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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2008

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

Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 2008, and ending June 30 20 09 For the 2008 calendar year, or tax year beginning July 1 C Name of organization JPR FOUNDATION, INC D Employer identification number Check if applicable use IRS Doing Business As 1233656 Address change label or Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite print of Name change type 541) 552-6301 1250 Siskiyou Blvd. Initial return City or town, state or country, and ZIP + 4 Termination Instruc-Ashland, OR 97520 G Gross receipts \$ 3149648 Amended return Name and address of principal officer Steven Nelson Application pending H(a) Is this a group return for affiliates? Yes **✓** No 1250 Siskiyou Blvd., Ashland, OR 97520 H(b) Are all affiliates included? ☐Yes ✓ No Tax-exempt status √ 501(c) (3)

√ (insert no.)

☐ 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number 🕨 Type of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1997 M State of legal domicile OR Summary 1 Briefly describe the organization's mission or most significant activities: 1) Raises funds and supports Southern Oregon University's Jefferson Public Radio public radio network, 2) Publishes a magazine and related Governance publications that support the work of Jefferson Public Radio, 3) Promotes cultural performances associated with Jefferson Public Radio by operating a community performance center in Redding, California 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 15 3 Number of voting members of the governing body (Part VI, line 1a). 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 5 Total number of employees (Part V, line 2a) 150 6 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 2052624 1550809 8 Contributions and grants (Part VIII, line 1h) 1701671 1582887 9 Program service revenue (Part VIII, line 2g) . . . 27766 -12935 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 34248 11423 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3816309 3132184 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 289428 331230 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19280 35860 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3420657 2494385 3729365 2861475 86944 270709 Beginning of Year End of Year Total assets (Part X, line 16). 3676463 3509328 Total habilities (Part X,-line-26) 1681284 1243440 Net assets or fund balances. Subtract line 21 from line 20 1995179 2265888 Signature Block Part II Under penalties of penalty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 12-4-09 Sign nature of office Here Date Renald Kramer, Executive Director Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours Use Only

if self-employed), address, and ZIP + 4

Phone no ► (

Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: 1) Raises funds and supports Southern Oregon's University's Jefferson Public Radio public radio network 2) Publishes a magazine and related publications that support the work of Jefferson Public Radio 3) Promotes cultural performances associated with Jefferson Public Radio by operating a community performance
	center in Redding, CA
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1716670 including grants of \$ 242967) (Revenue \$) To provide financial support for the operation and management of Southern Oregon University's Jefferson Public Radio (SOU/JPR) network of radio stations and translators throughout Southern Oregon and Northern California. This financial support is provided pursuant to the terms of a Contract for Exchange of Services Agreement, which exists between the JPR Foundation and Southern Oregon University and governs their relationship.
	000045
4D	(Code:) (Expenses \$ 932845 including grants of \$) (Revenue \$ 960325) Managing and operating the Cascade Theatre, a restored historic theatre in Redding, California, as a multi-use non-profit performing arts theatre.
4	(Code:) (Expenses \$ 63032 including grants of \$) (Revenue \$ 16161)
40	Publishing the Jefferson Monthly, a monthly magazine that explores the issues of Southern Oregon and Northern California communities and promotes Jefferson Public Radio's service to the region.
	,
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ \$ 2712547 (Must equal Part IX. Line 25, column (B))

Pai	t IV Checklist of Required Schedules			
		لـــــا	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	40		,
40	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 13		√
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			,
15	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		✓
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		✓
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	_	1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	23	1	
04-	Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
		24a		✓
b		24b		√
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	.		
		24c		<u>√</u>
d		24d		✓
	, , , , , , , , , , , , , , , , , , ,	25a		✓
b	porcer nerve a price year in the companies continues and a continue and a continu	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓

Pa	rt IV Checklist of Required Schedules (continued)			-3-
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	!		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		
_	Regarding Prohibited Tax Shelter Transaction?	5c		1
	Did the organization solicit any contributions that were not tax deductible?	6a		V
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		Ì	
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7a		
	\$75?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	l	l	
-	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	l		
	required?	7h		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8		-
	organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			<u> </u>
	Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
	Section 501(c)(7) organizations. Enter:		İ	
	Initiation fees and capital contributions included on Part VIII, line 12	.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	. 1		
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	,]	-	n.e.
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

