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

OMB No 1545-0047

Open to Public

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

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

Inspection

A	For the	2011 cale	endar year, or tax year beginnin	g July 1	, 2011, an	d ending	June	30	, 20 12
В	Check if a	applicable	C Name of organization JPR FOUL	NDATION, INC.			D	Employe	er identification number
	Address	change	Doing Business As		·				93-1233656
$\bar{\Box}$	Name cha	-	Number and street (or P O box if r	nail is not delivered to street	address) I	Room/suite	Ε	Telephon	ne number
$\overline{\sqcap}$	Initial retu	-	1250 Siskiyou Blvd.						541 552-6301
$\bar{\sqcap}$	Terminate	1	City or town, state or country, and	ZIP + 4					
$\exists$	Amended		Ashland, OR 97520				G	Gross red	ceipts \$ 4,083,086
$\exists$		on pending		cer			H(a) is this a or	roup return f	or affiliates? Yes V No
_	присан	on ponding							cluded? Yes Vo
$\overline{}$	Tavaayan	npt status	✓ 501(c)(3)	( ) ◀ (insert no )	4947(a)(1) or	527	-		list (see instructions)
<u>'</u>	Website:		org	7			H(c) Group e	exemption	number ▶
_			✓ Corporation ☐ Trust ☐ Assoc	ation Other ►	L Year	of formation	-1		of legal domicile OR
_	art I	Summ		<u> </u>	1 - 100				<del></del>
_			escribe the organization's mis	sion or most significar	nt activities:	The JPR	Foundation	fosters	the human intellectual
	'		tive spirit of Southern Oregon a						
S			public radio network, Jefferson						
Паг	-		and preserving treasured histo						
Activities & Governance	_		ns box ▶☐ if the organization						íite not accote
ő	1		of voting members of the gov					3	11
ø			of independent voting members					4	11
ijes							•	5	
ξ	t		mber of individuals employed		(Fart V, iiile 2	za) .	• •	6	150
Ac			mber of volunteers (estimate if				•	<b>├</b>	130
			related business revenue from					7a 7b	
	b	Net unre	lated business taxable incom-	e from Form 990-1, iin	ie 34		Prior Yea		Current Year
				463			-		
e	1		tions and grants (Part VIII, line			• • —		805,240	1,594,912
ē	1	•	service revenue (Part VIII, line			· ·	۷,	172,322	2,405,872
Revenue	1		ent income (Part VIII, column (		28,702	2,035			
_			venue (Part VIII, column (A), lir			· 40\		26,633	32,897
			enue-add lines 8 through 11				<u>_</u>	032,897	4,035,716
	1		nd similar amounts paid (Part		–3)	· ·	1,0	045,168	808,571
6	1	Benefits paid to or for members (Part IX, column (A), line 4)							
2	1		other compensation, employee		nn (A), lines 5-	-10)		388,544	450,335
Sign			onal fundraising fees (Part IX,			·		49,015	49,577
<b>Z</b> ĕ			idraising <del>expenses (Part IX, co</del>			,426			v / %
	17	Other ex	penses (Part IX, Column (A)) 🗤	nes   14a-11d  11f-24e		· ·	1,669,281		2,069,682
5	18		penses. Add <del>Ines 13-17 (mus</del>			· <u> </u>	3,	152,008	3,378,165
_	19	Revenue	less expenses. Subtract line		<u> </u>	<u> </u>		880,889	657,551
			8  DEC 1 8	2012   0		Be	ginning of Curr		End of Year
	20	Total ass	sets (Par X, <u>ine 16)</u> .			· ·  _	5,4	425,156	6,282,140
Set Asset	21	Total liab	pilities (Part X, My 26)				1,7	735,936	1,949,682
Š	22 _	Net asse	ets or fund balances. Subtract	line 21 from line 20		<u>.                                      </u>	3,0	689,220	4,332,458
P	art II	Signa	ture Block						
Şį	nder penal	Ities of perju	ury, I declare that I have examined this	return, including accompar	nying schedules a	and stateme	ents, and to the	e best of n	my knowledge and belief, it
tři	e, correct	t, and cemp	lete Peclaration of preparer (other tha	an officer) is based on all info	ormation of which	n preparer h	as any knowlet	dge	
			-Yumo Julosa					<u>12-5.</u>	-12
Si	gn	Sıg	nature of officer				Date	•	
He	ere	S	teven Welson, Presi	dent					
		Тур	e or print name and title						
D-	aid	Print/Ty	ype preparer's name	Preparer's signature		Date	)	Check [	of PTIN
	epare	. <u>.                                   </u>						self-emp	
	epare se Onl		name ►				Firm's	s EIN ▶	
U	Se UIII	y ——	address ►				Phon		<b></b> .
Ma	y the IF		s this return with the preparei	shown above? (see in	nstructions)				Yes No
_			action Act Notice, see the separ			Cat No	11282Y		Form <b>990</b> (201

Form	aan	(2011)	

