocable financed p	to debt-	(a)	Straight line depreciation (attach statement)		(b) Other deductions (attach statement)	
(1)									-		
(1)											
(2)						_			-		
(3)									-		
Amount of average acquisiti	men.	5. Average a	divoted by	and a		r allocations at	_	7 0	+	0	
debt on or allocable to debt-finar property (attach statement)	nced	of or all debt-finant	ocable to	rty	6. Column 4 by colum			7. Gross income reportable (column 2 x column 6)		 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 	
(1)	1.17					0	%				
(2)						0	%				
(3)						9	%				
(4)					4	0	1/0				
2								nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B)	
Totals							_		0.		
Total dividends-received deduce Schedule F - Interest,				nd Ren	ts From Co	ntrolle	ad Orga	nizations (con in	otruot	(one)	
Correction 1 miles con	, and and	ico, rioyait	100, ui		t Controlled Or			inzations (see ii	istruct	10(15)	
1. Name of controlled organization	ation	2. Employer iden numbe		Net un	3. prelated income see instructions)	Total	4. of specified nents made	5. Part of column 4 included in the cont organization's gross	rolling	6. Deductions directly connected with income in column 5	
								Silver Calabia			
(1)						1					
(2)											
(3)											
(4)	4000 \$4000 PM		_								
Nonexempt Controlled Organ	T						to the same of				
7. Taxable Income		t unrelated income (see instructions)	(1055)	9. To	tal of specified payn made	nents	in the con	tolumn 9 that is included trolling organization's ross income		Deductions directly connected rith income in column 10	
(1)											
(2)											
(3)											
(4)											
							Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).		Add columns 8 and 11. If here and on page 1, Part I, line 8, column (B).	
Totals								0.		0.	
Otulo						200		U.		U	

0 . Form **990-T** (2012)

Form 990-T (2012) THE RE	ASON FOUND	ATION			95-329823	9 Page 4
Schedule G - Investme		Section 501(c)	(7), (9), or (17) Or	ganization		
(see instr	ription of income		2. Amount of income	3. Deductions directly connected	4. Set-asides (attach statement)	Total deductions and set-asides
(1)				(attach statement)	Constitution,	(col. 3 plus col. 4)
(2)						
(3)					1	
(4)						
			Enter here and on page 1,		1	Enter here and on page 1,
			Part I, line 9, column (A).			Part I, line 9, column (B)
Totals	SELECTION OF THE PARTY OF THE	•	0.			0.
Schedule I - Exploited (see instru		Income, Othe	r Than Advertisi	ng Income		
Description of exploited activity	2. Gross unrelated business income from trade or business	STMT 4 directly connected with production of unrelated business income	Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) MAILING LIST						
(2) RENTAL	16,311.	12,732.	3,579.			
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part (, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	16,311.	12,732.				0.
Schedule J - Advertision	ng Income (see i	nstructions)				
Part I Income From I	Periodicals Rep	orted on a Cor	solidated Basis			
	2. Gross		4. Advertising gain			7. Excess readership
1. Name of periodical	advertising income	3. Direct advertising costs	or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Girculation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		o. c				0.
Part II Income From F	Periodicals Rep 7 on a line-by-line ba		parate Basis (For e	ach periodical list	ed in Part II, fill in	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) REASON MAGAZI	NE 141,24	7. 137,332	3,915.			
(2)				-		
(4)						
Totals from Part I		0. 0).		1	0.
Totals Holli Part I	Enter here and o page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) Schedule K - Compens	► 141,24	7. 137,332 s. Directors. a	nd Trustees (see i	nstructions)		0.
1. N			2. Title	3. Perc time dev	oted to to un	ensation attributable related business
(1)				busin	ess %	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, P	art II, line 14	*		·		0.

