

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED JAN 9 0 2011

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For th	e 2009 ca	alendar	year, or tax year beginning	July 1	, 2009, an	d ending	Jur	ne 30	, 20 10	
В	Check if a	applicable	Please	C Name of organization JPR F	OUNDATION, INC.				D Emplo	yer identification	number
		change	use IRS label or	Doing Business As			_		93	12336	56
	Name ch		print or	Number and street (or P O box if m	all is not delivered to street ad	dress)	Room/suite		E Teleph	none number	
	Initial ret		type. See	1250 Siskiyou Blvd.					(541)	552630)1
	Terminat		Specific Instruc-	City or town, state or country,	and ZIP + 4		_				
$\overline{}$	Amende		tions	Ashland, OR 97520					G Gross r	eceipts \$ 28	394484
		n pending	F Nan	me and address of principal officer	Steven Nelson			H(a) Is this	a group retur	n for affiliates? Yes	. ✓ No
_	фриссио	ponumg	1250 \$	Siskiyou Blvd., Ashland, C	R 97520					included? Tes	_
$\overline{}$	Tax-exe	empt status			947(a)(1) or	<u></u>				a list (see instructi	
J	Websi	te: ▶ ijp	r.org					H(c) Group	exemption nu	ımber ▶	
		organization.		poration Trust Association	Other ►	L Year	of formation	1997	M State of	of legal domicile (DR .
Pa	art I	Summ	ary								
	1 1	Briefly de	escribe	the organization's mission	or most significant a	activities:	1) Raise	s funds t	to suppo	ort Southern	
	' '	Oregon	Univer	rsity's Jefferson Public Ra	dio, 2) Publishes a	magazin	e and con	ducts or	itreach a	ctivities that	
S.				ork of Jefferson Public Ra							
Activities & Governance				y operating a community							
Ve				if the organization discontinue					ets.		
Ğ				ng members of the governi					3	1	14
SS				ependent voting members of	- • •	-	. line 1b)		4	}	14
vitie Vitie	1			f employees (Part V, line 2a		, (, a, , , ,	,		5		<u>, 0</u>
₹	1			f volunteers (estimate if ner	•				6		150
_				elated business revenue fro		Online 1	2	•	7a		
	b	Net unre	lated b	usiness taxable income fro	m Eorm 990-T, line 3	34]		7b		
					B DEC 20 20	110	5 [_	Prior Ye	ear	Current Ye	ear
	8	Contribu	tions a	•	1550809	1:	358865				
Revenue	9	8 Contributions and grants (Part VIII, line 1h) DEC 20 2010								1:	569611
eVe				ome (Part VIII, column (A),			-1.		-12935		12281
ď	11 (11423		23937
				add lines 8 through 11 (must			12)		3132184	29	964694
	13	Grants a	nd sımı	ılar amounts paid (Part IX,	column (A), lines 1-3	3)					
	14	Benefits paid to or for members (Part IX, column (A), line 4)									
ses	15		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							;	370928
Expenses	16a			ndraising fees (Part IX, colum					35860		48208
ă	b			g expenses (Part IX, column (1211	76			^ -	4
	1		_	s (Part IX, column (A), lines	•				2494385	20	003115
	18	Total exp	enses	Add lines 13-17 (must eq	ual Part IX, column (A), line 2	5)		2861475	24	422251
		Revenue	less ex	penses. Subtract line 18 from	m line 12	<u> </u>			270709	;	<u>542443</u>
200							Beg	inning of C			
Net Assets or Fund Balances	20	Total ass	sets (Pa	art X, line 16)					3509328	41	095707
Ž	21	Total liab	oilities ((Part X, line 26)				·	1243440	1:	<u> 287376</u>
		Net asse	ts or fu	und balances Subtract line	21 from line 20				2265888	21	<u>808331</u>
P	art II			Block	- ,						
		Under pe	enalties 6	of perjury declare that I have examule, correct, and complete Declara	pried this return, including tion of preparer (other than	accompany	ing schedule based on all	s and stater information	ments, and of which o	to the best of my larenary has any kr	knowledge nowledae
					tion of property (other tile						.ccago
Sig		—	/XG						12/10	0/10	
He	ere	Sign	ature of					Dat	e		
		 			<u>tive Director</u>						
		Туре	e or print	name and title		1-:	Louis				
		Preparer's Date Check if self-						K 17	Preparer's identifying number (see instructions)		
Pai	d	signature	• 🖊					oyed ▶ 🗌	,555 11360		
	parer's			····				<u> </u>	l		
	Only	Firm's na if self-em		vours				EIN		<u>. </u>	
		address,	and ZIP					Phone n	io > ()	
Ma	y the	IRS disci	uss this	s return with the preparer s	hown above? (see if	nstruction	is)			. Yes	No
E	Drive		d Dono	nuark Reduction Act Nation	and the concrete inci	m.ations		Cal Na 1	1000	OC	(10000)