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

Sec	tion A. Governing Body and Management		-	
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		√
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		V
6	Does the organization have members or stockholders?	6_		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		,
	of the governing body?	7a		V
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a		9a		Ā
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		_ ,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Y
Sec	tion B. Policies		V 1	N-
40		12a	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	124	•	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	1	
	rise to conflicts?	120	•	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	√	
13	Does the organization have a written whistleblower policy?	13	√	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶Oregon, California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(d	c)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request	_		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	

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

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

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

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

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

	<u>mpensate</u>	any o	offic			ctor,	trus	tee, or key em	ployee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average				k ali	that ap		Reportable	Reportable	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other other compensation from the organization and related organizations
Steven Nelson President		1		1						
Kevin Palmer										
Vice-President	1	1		1						
James Risser										_
Secretary		/		1						
Ronald Kramer	20							46899		14527
Ex-officio, Executive Director Joseph Cox			-	Y						
Joseph Cox		1								
Diane Gerard		1								
Marilyn Hawkins	-	1								
Richard Joseph		1							-	
Ron Metzger	-	1	 		-					
Andrea Pedley		1								
Rita Pensky		1								
Steven Scharpf		1								
Rosalind Sumner		1								
Judy Uherbelau		1				-				
Paul Utz		1								
Steve Welch		1								
								,		

Par	t VII Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	an	d Hig	hest	Compensated	d Employees (c	ontinued)
	(A)	(A) (B) (C)			(D)	(E)	(F)				
	Name and title	Average hours per week	Por director	Institutional trustee	Officer	Key employee	a Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
1h	Total		1		<u> </u>			<u> </u>			
2	Total number of individuals (including thos organization ▶ 0	e in 1a) wh	no rec	eive	ed r	nor	e thar		00,000 in repo	rtable comper	sation from the
	Organization P										Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	compensated	3 /
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of repa greater tha	ortabl an \$15	e co 50,0	omp 0007	oens ? <i>If "</i>	sation 'Yes,"	and 'cor	d other compe	nsation from le J for such	4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	compolete	oen: S <i>ch</i>	satı edu	on i	from I for s	any such	unrelated org	anization for	5 🗸
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	ent d	contra	acto	rs that receive	d more than \$	100,000 of
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
N/A		· <u>-</u>						_			
		-									
2	Total number of independent contractors compensation from the organization ▶	(including	those	ın	1) w	vho	recei	ved	more than \$10	00,000 in	

Pari	VII	Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, g and similar amounts not inclu Noncash contributions include Total. Add lines 1a–1f	grants, ided above 1f	242967 201797 2936	1550809			
				Business Code			**	
even	2a				960325	960325		
ě	b	Program Underwriting Jeffnet	9		538504 67897	538504 67897		
Š	4	Jefferson Monthly			16161	16161		-
S E	e							
Program Service Revenue	f	All other program servi			450000			
	g		<u> </u>		1582887			
	3	Investment income (incother similar amounts)	luding dividen	ds, interest, and	-17935	-17935		
	4	Income from investment of	of tax-exempt bo	ond proceeds				
	5	Royalties		•	4	4		
			(i) Real	(ii) Personal				
	1	Gross Rents .						
	b	Less: rental expenses Rental income or (loss)						
	d		oss) .	•	Appendix and the property of the second		**	n
	7a	Gross amount from sales of	(i) Securities	(ii) Other				i
		assets other than inventory		5000				
	b	Less cost or other basis						
	_	and sales expenses .		5000				
		Gain or (loss) . Net gain or (loss)		•	5000	5000		
ē		Gross income from	fundraising					
evenue		events (not including \$						
č		of contributions reported	•	26208				
Other	h	See Part IV, line 18 Less: direct expenses		8268				
₹		Net income or (loss) from	• •		17940	17940		
	9a	Gross income from gam	ning activities.			, .	******	
		See Part IV, line 19 .		a				
		Less direct expenses, Net income or (loss) fro		b L				
				ivities P				
	100	Gross sales of inverteurns and allowances		a 2675				
		Less. cost of goods so	ld .	b 9196				
	<u>c</u>	Net income or (loss) from Miscellaneous Revo		ntory . ►	-6521	-6521		
	110		 -	+				
	iia b							
	c							
	d	All other revenue .						
		Total. Add lines 11a-1						
	12	Total Revenue. Add III 9c, 10c, and 11e		4, 5, 6d, 7d, 8c, ►	3132184	3132184		
							<u> </u>	

Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1240020	1240020							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			·						
3 4 5	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees .									
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . Other salaries and wages	330830	320539	4241	6050					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions). Other employee benefits	400	400							
10 11	Payroll taxes	2.5								
b c d	Legal	619 27410	338 27410	281						
f	Professional fundraising services. See Part IV, line 17 Investment management fees Other	35860 12 29463	29063	12 400	35860					
12 13	Advertising and promotion	23367 103259	9957 50060	55 8556	13355 44643					
14 15 16	Information technology	215872	10130 215872		1085					
17 18	Travel	19349	11090	8190	69					
19 20 21	Conferences, conventions, and meetings . Interest	55605	55605							
22 23	Depreciation, depletion, and amortization . Insurance	86433 24794	86433 19292	5502	,					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)									
a b c	Cascade Theatre events direct expense Printing expense	590306 66661	590306 46032		20629					
d e										
f 25 26	All other expenses Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2861475	2712547	27237	121691					
_										

Pa	rt X	Balance Sheet							
			(A) Beginning of year			B) of year			
	1	Cash—non-interest-bearing	55167	1		7	5936		
	2	Savings and temporary cash investments	628704	2		35	9828		
	3	Pledges and grants receivable, net	160368	3			7802		
	4	Accounts receivable, net	51797	4			0796		
	i -	5 Receivables from current and former officers, directors, trustees, key							
	5	employees, or other related parties. Complete Part II of Schedule L .		5					
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6					
ş	7	Notes and loans receivable, net		7					
Assets	8	Inventories for sale or use		8					
Ğ	9	Prepaid expenses and deferred charges	78209	9		6	3462		
	10a	Land, buildings, and equipment: cost basis 10a 1647258							
	ь	Less. accumulated depreciation. Complete							
		Part VI of Schedule D	1230796	10c		128	3190		
	11	Investments—publicly traded securities	76216	11		5	8406		
	12	Investments—other securities. See Part IV, line 11		12					
	13	Investments—program-related. See Part IV, line 11	33750	13		3	3750		
	14	Intangible assets	1335854	14		133	5854		
	15	Other assets. See Part IV, line 11	25602	15			0304		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3676463	16		350	9328		
	17	Accounts payable and accrued expenses	179606	17			5330		
S	18	Grants payable		18					
	19	Deferred revenue	428640	19		27	2812		
	20	Tax-exempt bond liabilities		20					
	21	Escrow account liability. Complete Part IV of Schedule D		21					
Liabilities	22								
abi	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
اتّ		persons. Complete Part II of Schedule L		22					
	23	Secured mortgages and notes payable to unrelated third parties	1073038	23		88	5298		
	24	Unsecured notes and loans payable		24					
	25	Other liabilities. Complete Part X of Schedule D		25					
	26	Total liabilities. Add lines 17 through 25	1681284	26		124	3440		
es		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.							
alances		- '	1893012	07		224	9897		
ala	27	Unrestricted net assets	1093012	 			9897 5991		
B .	28	Temporarily restricted net assets	102107	1		1	2991		
or Fund	29	Permanently restricted net assets		29					
Ē		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.							
0		,							
et	30	Capital stock or trust principal, or current funds		30					
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31					
ž,	32	Retained earnings, endowment, accumulated income, or other funds	4005470	 		226			
ž	33	Total net assets or fund balances	1995179				5888		
De	34 Irt XI	Total liabilities and net assets/fund balances	3676463	34		350	9328		
ΓŒ	ILLVI	Financial Statements and Reporting							
_						Yes	No		
1		punting method used to prepare the Form 990. Cash Accrual		_		-	j		
2a		e the organization's financial statements compiled or reviewed by an ind		17.	2a		V		
b		e the organization's financial statements audited by an independent acco			. 2b	-			
С		es" to lines 2a or 2b, does the organization have a committee that assumes	•	-	_				
_		audit, review, or compilation of its financial statements and selection of an in							
За		result of a federal award, was the organization required to undergo an a Single Audit Act and OMB Circular A-133?		torth	1 - 1		,		
L		es," did the organization undergo the required audit or audits?			. <u>3a</u>				
<u></u> 0	<u> 11 Y</u>	es, the the organization undergo the required audit of audits?	•	<u> </u>	. 3b				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspecti

Employer identification number

93 1233656 JPR Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions) 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-Other e Dy 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . |11g(iii)| Provide the following information about the organizations the organization supports. (i) Name of supported (a) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (described on lines 1-9 in col (i) listed in your organization in col organization the organization in col (i) of your (i) organized in the above or IRC section governing document? (see instructions)) support? US?

Total

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 1126361 1158967 1773505 1701671 1550809 7311313 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1126361 1158967 1701671 1773505 1550809 7311313 Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 7311313 Section B. Total Support (a) 2004 (c) 2006 (b) 2005 (d) 2007 Calendar year (or fiscal year beginning in) ▶ (e) 2008 (f) Total 1126361 1158967 1773505 1701671 1550809 7311313 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 2145 6463 39176 32265 7571 87620 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 40613 39414 32097 34248 11419 157791 (Explain in Part IV) 7556724 11 Total support. Add lines 7 through 10 . 8084089 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.75 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 99.29 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 33\% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

	•						
	dule A (Form 990 or 990-EZ) 2008 Support Schedule for Organ)(2)		Page
Soc	(Complete only if you checke tion A. Public Support	a the box or	ine 9 of Pa	rt I.)			
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
			(,	(0, 2000		(5) 2555	1.7
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			_			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	_					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5			i			
	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b			,			
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	ılendar year (or fiscal year beginnıng in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				 		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
14	First five years. If the Form 990 is for torganization, check this box and stop l	•	•	nd, third, fourth			on 501(c)(3)
Sec	tion C. Computation of Public Su		ntage		<u> </u>		•

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax y organization, check this box and stop here	/ear a	s a section 501(c)(3) .► □					
Sec	tion C. Computation of Public Support Percentage							
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%_					
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%					
Sec	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .	17	%					
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%					
19a	a 33½ % support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □							
b	33½% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 1 line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this b	ox and	d see instructions 🕨 🗌					

chedule A (F	orm 990 or 990-EZ) 2008	Page 4
Part IV		Part II, line 10;
Part 11, Li	ne10: Includes fundraising events (net) and sale of inventory (net).	
	······································	
••••••		
• • • • • • • • • • • • • • • • • • • •		

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· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	or the organization		Employer Identification flumber
JPF	Foundation, Inc.		93 1233656
Pa	the organization answered "Ye	onor Advised Funds or Other Similar is to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
		(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	d donor advisors in writing that the assets I bject to the organization's exclusive legal co	
6		donors, and donor advisors in writing that got for the benefit of the donor or donor advis	
Pai	t II Conservation Easements. Con	pplete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1 2	 Preservation of land for public use (e. Protection of natural habitat Preservation of open space 		on of an historically important land area on of certified historic structure
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation	easements	2b
С	Number of conservation easements on a	certified historic structure included in (a) .	2c
d	Number of conservation easements inclu-	ded in (c) acquired after 8/17/06 .	
3	Number of conservation easements mode the taxable year ▶	fied, transferred, released, extinguished, or	terminated by the organization during
4	Number of states where property subject	to conservation easement is located >	
5	Does the organization have a written poli- enforcement of the conservation easemer	cy regarding the periodic monitoring, inspecting it holds?	
6	Staff or volunteer hours devoted to monit	toring, inspecting, and enforcing easements	during the year ►
7	Amount of expenses incurred in monitorii	ng, inspecting, and enforcing easements du	ring the year ► \$
8	Does each conservation easement report 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	ed on line 2(d) above satisfy the requirement	nts of section Yes No
9		n reports conservation easements in its revi- the text of the footnote to the organization vation easements.	
Par		llections of Art, Historical Treasures, on swered "Yes" to Form 990, Part IV, line 8.	
1a	art, historical treasures, or other similar as:	under SFAS 116, not to report in its revenue sets held for public exhibition, education, or in the to its financial statements that describes	research in furtherance of public service,
b	historical treasures, or other similar asset provide the following amounts relating to		esearch in furtherance of public service,
	(i) Revenues included in Form 990, Part		\$
	(ii) Assets included in Form 990, Part X		• \$
2		s of art, historical treasures, or other similar dunder SFAS 116 relating to these items:	ar assets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII Assets included in Form 990, Part X	, line 1	