(4)
Total. Enter here and on page 1, Part II, line 14

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

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

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT

2

ELECTION TO WAIVE THE NET OPERATING LOSS CARRYBACK PERIOD

THE REASON FOUNDATION ELECTS, PURSUANT TO SEC. 172(B)(3) OF THE INTERNAL REVENUE CODE, TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED SEPTEMBER 30, 2013, AND WILL HAVE SUCH LOSS AVAILABLE FOR CARRYFORWARD ONLY.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/02	42,397.	42,397.	0.	0.
09/30/03	91,588.	5,404.	86,184.	86,184.
09/30/04	35,604.	0.	35,604.	35,604.
09/30/05	2,510.	0.	2,510.	2,510.
09/30/06	103,802.	0.	103,802.	103,802.
09/30/07	3,466.	0.	3,466.	3,466.
09/30/10	3,606.	0.	3,606.	3,606.
09/30/11	16,424.	0.	16,424.	16,424.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	251,596.	251,596.
FORM 990-T	SCHEDULE I - E PRODUCTION	EXPENSES DIRECTLY OF UNRELATED BUS	그녀를 깨워하는 것 같아요요요요요요요요요요요요요요요요요요요. 이 사무네 하느냐요? 하나?	STATEMENT
DESCRIPTION		ACTI		TOTAL
			appropriate the state of the st	
LIST PREPAR	ATION AND MEDIA	SUBTOTAL -	12,732	12,732

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

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return. ▶ See separate instructions.

OMB No. 1545-0172

Attachment Sequence No. 179

Business or activity to which this form relates

990

Identifying number

	REASON FOUNDATION			RM 990 P.		100 -		95-3298239
Part I		erty Under Section 1	79 Note: If you have any li	sted property, c	omplete Part	V beto		
	num amount (see instructions)						1	500,000.
	cost of section 179 property pla		2	0 000 000				
3 Thres	shold cost of section 179 proper	****	3	2,000,000				
	ction in limitation. Subtract line :						4	
-	imitation for tax year. Subtract line 4 from li	The state of the s					5	
6	(a) Description of	property	(b) Cost (busi	ness use only)	(c) Electe	d cost		
7 Lister	d property. Enter the amount fro	m line 29		7				
	elected cost of section 179 prop		in column (c), lines 6 and				8	
	tive deduction. Enter the smalle						9	
	over of disallowed deduction fro						10	
	ess income limitation. Enter the						11	
	on 179 expense deduction. Add						12	
	over of disallowed deduction to						-	
	not use Part II or Part III below I			1 19 1				
Part II				de listed prope	rty.)			
14 Spec	ial depreciation allowance for qu							
1							14	
15 Prope	erty subject to section 168(f)(1) e						15	
	depreciation (including ACRS)		*******************************				16	87,754
Part III		not include listed pr	operty.) (See instructions	i.)				
			Section A					
17 MACI	RS deductions for assets placed	in service in tax ye	ears beginning before 201	2			17	
	re electing to group any assets placed in se							
	Section B - Asset	ts Placed in Service	e During 2012 Tax Year	Using the Gen	eral Deprecia	ation S	Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a 3	year property							
b 5	year property				-			
c 7	year property							
d 1	0-year property							
e 1	5-year property							
f 2	0-year property							
g 2	5-year property			25 yrs.		S/	L	
		1		27.5 yrs.	MM	S/		
h R	esidential rental property	1		27.5 yrs.	MM	S/	L	
	(4)	1		39 yrs.	MM	S/	L	
i N	onresidential real property	1			MM	S/	L	
	Section C - Assets	Placed in Service	During 2012 Tax Year U	Ising the Altern	ative Depre	iation	Sys	tem
20a C	lass life					S/		
b 1	2-year			12 yrs.		S/	L	
	0-year	1		40 yrs.	MM	S/		
Part IV	Summary (See instructions.)							
21 Listed	d property. Enter amount from lin	ne 28		**************			21	
22 Total	. Add amounts from line 12, lines	s 14 through 17, lin	es 19 and 20 in column (g	g), and line 21.				200
Enter	here and on the appropriate line	es of your return. Pa	artnerships and S corpora	ations - see instr	·	011	22	87,754.
23 For as	ssets shown above and placed i	n service during the	current year, enter the					
	n of the basis attributable to see	ction 263A costs	DALISTI STANDARDA DALISTI DALISTA	23				
216251 12-28-12	LHA For Paperwork Reduction	on Act Notice, see	separate instructions.					Form 4562 (2012)

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (e) (i) (a) Type of property (d) Date Elected Business Basis for depreciation Recovery Method/ Depreciation Cost or (business/investment placed in investment section 179 (list vehicles first) deduction Convention other basis period service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % 27 Property used 50% or less in a qualified business use: % S/L -% S/L · % S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (c) (d) (f) Amortization period or percentage Amortization for this year 42 Amortization of costs that begins during your 2012 tax year: 43 Amortization of costs that began before your 2012 tax year ... 43 44 44 Total. Add amounts in column (f). See the instructions for where to report