Part	<b>3</b>
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:  The IRR Foundation feature the human intellectual and exacting a first of Southern Collings and Northern Col
	The JPR Foundation fosters the human intellectual and creative spirit of Southern Oregon and Northern California communities by supporting Southern Oregon University's regional public radio network, Jefferson Public Radio; encouraging the presentation of
	quality arts and cultural events for citizens; and preserving treasured historic buildings, adapting them for productive contemporary
	use.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue if any for each program continues and others.
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,391,479 including grants of \$ ) (Revenue \$ )
Tu	(Code: ) (Expenses \$ 1,391,479 including grants of \$ ) (Revenue \$ )  The JPR Foundation (JPRF) is an Associate Foundation of Southern Oregon University (SOU) with its primary mission being to raise
	funds and support SOU's regional public radio network, Jefferson Public Radio (JPR) JPR strives to extend SOU's regional
	educational mission and commitment to life-long learning by providing public affairs and cultural programming designed to:
	promote informed citizen participation toward creating responsive government, create and foster a climate which encourages
	tolerance for the expression of diverse viewpoints, and support and encourage the arts. In addition to raising funds, the JPR
	Foundation publishes The Jefferson Monthly, a magazine disseminated to JPRF contributors to provide public information about
	JPR's service; operates an online civic network called JEFFNET to support JPR's online services; and assists in the management
	and operation of radio communication sites on which JPR operates some of its stations. JPR is a member of National Public Radio,
	the Corporation for Public Broadcasting, the Consortium for Public Radio in Oregon, Western States Public Radio and an affiliate of
	Public Radio International and American Public Media. The JPR Foundation's activities in support of JPR are governed by the
	Oregon Administrative Rules and a Contract for the Exchange of Services between the Foundation and SOU.
4b	(Code:) (Expenses \$ 1,694,329 including grants of \$) (Revenue \$)
	The JPR Foundation manages and operates the Cascade Theatre, a restored 1935 art deco theatre in Redding, California, as a multi-
	use, non-profit performing arts center. The Cascade Theatre's mission is to educate, inspire, entertain and connect the community
	while preserving one of Redding's most prominent historic landmarks. Following a successful \$5.6 million capital campaign
	conducted by the JPR Foundation, the Cascade Theatre was restored consistent with the Secretary of the Interior's Standards for the
	Treatment of Historic Properties and re-opened in 2004. Today the Cascade Theatre presents it own series of world-class performing artists, supports the work of Shasta County's local and regional non-profit cultural/arts organizations and conduct arts education
	programs for children. The Cascade has been recognized as an important statewide and national historic resource and is listed on
	the California Register of Historic Resources and the National Register of Historic Places. In 2000, the Cascade Theatre received as
	an Art Deco Society of California Preservation Award. The Cascade Theatre is a self-supporting unit within the JPR Foundation
	raising dedicated funds for its ongoing maintenance and operation.
4c	(Code. ) (Expenses \$ 41,298 including grants of \$ ) (Revenue \$ )
	The JPR Foundation is currently engaged in raising funds to support restoration of the Holly Theatre in Medford, Oregon. The Holly
	Theatre was constructed in 1930 and was an Icon of Medford's downtown district. Like many movie palaces of its era, the Holly was
	replete with ornate woodworking, a highly decorated interior, a grand neon sign and marquee, and lavish draperies and furnishings
	With an original seating capacity of 1,200, the Holly operated until 1986, when changes in the motion picture industry caused many
	downtown, single-screen movie houses to close. The JPR Foundation's Holly Theatre Restoration Project will restore the building to
	its original grandeur, creating a live performance venue that honors the heritage of the building while having the functionality of a
	modern facility. Like the Cascade Theatre, restoration of the Holly will be executed consistent with the Secretary of the Interior's
	Standards for the Rehabilitation of Historic Properties and be operated as a non-profit performing arts center for the benefit of the
	community.
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ► 3127106

aru	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	2	✓_	1
2 3	Did the organization required to complete scriedate B, scriedate or Community (see instructions):	3		<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<b>√</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			) 10 24
а	complete Schedule D, Part VI	11a	<b>√</b>	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	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	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e 1	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e 11f	<b>✓</b>	
<b>12</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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, Parts III and IV	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 (see instructions)	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	1	
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		<b>√</b>
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)		V	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
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		1
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	<b>√</b>	
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		<b>√</b>
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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	/	10011

Part				
	Check if Schedule O contains a response to any question in this Part V	<del></del> -		<u></u> ✓
			Yes	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			*
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		·	
•		1c	✓_	<del>                                     </del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return.			
	Statements, med for the calculat year ording with or within the year covered by the return			J
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<del>-</del>
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ارا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	SD		
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		1
h	If "Yes," enter the name of the foreign country.	70		*
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			\$
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible?	6a		/
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).		*	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ž
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	,		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		, 1	, 8,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8	ļ	<b>-</b>
9	Sponsoring organizations maintaining donor advised funds.	9a		<del></del>
a	Did the organization make any taxable distributions under section 4966?	9b		1
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	30		1
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			] :
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
··a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	<del>  </del>	<u> </u>	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	<b>✓</b>
h	- it "Vee " has it tiled a Ferm 700 to report these comments? It "No " provide an explanation in Schedule ()	1 74h		1