Р	ao	e	2
۲	aq	е	4

Pai	t III Organizations Maintain	ing Collections	of Art, F	listoric	al Treasure	es, or (Other Similar	Assets (continued)
3	Using the organization's accession items (check all that apply).	and other record	ds, check	any of	the following	g that a	re a significan	t use of its collection
а	Public exhibition		d		Loan or exc			
b	Scholarly research		е		Other			
С	Preservation for future general							
4	Provide a description of the organize Part XIV.	ation's collection	ns and ex	plain ho	w they furth	er the c	organization's	exempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be main	tained as	part of t	he organizati	on's col	lection?	. Yes No
	Trust, Escrow and Cust Part IV, line 9, or reporter	d an amount on	Form 99	0, Part	X, line 21.			·
	Is the organization an agent, truste included on Form 990, Part X?						r other assets	not Yes No
D	If "Yes," explain the arrangement in	Part XIV and co	impiete tri	ie foliow	ing table.			Amount
_	Paginging balance					10	<u> </u>	
	Beginning balance Additions during the year .			•				
e						1e	1	· · · · · · · · · · · · · · · · · · ·
f	Ending balance				• •	1f		
2a	Did the organization include an am			line 21	,		*	Yes No
	If "Yes," explain the arrangement in		o, , a., ,,					
Par	t V Endowment Funds. Co	mplete if organ	ization a	nswere	d "Yes" to	Form :	990, Part IV,	line 10.
		(a) Current year	(b) Pri	or year	(c) Two yea	ırs back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance	101818						
b	Contributions					· · · · · · · · · · · · · · · · · · ·		
С	Investment earnings or losses .	-22923						
d	Grants or scholarships		<u> </u>					
е	Other expenditures for facilities and programs							
	Administrative expenses	-185						
g	End of year balance .	78710	<u> </u>					
2	Provide the estimated percentage of			ld as.				
а	Board designated or quasi-endown		%					
	Permanent endowment ► 25.80							
С	Term endowment ▶%	ó						
3a	Are there endowment funds not in the	e possession of t	he organi	zation th	at are held a	and adm	ninistered for th	
	organization by							Yes No
	(i) unrelated organizations							3a(i) ✓
h	(ii) related organizations If "Yes" to 3a(ii), are the related org							3a(ii) ✓ 3b
4	Describe in Part XIV the intended us	ses of the organi	zation's e	ndowm	ent funds.		•	30
Par	t VI Investments – Land, Bu					Part X.	line 10.	
	Description of investment	(a) Cost or o	ther basis	(b) C	ost or other sis (other)		Depreciation	(d) Book value
1a	Land			2	93906			293906
b	Buildings				4773		13714	11059
C	Leasehold improvements	. ,						
_	Equipment			12	77163	;	319138	958025
_е	Other				1416		31216	20200
Tota	l. Add lines 1a-1e. (Column (d) should e	equal Form 990, Pa	art X, colui	mn (B), li	ne 10(c).)	<u> </u>	>	1283190

Schedule D (Form 990) 2008	0 - F 000 D-+	/ l' 10	rage o
Part VII Investments - Other Securities			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Outer			
			. 1. 1
			
Total (Column (h) should acred Form 000 Port V and (P) line 12.1			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)		V line 12	
Part VIII Investments—Program Relat			
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year m	
			·
	- 		
-			
			" "
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13)			
Part IX Other Assets. See Form 990, P	art X, line 15.		
	(a) Description		(b) Book value
		.	
4500			-
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) should equal Form 990, Part X, c	ol. (B) line 15.) ,		
Part X Other Liabilities. See Form 990			. .
(a) Description of liability	(b) Amount		
Federal income taxes			
			1
		_	
	<u>-</u>		
	-	_	
	_	-	
			t
			, ì
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶	-	\dashv	İ
Total (Column (a) should equal Form 990, Part A, Col (b) line 25)		<u>ļ.</u>	