Pai	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission 1) Raises funds to support Southern Oregon University's Jefferson Public Radio.	- AB
	 Publishes a magazine and conducts outreach activities that support the work of Jefferson Public R Promotes cultural performances associated with Jefferson Public Radio by operating a community arts center in Redding, California. 	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes ☑ No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services I Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 129309 including grants of \$ 109621) (Revenue \$ Providing financial support for the operation of Southern Oregon University's (SOU) regional public ra Jefferson Public Radio (JPR). A Contract for Exchange of Services Agreement governs the relationsh SOU and the JPR Foundation in carrying out this activity.	ip between
	0.15.40	
4b	(Code:) (Expenses \$ 915440 including grants of \$) (Revenue \$ Managing and operating the Cascade Theatre, a restored historic theatre in Redding, California, as a non-profit performing arts center.	nulti-use
4c	(Code:) (Expenses \$ 56616 including grants of \$) (Revenue \$	16052)
	Publishing the Jefferson Monthly, a monthly magazine that explores the issues of Southern Oregon ar California communities and promotes Jefferson Public Radio's service to the region.	nd Northern
44	Other program services. (Describe in Schedule O)	
ru	(Expenses \$ including grants of \$) (Revenue \$)	
1-	Total program service expenses ▶ 2265965	-

Par	Checklist of Required Schedules	 ,		
	ı		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		✓
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	✓
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		✓
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	344 144		
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	,34 °	/
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	
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	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		√
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		✓
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	✓	
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		✓
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		1
	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 disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		✓
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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
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		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓_
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Pa	rt 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	Ų	*	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	نختف		ـ خشف
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ž	. «	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	<u>.</u>		Z.
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	. <u></u>		1.83
	this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	388 .	✓
b	If "Yes," enter the name of the foreign country: ▶	₩ .	10	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		32	-
_	and Financial Accounts.		w	
bа	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		/
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	ວນ		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
Vu	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	*	ïÏ	*
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		11	»
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	3	ê
	Too, indicate the number of forms ozoz filed during the year	ć Ju	20	j* "
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76		
8	required?	7h	ğ -> ,	~ .
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	l	7 1	~
	organization, have excess business holdings at any time during the year?	8		- J
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ		
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	1	
а	Gross income from members or shareholders		-	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)			,)
12a b	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. 12b	12a	-	

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

Sec	tion A. Governing Body and Management			
			Yes	No
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		00000m-w]
_	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		√
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
1 a	of the governing body?	7a		1
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u></u>
				· 54x-4
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			4
	the year by the following.	8a		
	The governing body?	8b	 /-	
	,	OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	0-		,
800	tion B. Policies (This Section B requests information about policies not required by the Inte	9a		
	enue Code.)	tiilai		
1160	enue Code.,		V	
		40-	Yes	No /
	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	11	<u> </u>	. «
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	✓	
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	<u> </u>	
14	Does the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by			7.
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			₹.
а	The organization's CEO, Executive Director, or top management official	15a		
		15b		
U	Other officers or key employees of the organization			395
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			*
iva	with a taxable entity during the year?	16a		1
_				
D	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		
Sec	tion C. Disclosure	100		
	1. · · · ·			
17 10	List the states with which a copy of this Form 990 is required to be filed ▶ Oregon, California	\/ 0 \		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	oniy)	
	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 organization. ▶ JPR Foundation, Inc., 1250 Siskiyou Blvd., Ashland, OR 97520	rds o	f 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

Check this box if the organization did not compensate any current officer, director, or trustee

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

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

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

✓ Check this box if the organization did not contain the contains	pmpensate	any o	curr			cer, d	lirec	tor, or trustee.	, 	
(A)							(E)	(F)		
Name and Title	Average	Posit	ion (k all	that ap		Reportable	Reportable	Estimated
	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)	amount of other compensation from the organization and related organizations
Steven Nelson President		1		1						
Kevin Palmer				 		1				
Vice-President	1	✓		1						
James Risser Secretary		1		1						
Ronald Kramer Ex-officio, Executive Director	20			1				12551		4825
Joseph Cox		1								
Diane Gerard		1								
Marilyn Hawkins		,								
Richard Joseph		√		-						
Ron Metzger		/								
Andrea Pedley		1								
Rita Pensky		1	-							
Steven Scharpf		/			-					
Rosalind Sumner		<i>y</i>								
Judy Uherbelau		1							·	
Paul Utz		1						-	· · · · · · · · · · · · · · · · · · ·	
								,		