Part '					
	response to line 8a, 8b. or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response to any question in this Part VI	<del></del>	· ·		<u> </u>
Section	on A. Governing Body and Management			Yes	
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11			
	If there are material differences in voting rights among members of the governing body, or		4		Ì
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		1		ن
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .	1b 11	, å,	<b>*</b> :	1.18 %
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business		1		
-	any other officer, director, trustee, or key employee?	·	2		- 5.00i
3	Did the organization delegate control over management duties customarily performed by or	under the direct			<u></u>
_	supervision of officers, directors, or trustees, or key employees to a management company or other		3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		1
5	Did the organization become aware during the year of a significant diversion of the organizati		5		1
6	Did the organization have members or stockholders?		6		<b>√</b>
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			
	one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approva				<b>✓</b>
	stockholders, or persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions ur	ndertaken during			2
	the year by the following:				
а	The governing body?		8a	<b>V</b>	
b	Each committee with authority to act on behalf of the governing body?		8b	<b>✓</b>	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	1 - 1	<b>✓</b>
Section	on B. Policies (This Section B requests information about policies not required by the	ie internai Reven	ue C	Yes	No
40-	Did the average have lead shorters branches as officetoe?		10a	163	<b>√</b>
10a b	Did the organization have local chapters, branches, or affiliates?	 of such chanters	IVa	<del> </del>	<b>-</b>
U	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	1	$\vdash$
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<del>                                     </del>	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	1	, s
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ve rise to conflicts?	12b	_	
c	Did the organization regularly and consistently monitor and enforce compliance with the				
	describe in Schedule O how this was done		12c	1	
13	Did the organization have a written whistleblower policy?		13	<b>✓</b>	
14	Did the organization have a written document retention and destruction policy?		14	✓	
15	Did the process for determining compensation of the following persons include a review				,
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and decision?		L	
а	The organization's CEO, Executive Director, or top management official	•	15a		<b>√</b>
b	outer of the joint of the contract of the cont		15b	<u> </u>	<b>  √</b>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ŷ,	'
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		10-	-4-	أسبلام
			16a	<del> </del>	<b>-</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps			\$	*
	organization's exempt status with respect to such arrangements?		16b	- ~-	J J
Secti	on C. Disclosure		,	1	ш
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oregon, Californ	 nia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a		า 501	(c)(3)s	only)
-	available for public inspection. Indicate how you made 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 made its governing doc	uments, conflict o	f inte	rest p	oolicy,
	and financial statements available to the public during the tax year.			·	
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records	of the	Э	
	organization: ► JPR Foundation, Inc., 1250 Siskiyou Blvd., Ashland, OR 97520				

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

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

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

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

Check this box if neither the organization not	r any relate	d orga	anız			ompe	nsa	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Steven Nelson President	-	<b>√</b>		\ \	:					
(2) Kevin Palmer Vice-President		1	-	1						**************************************
(3) James Risser Secretary	_	1		1						·
(4) Ronald Kramer Ex-officio, Executive Director	20	•		-	1			11,634		4,087
(5) Roger Longnecker		1								
(6) Diane Gerard		1								-
(7) Ken Silverman	-	1								
(8) Ron Metzger	-	1								
(9) Andrea Pedley	-	1								
(10) Mark Millner		1								
(11) Steve Sharpf		1								
(12) Roz Sumner	-	1								_
(13)		<u> </u>								
(14)	-									

r ar	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:		nd F C)	lighes	st C	ompensated E	mployees (	continu	iea)		
	<b>6</b> 0	(0)				ition				<b></b>			<b>(F)</b>	•
	(A)	(B)	(do not check more than o						(D)	(E) Reportable		۲.	(F)	
	Name and title	Average hours per					ıs both or/trust	· · · · · · · · · · · · · · · · · · ·					stimated nount of	
		week						<del></del>	from	related			other	
		(describe hours for	divid	stitu	Officer	ey e	ighe nplo	Former	the organization	organizatio (W-2/1099-M			pensation on the	OH
		related	Individual trustee or director	#ion	٦	Key employee	st co	4	(W-2/1099-MISC)	,	, l		anızatıo	
		organizations in Schedule	rus	altr		oyee	duc						d related anization	
		O)	tee	Institutional trustee		"	Highest compensated employee					_		
				е			ted							
(15)														
(16)														
(17)														
(4.0)		· · · · · · · · · · · · · · · · · · ·	<u> </u>						-					
(18)		_												
(10)									1					
1127		1												
(20)			-		<u> </u>									
S==11	•••••••••••••										ı			
(21)												<del></del>		
·	***************************************			Ì										
(22)														
				j										
(23)	***************************************													_
(24)														
(25)		_												
-46	Cub Askal								44.004					4.007
1b	Sub-total	 VII Contin	· ·	٠	•		•		11,634	<del></del>				4,087
c d	Total (add lines 1b and 1c)	•			•		•	<b>&gt;</b>	11,634					4,087
2	Total number of individuals (including but								<del></del>	are than \$10				4,007
_	reportable compensation from the organi		ו נט נו	1056	: 1151	eu a	above	;) vv	no received in	Jie man pro	00,000	UI		
	rependent compensation nem inc organi	Landing											Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	e,	key e	mp	loyee, or high	est compe	nsated	1	+	+
	employee on line 1a? If "Yes," complete S											3	1	
4	For any individual listed on line 1a, is the	sum of re	portal	ole d	com	per	satio	n a	nd other comp	ensation fro	om the	,		
	organization and related organizations	greater that	an \$1	50,	000	? //	"Yes	5, "	complete Sch	edule J foi	r such	1   1		
	indıvıdual				•			•	•	•		4		✓
5	Did any person listed on line 1a receive o									ation or ind	ıvıdua	/6m - m		
	for services rendered to the organization?	r it "Yes," c	ompi	ere	Scr	ieau	ile J to	or s	ucn person		•	5	✓	
	on B. Independent Contractors			J					414		- 6100			
1	Complete this table for your five highest compensation from the organization. Rep													·2V
	year.	ort compo	iioatic	,,,,	)		ulci la	a, y	car chang wit	11 Or William C	110 016	,ui lizati	01131	ux
	(A)								(B)			(C		
	Name and business add	ress							Description of se	ervices		Compen		
		••			_									
		- <del></del>	-											
2	Total number of independent contracto							th	ose listed abo	ove) who		) :	{	* { }
	received more than \$100,000 of compens	sation from	the o	rgar	nızat	tion	▶			į	3,8			* `