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

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Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	8
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net). Add lines 4–8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
а	Net unrealized gains on investments	-
b	Donated services and use of facilities	-
С	Recoveries of prior year grants	-
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	2e 3
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	investment expenses not included on Form 330, Fait Viii, line Fb	-
b	Other (Describe in Part XIV)	- _{4c}
С 5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5
	† XIII Reconciliation of Expenses per Audited Financial Statements With Expens	1 - 1
	Total expenses and losses per audited financial statements	1
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	7
C	Losses reported on Form 990, Part IX, line 25	7
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1 , , ,	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
ь	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5
Pai	t XIV Supplemental Information	
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a at 2b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	nd 4, Part IV, lines 1b
Pa	rt V, 4; The quasi-endowment fund's income is being reinvested and supports the JPR Found	dation general operating
cos	sts. The permanent endowment fund's income is being reinvested and is restricted to the sup	port of classical music
bro	adcast.	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

N k-22 17

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

Open To Public

OMB No 1545-0047

Name of the organization Employer identification number JPR Foundation, Inc. 93 1233656 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b ✓ Email solicitations f Solicitation of government grants g Special fundraising events c Phone solicitations d ✓ In-person solicitations 2a 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? **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. Form 990-EZ filers are not required to complete this table (i) Name of individual (II) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) fundraiser listed in (or retained by) organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. Oregon and California

Pa	rt II	Fundraising Events. Comore than \$15,000 on F					or rep	orted	1
			(a) Event #1 Harvest Festival (event type)	(b) Event #2	(c) Other Events	(d) (Add c	Total Event (a) to	hrough	1
Revenue	1 2 3	Gross receipts	20508						0508
	4	Cash prizes							
Direct Expenses	5	Non-cash prizes							
ct Exp	6	Rent/facility costs	1200						1200
Dire	7 8	Other direct expenses	7068	olumn (d)		1			7068 268)
Pa	9 rt II	Net income summary. Comb Gaming. Complete if t	ine lines 3 and 8 in colu he organization answ	ımn (d) .	990, Part IV, line 19,	, or rep	orted	12	2240
Revenue		than \$15,000 on Form	990-E∠, IINE 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		otal gan a) throug		
Rev	1	Gross revenue				ļ <u>.</u>			
nses	2	Cash prizes							
Direct Expenses	3	Non-cash prizes	T = T						
Direc	4	Rent/facility costs							
	5	Other direct expenses .							
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No				
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summary	. Combine lines 1 and	7 in column (d)					
						•		Yes	No
9 a		ter the state(s) in which the o the organization licensed to o	-				9a		
b		No," Explain:							
		ere any of the organization's of Yes," Explain:	gaming licenses revoked			ar?	10a		
11 12		es the organization operate g			a partnership or other	 entitv	11		
		med to administer charitable		a trade of a morrisor of	a paranoiding or other	Jinity	142		ı

School	dule G (Form 990 or 990-EZ) 2008			age 3
001101	300 O (1 01111 300 O 1 300-12) 2000		Yes	-
13	Indicate the percentage of gaming activity operated in.			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ►			
45-				
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address.			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent

Schedule G (Form 990 or 990-EZ) 2008

17a

SCHEDULE I (Form 990)

Department of the Treasury internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Open to Public OMB No 1545-0047 Inspection

Employer identification number

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

Payroll & expenses ŝ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 1233656 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▲ Radio equipment (g) Description of non-cash assistance 93 (f) Method of valuation (book, FMV, appraisal, other) 90020 | book Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . (d) Amount of cash grant 1150000 Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection cnteria used to award the grants or assistance? Part I General Information on Grants and Assistance Code 115 93-6001786 (b) Enter total number of other organizations Southern.Oregon.University..... Ashland, OR.97520 1 (a) Name and address of organization or government JPR Foundation, Inc. 1250 Siskivou Blvd