 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 	Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loy	ees	an	d Hig	hes	Compensate	d Employees (continued)
house for week and the week of a service of the week of a service compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individuals. 1 Did the organization is any former officer, director or trustee, key employee, or highest compensation from the organization from the organization and related organizations greater than \$150,000/1 "Yes," complete Schedule J for such person 2 Did any person listed on line 1a, is the sum of reportable compensation from the organization? If "Yes," complete Schedule J for such person 3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 4 For any individual isted on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors 2 Description of services 2 Description of services 3 Description of services 3 Description of services 4 Description of services 4 Compensation N/A	• •	1 ' '								1	
1b Total T			-	- `	-	_	· ·		compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A											
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A		-									
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A											
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A											
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A		-									
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A		-									
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services (C) Compensation		_									
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A							-				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A										1	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A	1b Total		!	<u> </u>		1		>			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address (B) Description of services Compensation N/A	reportable compensation from the organiz 3 Did the organization list any former office	ation ► 0 er, director	or tru	uste	e, k	кеу	emple				Yes No
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A (B) Description of services (C) Compensation N/A	4 For any individual listed on line 1a, is the the organization and related organizations	sum of repo greater tha	ortabl	ес	omp	ens	ation				4
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address N/A (B) Description of services Compensation	5 Did any person listed on line 1a receive services rendered to the organization? If '	or accrue Yes," comp	comp plete	oen: S <i>ch</i>	satio edu	on 1 le J	rom : for s	any uch	unrelated org	anization for	
Compensation from the organization (A) Name and business address N/A (B) Description of services Compensation	Section B. Independent Contractors										
Name and business address Description of services Compensation		ompensate	d ind	ере	nde	ent c	contra	icto	rs that receive	d more than \$	100,000 of
		dress								ervices	
2 Total number of independent contractors (including but not limited to those listed above) who received	N/A								-		-
Total number of independent contractors (including but not limited to those listed above) who received											
	2 Total number of independent contractors (including bi	ut not	lım	ıted	to	those	liste	ed above) who	received 5	

Par	t VII	Statement of Revenue					
				(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	345091 11262	and the second s		,	, sk
	h	Total. Add lines 1a-1f	>	1358865			
Program Service Revenue	2a b c	Cascade Theatre Program Underwriting Jeffnet Jefferson Monthly	Business Code	986337 503892 63030 16052	986337 503892 63030 16052		
E S	е						
rogı	f	All other program service revenue .	<u> </u>	300 1569611	300		•
	3 4	Total. Add lines 2a–2f	ınterest, and	12281	12281	<u>«</u>	· · · · · · · · · · · · · · · · · · ·
	5	Royalties	>	147	147		
	b	Gross Rents Less: rental expenses Rental income or (loss)	(II) Personal				
		` [(II) Other			¥.	* **. * **
	/a	Gross amount from sales of assets other than inventory	7500		á	, i	***
	С	Less. cost or other basis and sales expenses . Gain or (loss)	7500	7500	7500	, , , ,	\$
Other Revenue	b	Gross income from fundraising events (not including \$	45815 22426 ents	23389	23389	3	30 mm m m m m m m m m m m m m m m m m m
		Gross income from gaming activities.					,
	b	See Part IV, line 19 a Less. direct expenses b Net income or (loss) from gaming activiti	es >	*	<i>s</i> *	y.	,
	ь	Gross sales of inventory, less returns and allowances a Less cost of goods sold b Net income or (loss) from sales of inventor	8202 15301 y . ►	-7099	-7099		
	11a						
	b b	All other revenue					
		Total. Add lines 11a-11d	🔰				
	12	Total revenue. See instructions.	▶	2964694	2964694		

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).										
	o not include amounts reported on lines 6b, o, 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 U.S. See Part IV, line 21	937421	937421	* * * *							
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)	370128	357537	12591							
8 9 10	Pension plan contributions (include section 401(k) and section 403(b) employer contributions). Other employee benefits	800	800								
11	Fees for services (non-employees): Management Legal	2182	2182								
c d e	Accounting	4500 48208	4500	***	48208						
f g 12	Investment management fees Other	12169 19543	12169 9002	1084	9457						
13 14	Office expenses	112529 7051	65471 6239	9599	37459 812						
15 16 17	Royalties	72145 17366	72145 7673	5921	3772						
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.										
20 21 22	Interest	39787 135129	39787 135129								
23	Insurance	25654	22044	3610	* *						
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 Costs Printing	549577 68062	549577 44289	2305	21468						
d e	All other expenses										
25 26	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	2422251	2265965	35110	121176						

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	75936	1	62509
	2	Savings and temporary cash investments	359828	2	793374
	3	Pledges and grants receivable, net	227802	3	186191
	4	Accounts receivable, net	50796	4	54531
	5	Receivables from current and former officers, directors, trustees, key		ž.	
		employees, and highest compensated employees. 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	V - V - V - V - V - V - V - V - V - V -	6	
ţ	7	Notes and loans receivable, net		7_	
Assets	8	Inventories for sale or use		8	
ä	9	Prepaid expenses and deferred charges	63462	9	112991
	10a	Land, buildings, and equipment: cost or 10a 1923888 other basis. Complete Part VI of Schedule D	, € v	×	
		Less: accumulated depreciation . 10b 496566	1283190	10c	1427322
	11	Investments—publicly traded securities	78710	11	89185
		Investments—publicly traded securities		12	
	12	•	33750	13	33750
	13	Investments—program-related. See Part IV, line 11	1335854	14	1335854
	14	Intangible assets	100007	15	1333034
	15 16	Other assets. See Part IV, line 11	3509328	16	4095707
_			85330	17	T
	17	Accounts payable and accrued expenses	03330	18	54131
	18	Grants payable	272812	19	348758
	19	Deferred revenue	212012	20	340/30
	20	Tax-exempt bond liabilities	<u></u>		
ě	21	Escrow or custodial account liability Complete Part IV of Schedule D	** *, **	21	The second second
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties .	885298	23	687970
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities Complete Part X of Schedule D		25	196517
	26	Total liabilities. Add lines 17 through 25	1243440	26	1287376
ces		Organizations that follow SFAS 117, check here ▶	~ 2.55 €	?	
	27	Unrestricted net assets	2249897	27	2800637
Bal	28	Temporarily restricted net assets	15991	28	7694
5	29	Permanently restricted net assets	-	29	
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		1	
ts o	30	Capital stock or trust principal, or current funds	The second of th	30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	2265888	33	2808331
~	34	Total liabilities and net assets/fund balances	3509328	34	4095707