Part	VIII	Statement of Reve	nue	·			· 		
-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
ts	1a	Federated campaigns	1a		·		<del></del>		1
irar	b	Membership dues .	1b	1,070,041					1
s, G	С	Fundraising events .	1c		,				1
ar,	d	Related organizations	1d						•
in is	е	Government grants (con	tributions) 1e						
tion S	f	All other contributions, gi							1
호		and similar amounts not inc		493,781					-
d dr	g	Noncash contributions include	•	31,090					- {
	h	Total. Add lines 1a-1	<u>f</u>	<b>▶</b>	1,594,912	· · · · · · · · · · · · · · · · · · ·			_
June	_			Business Code		4 000 053			نـــــــ
eve	2a	Cascade Theatre			1,809,953	1,809,953			
e e	b	Program Underwriting			512,937	512,937			
ξ	c d	Jeffnet		~	59,719 21,413	59,719 21,413			—
J Se		Jefferson Monthly			21,413	21,413			—
Jran	e f	All other program serv	VICE TEVENUE		1,850	1,850	·		_
ě	g	Total. Add lines 2a-2		•	2,405,872	.,,,,,,		. ×	$\neg$
	3	Investment income						1	
		and other similar amo	ounts) .	•	2,035	2,035			
	4	Income from investment	t of tax-exempt bo	ond proceeds ►			-		_
Other Revenue Contributions, Giffs, Grants Program Service Revenue and Other Similar Amounts	5	Royalties		▶					
			(ı) Real	(II) Personal	*		*		- 1
	6a	Gross rents	38,540			* .		*	
	b	Less. rental expenses	32,031		<b>.</b>	<b>\$</b> .5	Ą Ż		1
	С	Rental income or (loss)							
	_d	Net rental income or (	<u> </u>	<b>&gt;</b>	6,509	6,509	·		<del></del>
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	Ì	· · · · · · · · · · · · · · · · · · ·	٤,	\$ <i>'</i>	1
	b	Less. cost or other basis and sales expenses							
	С	Gain or (loss)			, · · · · · · · · · · · · · · · · · · ·				
	d	Net gain or (loss) .		<b>.</b> ▶	*/	УУ		*	
ne	8a	Gross income from fu	ındraising						ļ
even		events (not including \$ of contributions reported	ed on line 1cl		å »	***			
her R	_	See Part IV, line 18 .	а	37,318				,	
ŏ		Less' direct expenses						27,5	
	C	Net income or (loss) for Gross income from ga		events <b>&gt;</b>	27,563			21,5	03
	<b>3</b> d	<del>-</del>	· · a						į
	ь	Less direct expenses	_		1				
		Net income or (loss) f		vities ▶					
		Gross sales of in							
		returns and allowance		4,409					
	ь	Less: cost of goods s		<u> </u>	4				
	C	Net income or (loss) f		entory ►	-1,175	-1,175			
		Miscellaneous R		Business Code					
	11a								
	b								
	С								
	d	All other revenue		L			*****		
	е 10	Total. Add lines 11a-		💺					05
	12	Total revenue. See in	ISTRUCTIONS	▶	4.035.716	2.413.241		27.5	0.3

## 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).

	Check if Schedule O contains a respon	ise to any question	in this Part IX	. <u></u>	
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	808,571	808,571		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	450,335	434,231	11,690	4,414
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	93,434	804	92,630	
C	Accounting	4,500	4,350	150	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	49,577		( ) ) (	49,577
f	Investment management fees				
g	Other	9,535	5,474	4,061	
12	Advertising and promotion	22,668	11,274	98	11,296
13	Office expenses	119,261	60,268	14,974	44,019
14	Information technology	2,392	2,392		
15	Royalties				
16	Occupancy	234,336	234,336		
17	Travel	18,291	10,427	7,787	77
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				-,
20	Interest	73,778	73,778		
21	Payments to affiliates				****
22	Depreciation, depletion, and amortization .	143,800	143,800	ļ	<u> </u>
23	Insurance	41,524	39,563	1,961	<u> </u>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				***
_	Cascade Theatre Direct Expenses	1,234,807	1,234,807	~ " 34 2 5 " · · · · · · · · · · · · · · · · · ·	. 25ax / 1 <sup>22</sup> 903 4
a		71,356	49,255	58	22,043
b	Printing	/1,350	49,200	50	22,043
2					
d	All other expenses				
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	2 279 165	2 112 220	133 400	131 426
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	3,378,165	3,113,330	133,409	131,426