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

Cat No 50055P

Schedule I (Form 990) 2008

Page 2

Schedule I (Form 990) 2008

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. The JPR Foundation receives monthly financial reports from Southern Oregon University showing details of revenues and expenses which are reconciled to the Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance the Foundation's financial records. Part III

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047 2008

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

JPF	R Foundation, Inc.	93	123365	6	
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a 1990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regard		orm		
	☐ First-class or charter travel ☐ Housing allowance or residen	ce for personal u	se		
	☐ Travel for companions ☐ Payments for business use of	personal resider	ıce		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or	initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid,	chauffeur, chef)			
L	If the 1s is shoulded, did the executantian follows written policy recording payment or	ua.ua.ba.a.a.a.a.a.a.			
D	If line 1a is checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1 41		اـــــــــــا
2	Did the organization require substantiation prior to reimbursing or allowing expenses in				
_	officers, directors, trustees, and the CEO/Executive Director, regarding the items check	•	. 2		✓
3	Indicate which, if any, of the following the organization uses to establish the compensation organization's CEO/Executive Director. Check all that apply.	ation of the			
	☐ Compensation committee ☐ Written employment contract				
	☐ Independent compensation consultant ☐ Compensation survey or study	.,			
	☐ Form 990 of other organizations ☐ Approval by the board or com		uttee		
	Tom 990 of other organizations — Approval by the board of con	pensation comin	illee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a				
а	Receive a severance payment or change of control payment?		4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?.		4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?.		. 4c		✓_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for e	ach item in Part	III.		
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or				
3	compensation contingent on the revenues of.	accrue any			
а	The organization?		5a		\
	Any related organization?	• •	5b		✓
_	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	r accrue any			
	compensation contingent on the net earnings of:	doordo arry			i
а	The organization?		6a		✓
	Any related organization?		6b		√
	If "Yes" to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provid	e any non-fixed			
	payments 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 contr	act that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "	Yes," describe			
	in Part III		. 8		✓

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

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

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

		4 - 1 - 1 - 1	14.000					
	(a)	Saruowi u	(b) Dieakuowii of W-2 and/or 1039-10100 compensation	oc compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	compe	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(j)(a)	reparted in prior Form 990 or Form 990-EZ
Ronald Kramer	(0)	46899			8436	6091	61426	
	(i)							
	Œ							
	E (1)							
	(9)							
	(9)							
	6							
	6 9							
	(E)							
	6 3							
	(i)							
	(0)							
1	(i)							
	(i)							
	(ii)							
	(ii)							
	(1)							

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

JPR Foundation, Inc.

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

Open to Public Inspection

1233656

Employer identification number

93

Part V, 2a; The JPR Foundation has a number of employees who are leased from Teamwork HR, in Redding, California;
under the Foundation's relationship with which Teamwork HR provides all payroll, accounting and benefit-related services
for the Foundation in connection with these employees.
Part VI, Sec. A, 10; Following a meeting between the JPR Foundation's auditors and the Foundation's Audit Committee, a
completed Form 990 was provided to all members of the JPR Foundation Board in advance fo a Foundation Board meeting
at which the Form 990 was formally presented to the Foundation Board by the Audit Committee. The members of the JPR
Foundation Board's received the Form 990 from the Audit Committee, had a full opportunity to review and discuss the
Form 990 at its meeting, and - by resolution - both authorized submission of the Form 990 as well as commended the
Foundation's auditors and Audit Committee for their work on Form 990.
Part VI, Sec. B, 12c; All members of the JPR Foundation Board are, pursuant to Board resolution, required to annually
disclose any newly developed or developing potential conflicts of interest.
Part VI, Sec. C, 19; The JPR Foundation maintains staffing during regular business hours, and maintains both local and
toll-free inbound telephone service. Foundation staff will, upon request, dulpicate the such materials as may be requested
either by telephone, email or U.S. mail and provide copies of those materials to the requesting party. The Foundation's
annual audit is publicly available under those same procedures and has been for the past 30 years as required by grant
eligibility criteria of the Corporation for Public Broadcasting of Washington, D.C.
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