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other	4 2		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		-,-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in	4		
	Schedule O.		7	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			7.
_	issued on a consolidated basis, separate basis, or both.			900
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			æ.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

section 2

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

		ne organizacor	•						Employe	er identifica	aon namber	
JPF	₹ Fo	undation, In	c.						93		1233656	
Pa	rt I	Reasor	for Public Ch	narity Status (All or	ganizatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	orga	anization is n	ot a private four	ndation because it is.	(For lines	s 1 throug	gh 11, ch	eck only	one box)	_	
1		A church, co	onvention of chu	irches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(A)(i).		
2		A school de	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital o	r a cooperative	hospital service organ	nization d	lescribed	ın sectio	n 170(b)	(1)(A)(iii).			
4				ation operated in con)(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 section 170(b)(1)(A)(iv). (Complete Part II.)						l unit described in				
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(b)(1)(A)(v).		
7				y receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental un	t or from	the general public	
8	П			d in section 170(b)(1)		Complete	Part II)					
9				receives: (1) more th				m contrib	outions m	nembersh	in fees, and aross	
_				ed to its exempt func								
				ent income and unre		•						
		acquired by	the organization	n after June 30, 1975.	See sec	tion 509	(a)(2). (Co	omplete f	Part III.)			
10		An organiza	tion organized a	nd operated exclusive	elv to tes	t for publ	ic safety	. See sec	tion 509	(a)(4).		
11				and operated exclusiv							r to carry out the	
		purposes of	one or more pu	blicly supported orgai	nizations	describe	d in secti	on 509(a)(1) or se	ction 509	(a)(2). See section	
		509(a)(3). Cl	heck the box tha	at describes the type	of suppo	orting orga	anızation	and com	iplete line	es 11e thi	ough 11h.	
		a 🗌 Type	I b □] Type II 💢 🕏	: 🗌 Тур	e III-Fun	ctionally	ıntegrate	d	d□	Type III-Other	
е		By checking	this box, I cen	tify that the organizat	tion is no	ot control	led direc	tly or inc	directly b	y one or	more disqualified	
				on managers and othe								
		509(a)(1) or	section 509(a)(2)									
f		If the organ	ization received	a written determinati	on from	the IRS	that it is	a Type	l, Type II	, or Type	III supporting	
			, check this box								🗆	
g		Since Augus following pe		the organization acce	epted any	gift or c	ontribution	on from a	iny of the)		
		(i) A persor	n who directly or	r indirectly controls, e	either alo	ne or too	ether wit	th persor	ns descrit	oed in (ii)	Yes No	
				ning body of the sup					, ,		11g(i)	
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)	
		(iii) A 35% c	controlled entity	of a person described	d in (i) or	(II) above	?				11g(iii)	
<u>h</u>		Provide the	following inform	ation about the suppo	orted org	anization	(s).					
(1)		e of supported	(II) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of	
	org	janization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		ion in col zed in the	support	
				(see instructions))				oort?		S?		
					Yes	No	Yes	No	Yes	No		
					į					l i		
												
			:									
					1					<u> </u>		
						ľ				i I		
					ļ	 						
						1						
						 				<u> </u>		
]		
	-								-			
Tota	1											

Schedule A (Form 990 or 990-EZ) 2009 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.) Section A. Public Support (a) 2005 (d) 2008 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 1155967 1550809 1359662 1773805 2052624 7892867 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 1155967 1773805 2052624 1550809 1359662 7892867 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or W. ¥.~ 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. *. M. 7892867 Section B. Total Support (a) 2005 (b) 2006 (e) 2009 Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (f) Total 1155967 1773805 2052624 1550809 1359662 7892867 Amounts from line 4 . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 6463 39176 32265 7571 3609 89084 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 39414 32097 34248 11419 16290 133468 (Explain in Part IV) . 8115419 11 Total support. Add lines 7 through 10 . 8245034 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 97.25 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 33% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this .▶ □ 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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) 2009						 	Page 3
Par	Support Schedule for Orga (Complete only if you checke				a)(2)			
Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not 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 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5					:		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b	3 (1999)	2 *** ×		Yandi Valla a Santania	578		
8	Public support (Subtract line 7c from line 6)	***		* 0		A Sept of		
	tion B. Total Support	(a) 2005	(h) 2006	(*) 2007	(4) 2008		0000	(6 Tetal
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e	2009	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C 11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				-			
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>		h, or fifth tax y			n 501(c)(3) ► □
Sec	tion C. Computation of Public Su					· ·		
15 16	Public support percentage for 2009 (Iir Public support percentage from 2008 S	Schedule A, Pa	rt III, line 15	ne 13, column		15 16		% %
	tion D. Computation of Investmen							
17 1Ω	Investment income percentage for 200 Investment income percentage from 20	•	• • •	•	olumn (f)) .	17 18		<u>%</u> %
18 19a	33% % support tests—2009. If the org	anization did no	ot check the b	ox on line 14,		nore t		6, and line
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	nization did not o	check a box or	line 14 or line	19a, and line 1	6 is m	ore than 3	33⅓ %, and