	art X				Page 11
•			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash—non-interest-bearing	167,027	1	135,733
	2	Savings and temporary cash investments	982,279	2	617,037
	3	Pledges and grants receivable, net	124,302	3	41,297
	4	Accounts receivable, net	59,598	4	243,011
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	7.7.7.	5	* · · · · · · · · · · · · · · · · · · ·
S	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges	61,806	9	157,190
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,214,243	>		\$ \$\frac{1}{2} \text{(\$\text{\$\exititt{\$\texititt{\$\text{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texi\\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
	b	Less. accumulated depreciation 10b 737,818	2,439,407	100	3,476,425
	11	Investments—publicly traded securities	111,462	11	132,172
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	33,750		33,750
	14	Intangible assets	1,335,854	14	1,335,854
ļ	15	Other assets. See Part IV, line 11	109,671	15	109,671
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,425,156	16	6,282,140
	17	Accounts payable and accrued expenses	56,075	17	142,707
	18	Grants payable	•	18	
	19	Deferred revenue	481,805	19	495,216
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	<b>*</b>	22	
Ę.	23	Secured mortgages and notes payable to unrelated third parties	999,435	23	1,149,406
	24	Unsecured notes and loans payable to unrelated third parties		24	1,7710,710
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	198,621	25	162,353
	26	Total liabilities. Add lines 17 through 25	1,735,936		1,949,682
S		Organizations that follow SFAS 117, check here ▶ ✓ and complete			, , , ,
9		lines 27 through 29, and lines 33 and 34.			
la l	27	Unrestricted net assets	2,951,718	_	3,688,859
8	28	Temporarily restricted net assets	688,078	_	594,471
Net Assets or Fund Balances	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ▶ □ and	49,424	29	49,128
ō		complete lines 30 through 34.	was and a second		
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا پر	32	Retained earnings, endowment, accumulated income, or other funds .		32	
N S	33	Total net assets or fund balances	3,689,220	_	4,332,458
	34	Total liabilities and net assets/fund balances	5,425,156	34	6,282,140

			٠,	,,,,,
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)		4,03	5,716
2	Total expenses (must equal Part IX, column (A), line 25)		3,37	8,165
3	Revenue less expenses Subtract line 2 from line 1		65	7,551
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		3,68	9,220
5	Other changes in net assets or fund balances (explain in Schedule O)		-1	4,313
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		4,33	2,458
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		
		ļ <del></del>	Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	×	1	, ,
_	Schedule O	w.*** .		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>✓</b>
b	Were the organization's financial statements audited by an independent accountant?	,	<b>/</b>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		١,	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1 **	,	ŧ
		e /	, 3	· .
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1.7		
	issued on a separate basis, consolidated basis, or both:		3.	,
0-	Separate basis Consolidated basis Both consolidated and separate basis	**		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	- 1		,
<b>L</b>	•	3a	<u> </u>	<b>✓</b>
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		
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such addits		000	
		For	m <b>990</b>	(2011)

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

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

4947(a)(1) nonexempt charitable trust.

Open to Public

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

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

(E)

Total

Page 2

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	<u>)                                    </u>
	(Complete only if you checked the						
	Part III. If the organization fails to						•
Secti	on A. Public Support	<u> </u>		• • • • • • • • • • • • • • • • • • • •			
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	(,, , , , , , , , , , , , , , , , , , ,	( )				
	membership fees received (Do not						
	include any "unusual grants.")	2,052,624	1,550,809	1,358,865	1,805,240	1,594,912	8,362,450
2	Tax revenues levied for the				-		
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	2,052,624	1,550,809	1,358,865	1,805,240	1,594,912	8,362,450
5	The portion of total contributions by	* . * / .	\$ (3 <b>%</b> ) \$	\$ 37 18 9	Maria Sept. 3	<b>∮</b> ∳ .	
	each person (other than a	,^ 2		<b>^ `</b>	×	`	
	governmental unit or publicly	* * * * * * * * * * * * * * * * * * * *			Š	, *	
	supported organization) included on				ģ , · · .		
	line 1 that exceeds 2% of the amount	,	< 5			*	
	shown on line 11, column (f)	3'					
6	Public support. Subtract line 5 from line 4.	*	× · * ~	<b>*</b> .	,	, ,	8,362,450
	on B. Total Support	, - · · · · · · · · · · · · · · · · · ·	····				
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2,052,624	1,550,809	1,358,865	1,805,240	1,594,912	8,362,450
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources	32,265	7,575	3,609	10,336	13,011	66,796
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40							
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)	29,749	-14,087	25 100	46,265	21,921	108,957
11	Total support. Add lines 7 through 10	25,745	-14,067	25,109	40,203	21,921	8,538,203
12	Gross receipts from related activities, etc	(see instruction	l		L	12	9,432,363
13	First five years. If the Form 990 is for the			 d third fourth	or fifth tax v		
	organization, check this box and <b>stop he</b>	-					▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line			1. column (fl)		14	97.94 %
15	Public support percentage from 2010 Sci		-	* * * *		15	97.57 %
16a	331/3% support test-2011. If the organi	zation did not	check the box	on line 13, and	d line 14 is 331	/3% or more, c	
	box and stop here. The organization qua						. 🕨 🗸
b	331/3% support test-2010. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 331/3%	
	check this box and stop here. The organ	ızatıon qualifie	s as a publicly	supported org	janization .		. ▶ 🗸
17a	10%-facts-and-circumstances test-2	<b>011.</b> If the orga	anization did no	ot check a box	on line 13, 16	a, or 16b, and	lıne 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd <b>stop here.</b> E	xplain ın
	Part IV how the organization meets the "f	facts-and-circi	ımstances" tes	t. The organiz	ation qualifies	as a publicly si	upported
	organization						. ▶ □
b	10%-facts-and-circumstances test-2	<b>010.</b> If the orga	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	, and line
	15 is 10% or more, and if the organizar	tion meets the	facts-and-ci	rcumstances"	test, check th	ns box and st	op here.
	Explain in Part IV how the organization m						
	, ,						
18	Private foundation. If the organization di						
	instructions					· · · <u>·</u> · ·	▶ □