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

D	A
Page	4

Part IV	Supplemental Information. Com Part II, line 17a or 17b; and Part	plete this part to provide	the explanations required by Part II, line 10; ther additional information. See instructions.
Part 11, Li	_ine10: Includes fundraising events (n	et) and sale of inventory (n	et).
			······
-			
		••••	·

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 93 1233656

	Part I Organizations Maintaining Donor Advised Funds or Other Sim	illar Funds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	, , , , , , , , , , , , , , , , , , , ,	
2		
3	33 3 3 1 7	
4		
5	5 Did the organization inform all donors and donor advisors in writing that the ass funds are the organization's property, subject to the organization's exclusive leg	
6	used only for charitable purposes and not for the benefit of the donor or donor purpose conferring impermissible private benefit?	advisor, or for any other Yes No
Pa	Part II Conservation Easements. Complete if the organization answered "	Yes" to Form 990, Part IV, line 7.
2	 □ Preservation of land for public use (e.g., recreation or pleasure) □ Protection of natural habitat □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation cor 	rvation of an historically important land area ervation of a certified historic structure
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	a Total number of conservation easements	
b		
C		1 1
d	(-, , , , , , , ,	
3	the tax year ►	
4	4 Number of states where property subject to conservation easement is located	·
5	, and the same of	nspection, handling of Yes No
6	6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cons ▶	servation easements during the year
7	7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservat ▶\$	tion easements during the year
8	B Does each conservation easement reported on line 2(d) above satisfy the require 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	9 In Part XIV, describe how the organization reports conservation easements in its balance sheet, and include, if applicable, the text of the footnote to the organiza- the organization's accounting for conservation easements.	s revenue and expense statement, and ation's financial statements that describes
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" to Form 990, Part IV, lir	
1a	1a If the organization elected, as permitted under SFAS 116, not to report in its rev art, historical treasures, or other similar assets held for public exhibition, education provide, in Part XIV, the text of the footnote to its financial statements that described.	n, or research in furtherance of public service,
b	b If the organization elected, as permitted under SFAS 116, to report in its revenue historical treasures, or other similar assets held for public exhibition, education, provide the following amounts relating to these items:	or research in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	_
2	2 If the organization received or held works of art, historical treasures, or other s following amounts required to be reported under SFAS 116 relating to these iter	
а	a Revenues included in Form 990, Part VIII, line 1	▶ \$
h	b Assets included in Form 990. Part X	▶ \$

	-
_	•

Par	t III Organizations Maintaining	Collections of	of Art, Historic	al Treasure	s, or O	ther Similar A	ssets (continu	ıed)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and o	ther records, ch	eck any of th	e follov	ving that are a s	ignificant use o	of its
а	Public exhibition			Loan or exch				
b	Scholarly research		е 📙	Other				
С	Preservation for future generations	5		•				
4	Provide a description of the organization Part XIV.	n's collections	and explain ho	w they furthe	r the or	ganization's ex	empt purpose	ın
5	During the year, did the organization solic assets to be sold to raise funds rather that	it or receive do in to be mainta	nations of art, hi	storical treasune organizatio	res, or one	other similar ection?	Yes	No
Par	t IV Escrow and Custodial Arra IV, line 9, or reported an amo				answer	red "Yes" to Fo	orm 990, Part	
	Is the organization an agent, trustee, coincluded on Form 990, Part X?					other assets no	ot 🗌 Yes 🗀	No
b	If "Yes," explain the arrangement in Pai	t XIV and com	plete the follow	ıng table:				
					ļ	<u> </u>	mount	
С	Beginning balance				. 1c			
d	Additions during the year				. 1d			
е	Distributions during the year		<i>.</i> .		. <u>1e</u>			
f	Ending balance				. <u>1f</u>			
2a b	Did the organization include an amount If "Yes," explain the arrangement in Pai		Part X, line 21	?	•		☐ Yes ☐	No
Par	t V Endowment Funds. Comp	lete if the org	anization ansv	vered "Yes"	to For	m 990, Part I	/, line 10.	
	(4	a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years bac	k (e) Four years I	back
1a	Beginning of year balance	78710	101818	3 ಲಿನ್ನೇ ಲಿ	ž., .	+	· 新点。	* 1
b	Contributions , ,			the sale of the	÷,	·	* 22, 781, 1.	
C	Net investment earnings, gains,			== \$4, 113 v#**			***	*
_	and losses	10664	-22923	3 ***********************************	F			
d	Grants or scholarships			7		· te 🎪	# 7/1. <u>1</u> 1.	\$ P
e	Other expenditures for facilities				l.	_ S	d Language	. 13
_	and programs				1	<u> </u>	1 3344	Ž 📑
f	Administrative expenses	-189	-18	5 XXX.	* 3	, eğ	F	* , ;
g	End of year balance	89185	78710)	- ²	2	W. W. S. S.	
2	Provide the estimated percentage of the	e vear end bal	ance held as:					
а	Board designated or quasi-endowment							
b	Permanent endowment ▶							
c	Term endowment ▶ %							
3a	Are there endowment funds not in the po	assession of th	e organization th	at are held a	nd adm	inistered for the		
	organization by:		o organization t	.a. a.oo.a a		motored for the	Yes	No
	(i) unrelated organizations						3a(i) ✓	
	(ii) related organizations						3a(ii)	√
b	If "Yes" to 3a(II), are the related organiz	ations listed as	s required on So	hedule R?			3b	
4	Describe in Part XIV the intended uses	of the organiza	ation's endowm	ent funds.				
Par	t VI Investments—Land, Buildi	ngs, and Eq	uipment. See	Form 990, F	art X, I	ine 10.		
	Description of investment	(a) Cost or oth		ost or other sis (other)		occumulated preciation	(d) Book value	
1a	Land			293906	< ***		293	906
b	Buildings			28307		16135		172
c	Leasehold improvements							
d	Equipment			1550260	-	449216	1101	044
_	Other	.==		51416		31216		200
	. Add lines 1a through 1e. (Column (d) mus	t equal Form 99	90, Part X, columi	n (B), line 10(c).)	>		322

Part VII Investments—Other Securities	s See Form 990 Part \	/ line 12	rage 🔾
(a) Description of security or category	(b) Book value	(c) Method of v	aluation
(including name of security)	(b) Book value	Cost or end-of-year	
Financial derivatives	_		
Closely-held equity interests			
Other			
			<u> </u>
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	 		
Part VIII Investments—Program Relate	d Soo Form 000 Bort \		
-			
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
· ·	 		
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Pa			
	(a) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col	(B) line 15.)		•
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount		
Federal income taxes		, , , , , , , , , , , , , , , , , , , ,	** *
Leased Equipment	1965	17	ķ ·
			*
			į
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	1965	17	

	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S		Page
1		1	
	Total revenue (Form 990, Part VIII, column (A), line 12)	2	
2	Total expenses (Form 990, Part IX, column (A), line 25)	3	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4	
1 =	Net unrealized gains (losses) on investments	5	
2		6	
7	Investment expenses	7	
ι 0	Other (Describe in Part XIV)	8	
ם ם	Total adjustments (net). Add lines 4 through 8	9	
)	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
ar	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return	
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 2a	<u></u>	
b	Donated services and use of facilities		
c	Recoveries of prior year grants	- 3	
d	Other (Describe in Part XIV)	**	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c 5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) THE XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
		1	
1	Total expenses and losses per audited financial statements		
2		[;],	
_	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
-	Donated services and use of facilities		
b	Donated services and use of facilities		
b	Donated services and use of facilities Prior year adjustments		
b c d	Donated services and use of facilities Prior year adjustments		
b c d	Donated services and use of facilities Prior year adjustments		
b c d e	Donated services and use of facilities Prior year adjustments	2e 3	
b c d e 3	Donated services and use of facilities Prior year adjustments	2e 3	
b c d e 3 4	Donated services and use of facilities Prior year adjustments	2e 3	
b c d e 3 4 a b	Donated services and use of facilities Prior year adjustments	2e 3	
b c d e 3 4 a b c	Donated services and use of facilities Prior year adjustments	2e 3	
b c d e 3 4 a b c 5 2a	Donated services and use of facilities Prior year adjustments	2e 3 4c 5	
b c d e 3 4 a b c 5 Pai	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	2e 3 4c 5 5	
b c d e 3 4 a b c 5 Par cond	Donated services and use of facilities Prior year adjustments	2e 3 4c 5 5	
b c d e 3 4 a b c 5 Par cond	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	2e 3 4c 5 5	
b c d e 3 4 a b c 5 Par ond nis	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2e 3 4c 5 and 4; Part IV, lines 1b and 4b Also complete	
b c d e 3 4 a b c 5 Pai	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a part to provide any additional information. rt V, 4: The JPR Foundation has designated a portion of its funds as quasi-endowment, with	2e 3 4c 5 and 4; Part IV, lines 1b and 4b Also complete	
b c d e 3 4 a b c 5 Pai	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a a 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a part to provide any additional information. Total expenses Additional information Total expenses Additional information Total expenses Additional information The part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a part to provide any additional information.	2e 3 4c 5 and 4; Part IV, lines 1b and 4b Also complete	
b c d e 3 4 a b c 5 Pai	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a part to provide any additional information. rt V, 4: The JPR Foundation has designated a portion of its funds as quasi-endowment, with	2e 3 4c 5 and 4; Part IV, lines 1b and 4b Also complete	
b c d e 3 4 a b c 5 Pai	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a part to provide any additional information. rt V, 4: The JPR Foundation has designated a portion of its funds as quasi-endowment, with	2e 3 4c 5 and 4; Part IV, lines 1b and 4b Also complete	
b c d e 3 4 a b c 5 Pai	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a part to provide any additional information. rt V, 4: The JPR Foundation has designated a portion of its funds as quasi-endowment, with	2e 3 4c 5 and 4; Part IV, lines 1b and 4b Also complete	
b c d e 3 4 a b c 5 Pai	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a part to provide any additional information. rt V, 4: The JPR Foundation has designated a portion of its funds as quasi-endowment, with	2e 3 4c 5 and 4; Part IV, lines 1b and 4b Also complete	