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I or if the organic

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

				<u> </u>			
	on A. Public Support	T	· · · · · · · · · · · · · · · · · · ·			r <del></del>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3				-		<del></del> -
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	· <del></del>		· · · · · · · · · · · · · · · · · · ·			
8	Public support (Subtract line 7c from		%. %	\$ 44. 1. 1.		3 /00 //	
	line 6.)					, ,	
Section	on B. Total Support		1 0000		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		[				
	(Explain in Part IV.)		,				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re .					▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	e				
15	Public support percentage for 2011 (line	8, column (f) d	ıvıded by lıne 1	3, column (f))		15	%
16	Public support percentage from 2010 Scl	hedule A, Part	III, line 15	<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2011 (	line 10c, colur	nn (f) divided b	y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2010						%
19a	331/3% support tests-2011. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2010. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	19a or 19h (	check this box	and see instruc	ctions > \psi

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2011 Page <b>4</b>		
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III. line 12. Also complete this part for any additional information. (See instructions).		
Part II, Line	10: Includes income from fundraising events (net), sale of inventory (net) and realized and unrealized gains/ losses on		
ınvestment	s.		
•••			

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Inspection

Internal Revenue Service

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

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Name of the organization Employer identification number

93-1233656 JPR Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗍 No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . 2a Total acreage restricted by conservation easements. 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . . . . . . . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . (ii) Assets included in Form 990, Part X . . . . . . . 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X . . . .

Schedule	D	(Form	990)	2011

Par	Organizations Maintaining	Collections of A	Art, Historical 1	Γreasures	, or Otl	her Similar Ass	ets (co	ontını	ued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and oth							
а	☐ Public exhibition		d 🗌 Loan	or exchang	ne progr	ams			
b	Scholarly research			r In storag					
С	☐ Preservation for future generations	\$	0 _ 0,,,0,		<del></del>				
4	Provide a description of the organization.		nd explain how t	hey further	the org	anızation's exem	pt purp	ose ır	ı Part
5	During the year, did the organization	color or receive	do	historical to			_		
3	assets to be sold to raise funds rather	than to be mainta	ined as part of the	nistoricai ti e organizati	easures ion's col	s, or other similar llection?	_	es √	] No
Par	IV Escrow and Custodial Arra	angements. Cor	nplete if the org	anızation	answer	ed "Yes" to For			
	line 9, or reported an amour			•				•	•
1a	Is the organization an agent, trustee				ions or	other assets not			
	included on Form 990, Part X? .						□ Y	es 🗀	No
b	If "Yes," explain the arrangement in P	art XIV and comple	ete the following to	able.	,				
	B					<del></del>	ount		
C	Beginning balance				1c				
d	Additions during the year				1d	<del></del>			
e	Distributions during the year .				1e				
f	Ending balance				1f				
2a	Did the organization include an amoun		ırt X, line 21? .				□ Y <sub>0</sub>	es 🗌	No
	If "Yes," explain the arrangement in P			·					
Par	Endowment Funds. Comple					<del></del>			
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance	133,854	107,255		95,588	12,1611			٠ ١
b	Contributions	500	1,000		50				1
С	Net investment earnings, gains, and								
	losses	-1,686	26,015		11,991	-25,666			
d	Grants or scholarships		-				2 /		<del></del> ;
e	Other expenditures for facilities and		··· -				, hr		
	programs								1
f	Administrative expenses	-496	-416		-374	-357	, ,		<del></del>
g	End of year balance	132,172	133,854	1	07,255	95,588	,		
2	Provide the estimated percentage of t								
a	Board designated or quasi-endowmer			, coluitiii (a	)) Helu a	15.			
b		16 %	.70						
С	Temporarily restricted endowment ►	%	201						
2-	The percentages in lines 2a, 2b, and 2	•							
3a	Are there endowment funds not in the	e possession of the	e organization tha	at are neid	and adn	ninisterea for the			
	organization by.						$\overline{}$	Yes	No
	(i) unrelated organizations .						3a(i)	<b>✓</b>	
	(ii) related organizations						3a(ii)		_✓
b	If "Yes" to 3a(ii), are the related organi				•		3b		
4	Describe in Part XIV the intended uses								
Part	VI Land, Buildings, and Equip	ment. See Form	990, Part X, line	e 10.					
	Description of property	(a) Cost or oth (investme		r other basis ther)		ccumulated preciation	( <b>d</b> ) Boo	k value	<del>)</del>
1a	Land			293,905	. 1/2/2/	, »×,		29:	3,905
b	Buildings			2,169,052		21,519			7,533
c	Leasehold improvements	4					<del></del> -		<u> </u>
d	Equipment			1,702,883		706,619		991	6,264
e	Other			48,403		9,680			8,723
	Add lines 1a through 1e. (Column (d) m	ust equal Form 00	0 Part X column		(c) )	. ▶			6,425
Total.	Add mies ta tillough te. (Column (a) II	iusi equal i Ollil 99	o, raren, coluitii	10), iiie 10	<u>1977 -                                  </u>	, -		3,470	5,725