SCHEDULE G (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

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

JPR Foundation, Inc.					93	1233656
Part I Fundraising Activitie Form 990-EZ filers ar					to Form 990, Par	t IV, line 17.
 1 Indicate whether the organization a ✓ Mail solicitations b ✓ Internet and email solicitation c ✓ Phone solicitations d ✓ In-person solicitations 2a Did the organization have a writt or key employees listed in Form b If "Yes," list the ten highest pair to be compensated at least \$5, 	en or oral agree 990, Part VII) o id individuals or	e / f / g / ment with a or entity in or	Solicitati Solicitati Special f any individi connection	on of non-governr on of government fundraising events ual (including office with professional	ment grants grants ers, directors, truste fundraising service	es s? □ Yes 🗹 No
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			▶			
3 List all states in which the organ registration or licensing.	nization is regis					
			•		•••	

Pa	art II	Fundraising Events. Comore than \$15,000 on F	omplete if the organizations orm 990-EZ, line 6a. L	ition answered "Yes" t	o Form 990, Part IV, I	ine 18, \$5,000.	or rep	ortec	1
			(a) Event #1 Harvest Festival (event type)	(b) Event #2	(c) Other events		Total excor (a) to	through	1
Revenue	1 2 3	Gross receipts Less: Charitable contributions Gross income (line 1 minus line 2)	18963	Compy					3963 3963
	4	Cash prizes							
ς	5 6	Noncash prizes	1200					1	1200
Direct Expenses	7	Food and beverages							
Direct	8	Entertainment	600						600
	9 10	Other direct expenses Direct expense summary. Ad				(5172 972)
	11 rt III	Net income summary. Comb Gaming. Complete if t than \$15,000 on Form	he organization ansv		990, Part IV, line 19	, or rep	ortec		1 991 re
Revenue		·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		otal ga a) throu		
<u>~</u>	1	Gross revenue					•		
Direct Expenses	2	Cash prizes							
Direct E	4	Rent/facility costs							
 ;	5 6	Other direct expenses . Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	~ ~ ~	* * * * * * * * * * * * * * * * * * * *	* 1 & 2	
	7	Direct expense summary. Ad	_			(<u>.</u>)
9 a b	Ent	Net gaming income summary ter the state(s) in which the o the organization licensed to o No," explain:	rganization operates ga	aming activities.	es?	· .	9a	Yes	No
10a	 We	ere any of the organization's g	gaming licenses revoke	d, suspended or termir	nated during the tax ye	 ear?	10a		
11 12	ls t	es the organization operate g	eneficiary or trustee of a		a partnership or other	entity	11		

Page	- 3

			Yes	No
13	Indicate the percentage of gaming activity operated in.	·		
	The organization's facility	, ,		1:1
	An outside facility			2 5
	Enter the name and address of the person who prepares the organization's gaming/special events books	₹		2
•	and records ⁻	×****		燕飞
	Maria A	^ ₹	4.28	7
	Name ►	** ×		. \
	Address ▶		•	* *
	7.041.040.7		,34.	١.
15a	Does the organization have a contract with a third party from whom the organization receives gaming		- *	· · · · · ·
1	revenue?	15a		_
þΙ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	4	~~ <i>j</i> %£	3 -
	amount of gaming revenue retained by the third party ▶ \$,70	2. 3
С	If "Yes," enter name and address of the third party.		* - 2	7.
1	Name ▶	×, '>	^~"."	11/4
•	Name P.	_	1 - 2	- ^>.
	Address >	ù.	9.30	23
40	Company manager information:	1	79% w	
16	Gaming manager information:	Š.,		
		4		
	Name ▶			\$.1. *
	Gaming manager compensation ▶ \$			# N
	Caning manager compensation F F	. 5.3	300	-3,
1	Description of services provided ▶		, X	
		ž	· · · · · ·	i iĝ
{	☐ Director/officer ☐ Employee ☐ Independent contractor	£ 2m	ີສິ .	- x-
		سم" ت	2	-:
	Mandatory distributions:	-		1
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations.	17.0	٠	
	or spent in the organization's own exempt activities during the tax year ▶ \$		***	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Inspection identification number

ŝ Payroil & expenses (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 **Employer identification number** ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 (f) Method of valuation (book, FMV, appraisal, other) 27421 | 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 910000 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Code 115 93-6001786 (b) EIN Southern Oregon University 1 (a) Name and address of organization or government **Ashland, OR 97520** JPR Foundation, Inc. 1250 Siskiyou Blvd. Name of the organization Part II

3 Enter total number of other organizations
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations

Cat No 50055P

.

.

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

(a) Type of grant or assistance (b) Number of cash grant of recipients cash grant	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional informa The JPR Foundation receives monthly financial reports from Southern Oregon University outlining revenues and expenses which are reconciled to the	te this part to proports from Souths	ovide the information	on required in Part	bart to provide the information required in Part I, line 2, and any other additional information.	additional information.
Foundation's financial records.					
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization Employees

The line Officers of the Policy Complete in the Officers of the Inc. Officers

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

1233656

Name of the organization JPR Foundation, Inc.

Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

Employer identification number

93

				Yes	No
1a	Check the appropriate box(es) if the organization provided a 990, Part VII, Section A, line 1a. Complete Part III to provide		~Ä,		·
	☐ First-class or charter travel ☐	Housing allowance or residence for personal use			
		Payments for business use of personal residence	*3		
	<u> </u>	Health or social club dues or initiation fees	1	I]
		Personal services (e.g., maid, chauffeur, chef)			. 2
		(g ,,,,	^	•	
h	If any of the boxes on line 1a are checked, did the organ	uzation follow a written policy regarding payment			
J	or reimbursement or provision of all of the expenses des				
	explain		1b		
2	Did the organization require substantiation prior to reimb	ursing or allowing expenses incurred by all			
_	officers, directors, trustees, and the CEO/Executive Directors	-	2		✓
	omooro, amootoro, tractooo, and the ozor zhoodine shoo	itor, rogarding the nome encourage in time rate.	3>	35.4	£
3	Indicate which, if any, of the following the organization u	ses to establish the compensation of the		* 4-	
3	organization's CEO/Executive Director. Check all that ap	•	1 2 6	17 Table	
		Written employment contract		e de la compansión de l	2).60
		Compensation survey or study			
	· · · · · · · · · · · · · · · · · · ·	Approval by the board or compensation committee			* A
	Tom 930 of other organizations	Approval by the board of compensation committee	- ' \	* A.	7.7
4	During the year, did any person listed in Form 990, Part	VII. Section A line 1a with respect to the filing	1. 36	× ,- ()	, ^3,4
7	organization or a related organization:	vii, occion vi, inic ra, with respect to the liming		* * 3	
а	Receive a severance payment or change-of-control payment	nent?	4a	-	-
	Participate in, or receive payment from, a supplemental i		4b		√
	Participate in, or receive payment from, an equity-based	· ·	4c		√
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide	•		- 185, ·	15 1
	The to any of miles far of his the persons and provide	and applicable amounts to easily them in a com-			10
	Only section 501(c)(3) and 501(c)(4) organizations mus	st complete lines 5–9.	· M ·	¥\$	
5	For persons listed in Form 990, Part VII, Section A, line 1		*	. 23	
•	compensation contingent on the revenues of:	a, alo the organization pay of abolico any	* -		1,0
а	The organization?		5a		1
	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 1	a, did the organization pay or accrue any	**	*	1.00 2.01
	compensation contingent on the net earnings of:	, and and argumentary pay or account any		<u> </u>	
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 1	a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," described in lines 6 and 6? If "Yes," described in lines		7		✓
8	Were any amounts reported in Form 990, Part VII, paid of				
	subject to the initial contract exception described in Reg				
	ın Part III		8	}	✓
9	If "Yes" to line 8, did the organization also follow the reb	uttable presumption procedure described in			
	Deculations costion 52 4059 G(s)2		9	İ	

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.

3547 16098		<u>@</u>	(B) Breakdown of W	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
10	(A) Name))	l) Base ipensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported in prior Form 990 or Form 990-EZ
		6	12551				3547	16098	11242
		E		1	, e # 3 # 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		: : : : : : : : : : : : : : : : : : :
		0							
		•		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		1
		8							
		(ii)							* * * * * * * * * * * * * * * * * * *
		(1)							
		(ii)							
		(1)							
		(E)							
		(1)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
)	(II)							
		ω							
		<u>(i)</u>							
		(9)							
		(II)							
		<u> </u>	1						
		€							
		(ii)					; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		E 6							
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		(i)							
)	(ii)							
		(1)				1			11 11 11 11 11 11 11 11 11 11 11 11 11
		(E)							
		(I)							
		(E)							
		(3)							
)	(ii)							

Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
Unrelated Organization: Southern Oregon University, 1250 Siskiyou Blvd., Ashland, OR 97520 EIN: 93-6001786

SCHEDULE O (Form 990)

Supplemental Information to Form 990

1233656

Employer identification number

93

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

JPR Foundation, Inc. Part V, 2a: The JPR Foundation has a number of employees who are leased from Teamwork HR in Redding, California. Teamwork HR provides all payroll, accounting and benefit-related services for the Foundation in connection with these employees. Part VI, Sec. B, 11a: A completed Form 990 was provided to all members of the JPR Foundation Board in advance of a Foundation Board meeting at which the Form 990 was formally presented to the Foundation Board by its audit committee. The Foundation Board had a full opportunity to review and discuss the Form 990 at its meeting and - by resolution authorized submission of the 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, duplicate materials as requested either by telephone, email or U.S. mail and provide copies of materials to the requesting party. The Foundation's annual audit is publicly available under those same procedures as required by grant eligibility criteria of the Corporation for Public Broadcasting.