Part VII	Investments - Other Securities	. See Form 990, Part X, I	ine 12.	
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financial	derivatives			*
	neld equity interests			
(3) Other				
(A)				<del></del>
(B)				
(C)				
(D)		1,111		
(E)			•	
(F)				
(G)				
(H) (I)				
	b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments—Program Related	See Form 990 Part X	line 13	<u></u>
	(a) Description of investment type	(b) Book value	(c) Method of valu	ation
'	(a) Description of investment type	(b) Dook value	Cost or end-of-year ma	
(1)	<del></del>			
(2)			18	
(3)				<del> </del>
(4)				······································
(5)				
(6)				
(7)		**		
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col. (B) line 13 ) ▶		***	***
Part IX	Other Assets. See Form 990, Pa			
		a) Description		(b) Book value
_(1)				<del> </del>
(2)		-w··· •		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)		<del>-</del> :		
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value		1
(1) Federal	income taxes			!
(2) Leased	Equipment	162,353		1
(3)	•			
(4)				
(5)				
(6)				
(7)				) !
(8)				
(9)				1
(10)				
(11)				
	(b) must equal Form 990, Part X, col. (B) line 25 ) ▶	162,353		· · · · · · · · · · · · · · · · · · ·
	SC 740) Footnote In Part XIV, provide		the organization's financial statem	ents that reports the
organization	n's liability for uncertain tax positions u	inder FIN 48 (ASC 740).		

Schedu	e D (Form 990) 2011		Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Staten	nents
1	Total revenue (Form 990. Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net) Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine		10
Part	XII Reconciliation of Revenue per Audited Financial Stateme		
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	l I	~ *
a	Net unrealized gains on investments	2a	<b>-</b>   ,
b	Donated services and use of facilities		-  1
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>⊣</b> 1
b	Other (Describe in Part XIV)	·	
с 5	Add lines <b>4a</b> and <b>4b</b>		
	XIII Reconciliation of Expenses per Audited Financial Statem		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		- <u>-</u> -
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	╡
d	Other (Describe in Part XIV.)	2d	7
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		*
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	7
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) <u></u>	5
Part	XIV Supplemental Information		
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, diditional information.  I, 4. A donated collection of radio, television and recording items that will help	lines 2d and 4b. Also coi	mplete this part to provide
interp	reting the history of broadcasting in the Western States. An addition to this co	llection is a historical Robe	ert Morton Theatre Organ.
Part \	, 4: The JPR Foundation has designated a portion of its funds as quasi-endow	ment, with income used to	support the general
opera	tions of the Foundation. Currently, all income is being reinvested.		
Sch. I	), Part X, 2: U.S. Generally Accepted Principles require management to evaluat	e tax positions taken by th	ne organization and
recog	nize a tax liability (or asset) if the organization has taken an uncertain position	that more likely than not w	ould not be sustained

	_
D	E

Part XIV	Supplemental Information (continued)
upon examın	ation by the Internal Revenue Service. The organization is subject to routine audits by taxing jurisdictions; however, there
are currently	no audits for any tax periods in process. Management believes it is no longer subject to income tax examinations for years
prior to 2009	As of June 30, 2012, management has determined it has no uncertain tax positions requiring accrual and disclosure upon
under FASB	ASC 740-10-50.
	•
***************************************	

## 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

Department of the Treasury Internal Revenue Service Name of the organization JPR Foundation, Inc.

Employer identification number

93-1233656

Par	Fundraising Activitie Form 990-EZ filers are					Form 990, Part IV, I	ine 17.
1 a b c d 2a	Indicate whether the organizations  Mail solicitations  Internet and email solicitations  In-person solicitations  In-person solicitations  Did the organization have a workey employees listed in For If "Yes," list the ten highest pacompensated at least \$5,000	ritten or oral agre im 990, Part VII) o aid individuals or	e f f g eement with or entity in co	Solicitat Solicitat Special any indivi	tion of non-govern tion of governmen fundraising events dual (including off with professional t	ment grants t grants s ficers, directors, trust fundraising services?	✓ Yes  ☐ No.
	(i) Name and address 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
	hitcomb Consulting, LLC	see Part IV	Yes	No √	1,019,631	43,080	976,551
2 11	79 Village Square Drive		†				
3				·			
4					- 1		
5	,						
6							
7							
8							
9							
10							
otal 3	List all states in which the org			. ►	1,019,631	43,080 s or has been notified	976,551
)regoi	n, California						
			••••••				

E	art II	_	ing event contributions			ne 18, or reported more and 6b. List events with
			(a) Event #1 Wine Tasting (event type)	(b) Event #2	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 2	Gross receipts Less: Charitable contributions	29,551			29,551
	3	Gross income (line 1 minus line 2)	29,551			29,551
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,200			1,200
t Exp	7	Food and beverages				
Direc	8	Entertainment	540			540
	9	Other direct expenses .	5,533			5,533
Pa	10 11 rt	Direct expense summary. Ac Net income summary. Comb Gaming. Complete if the	oine line 3, column (d), a	nd line 10	<u> ▶</u>	( 7,273 ) 22,278 reported more
		than \$15,000 on Form 9	90-EZ, line 6a.	(b) Pull tabs/instant	<del></del>	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
<u>~</u>	1	Gross revenue			-	
ses	2	Cash prizes				
Expe	3	Noncash prizes			<del> </del>	
Direct Expenses	4	Rent/facility costs		i		
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	□ Ves %	#2544 - 1 - 2 - 2 2 2 - 1 - 2 - 2 - 2 - 2 - 2
	6	Volunteer labor	☐ Yes%	☐ Yes% ☐ No	Yes %	
	7	Direct expense summary Ad	ld lines 2 through 5 in c	olumn (d)		( )
	8	Net gaming income summary	y. Combine line 1, colum	nn d, and line 7 .		
	a Is		perate gaming activities	in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's g "Yes," explain:		, suspended or termina	ated during the tax year	

Schedu	ule G (Form 990 or 990-EZ) 2011			Page
11 12	Does the organization operate gaming activities with nonmembers?			☐ No
13 a	Indicate the percentage of gaming activity operated in:			
b	The organization's facility			<u>%</u> %
14	An outside facility			
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ves í	⊐ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ .  If "Yes," enter name and address of the third party:			
·	Name ►			
	Address►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law-to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>□ v</b>	'ac [	¬ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	. ·	<b>C</b> 3 _	J 140
Part i		ine 2 nplet	b, e thi	s
Part I,	Column ii: Provides database consulting for direct mail, telephone, internet and e-mail fundraising programs.			<del></del>
Part I,	Column iii: Contributions are managed in the JPR Foundation office. Deposits are made by separate accounting pers	onnel.		
			•••••	
• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••			

# SCHEDULE (Form 990)

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

OMB No 1545-0047

201
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°N □ (h) Purpose of grant or assistance Employer identification number Payroll & expenses to 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. ✓ Yes 93-1233656 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . (g) Description of non-cash assistance . . . . . . . . Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 822,347 grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Code 115 93-6001786 (b) Ein (1) Southern Oregon University 1 (a) Name and address of organization (2) Ashland, OR 97520 1250 Siskiyou Blvd. Department of the Treasury Internal Revenue Service JPR Foundation, Inc. Name of the organization Part Part II N (9) 3 <u>®</u> ම <u>(2</u> 4 9 0 9

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

Cat No 50055P

Schedule I (Form 990) (2011)

Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed	ndividuals in the U	nited States. Cor	nplete if the organiz	zation answered "Yes" to	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(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
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Part IV	Supplemental Information. Complete this part to provide the information required in Part I,	lete this part to pro	vide the information	on required in Part	ine	
imanciai records	ecorus.			y outlining revenues a	exp	2, and any other additional information. enses which are reconciled to the Foundation's
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## **SCHEDULE J** (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization JPR Foundation, Inc. Employer identification number

93-1233656

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		12 H	1.2
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence	287		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		2.5	3
		1	100.5	296
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	,	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	10		<del> </del>
2	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study	7.74	2	
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			13,13
				3
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	44 7		(5)-4 20
а	Receive a severance payment or change-of-control payment?	4a		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<b>✓</b>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		$\overline{\checkmark}$
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.	-12	¥	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		-37 (F)	
	compensation contingent on the revenues of	Ta 'A	344	700
а	The organization?	5a		
b	Any related organization?	5b		<u>√</u>
	If "Yes" to line 5a or 5b, describe in Part III.	1.5,1	14,2	- 2- {
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	12.3	(Š	
	compensation contingent on the net earnings of:			
а	The organization?	6a	- C	<i>✓</i>
b	Any related organization?	6b		<b>√</b>
	If "Yes" to line 6a or 6b, describe in Part III.		;	1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		<b>√</b>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		+	<del>-</del>
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<del>"</del>		<u> </u>
•	Regulations section 53.4958-6(c)?	_	ŀ	1

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

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)(ii)-(iii) for each listed individual must equal the total amount of Form 990, Part VIII. Section A. line 1.3 amolicable columns (B)(ii)-(iii) for each listed individual must equal the total amount of Form 990. Part VIII.

More, the sum of columns (b)(n/m) for each instead individual must		in iisted irigividual mu	ist equal the total ame	ount of Form 990, Pa	edual the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	a, applicable columr	(D) and (E) amount	s for that individual.
		(b) Dreakdown o	(b) Dreakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable		
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	(F) Compensation reported as deferred in prior Form 990
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	€							
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Schedule J (Form 990) 2011

Schedule J (Form 990) 2011
Unrelated Organization· Southern Oregon University, 1250 Siskiyou Blvd., Ashland, OR 97520; EIN· 93-60011786
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.  Also complete this part for any additional information.
nental Information
Schedule J (Form 990) 2011 Page 3

## **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

2011

OMB No 1545-0047

Open to Public Inspection

Employer identification number

93-1233656

Department of the Treasury Internal Revenue Service Name of the organization JPR Foundation, Inc.

► Attach to Form 990 or 990-EZ.

Part V, 2a: The JPR Foundation has several employees who are leased from Teamwork HR, a professional employer organization located
in Redding, California. Teamwork HR provides all payroll, accounting and benefit-related services for the JPR Foundation in connection
with these employees.
Part VI, Sec. B, 11b: A completed Form 990 is provided to all members of the JPR Foundation Board in advance of its December Foundation
Board meeting at which the Form 990 is formally presented to the JPR Foundation Board by its finance committee. The JPR Foundation
Board has a full opportunity to review and discuss the Form 990 at its meeting and authorizes submission of the Form 990.
Part VI, Sec. B, 12c: All members of the JPR Foundation Board are, pursuant to board resolution, required to disclose annually 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. The Foundation will, upon request, duplicate materials as requested either by telephone, e-mail 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
the Corporation for Public Broadcasting.
PartXI, 5: The Cascade Theatre Maintenance Reserve account with a balance of \$36,706 was inadvertently included on the JPR Foundation
Balance Sheet, Line2 - Savings and Temporary Cash Investments. That account is actually held by Southern Oregon University and,
therefore, should not have been included within JPR Foundation account balances. Additionally, an endowment fund held by the Shasta
Regional Community Foundation for the benefit of the Cascade Theatre was omitted from the Balance Sheet, Line 11 - Investments:
Publicly Traded Securities. The balance of this account was \$22,393 and should have been included as part of the JPR Foundation Balance
Sheet.
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