Extended to November 16, 2020

(Rev January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

	<u>A</u> F	or the	e 2019 calendar year, or tax year beginning and	ending_					
Ē	3 CI	heck if oplicabl	C Name of organization		D Employer identific	cation number			
		Addre	Josephine County Educational Fund, Inc	c.					
		Name chang		·	93-60412	52			
		Initial		Room/suite	E Telephone number				
		Final	DO BOY 908		541-476-				
		termin			G Gross receipts \$	1,384,770.			
	Γ	Amen			H(a) Is this a group re				
	\Box	Applic	F Name and address of principal officer Sean Ward		for subordinates				
		pendi	1507 RJ Drive, Grants Pass, OR 97526	1	H(b) Are all subordinates in				
-	I T	ax-ex	empt status X 501(c)(3) 501(c) ()	or 527	If "No," attach a	list (see instructions)			
			te: ▶ jocoeducationalfund.org		H(c) Group exemption	n number			
			organization: X Corporation Trust Association Other	L Year	of formation: 1984 M	State of legal domicile: OR			
		rt I	Summary						
	a	1	Briefly describe the organization's mission or most significant activities The	<u>organi</u>	zation prov	ides			
	<u>۾</u>		scholarships and grants to students in se	<u>chools</u>	in Southern	n Oregon			
	ř.	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets			
	8	3	Number of voting members of the governing body (Part VI, line 1a)		3	9			
	8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9			
	es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5				
	Activities & Governance	_	Total number of volunteers (estimate if necessary)		6	0			
	Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.			
2022		b	Net unrelated business taxable income from Form 990-T, line 39RECEIVE	7b	0.				
		_	Contributions and grants (Part VIII, line 1h)	RS-OSC	Prior Year 767,683.	Current Year 727,960.			
9	Revenue			0 남았는	707,003.	727,300.			
0			Program service revenue (Part VIII, line 2g)	─ │‱	232,745.	276,179.			
FEB	8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and GEDEN, U	T	0.	3,560.			
		11 12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,000,428.	1,007,770.			
<u>n</u> -			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		347,944.	373,194.			
Ž		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
SCANNED	S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		65,256.	80,043.			
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ဟ	ber		Total fundraising expenses (Part IX, column (D), line 25) 16,3	83. 🦳					
	ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		39,396.	29,094.			
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		452,596.	482,331.			
			Revenue less expenses Subtract line 18 from line 12	18 from line 12					
ī	ces			Be	ginning of Current Year	End of Year			
	alan	20	Total assets (Part X, line 16)		5,437,524.	6,460,894.			
4	Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		1,869.	3,254.			
			Net assets or fund balances Subtract line 21 from line 20		5,435,655.	6,457,640.			
1		rt II	Signature Block			. Languilla de a pard halia é de			
			alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
1	rue,	corre	ct, and complete. Deparation of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.	1270			
	_		Signature of Officer		Date	10000			
	Sigr		Sean Ward, Sec-Treasurer & Director						
'	Here	е	Type or print name and title	/					
-			Print/Type preparer's name Pripparer's signature		Date / Check	PTIN			
1	Paid		Cynthia Harelson	2	11/13/2020 if sett-emptoye	P00732523			
		arer	Firm's name CYNTHIA HARELSON, CPA, PC		Firm's EIN	20-0461947			
	_	Only	Firm's address BOX 1537						
			GRANTS PASS, OR 97528		Phone no. 54	1-479-9775			
į	May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
-		01 01-2		ons.		Form 990 (2019)			

	1990 (2019) Josephine County Educational Fund, Inc. 93-6041252 Page 2
Ра	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	Josephine County Educational Fund provides scholarships and grants to
	students in schools throughout Southern Oregon with a focus on
	Josephine County. Awards are based on demonstrated leadership and
	co-curricular activities, academics and need, and are funded by
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? Yes X No
3	
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 445,685. including grants of \$ 373,194.) (Revenue \$ 71.)
	Scholarships for tuition, and grants for supplies and/or books awarded
	to local high school students.
	<u> </u>
	<u> </u>
4b	(Code) (Expenses \$
	Support for current and former students of local high schools through a
	drug-free and alcohol-free graduation celebration, and class reunions.
	Support for the community at large and grants supporting local
	organizations and schools.
	1
40	10
4c	(Code) (Expenses \$
	Other program convices (Decaribe on Schodule O.)
4d	Other program services (Describe on Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 451,005.
40	Total program service expenses • 451,005.

Form **990** (2019)

Enrm	aan	(2019)	

Josephine County Educational Fund, Inc.

<u>omi 990</u>	(2019)	uose	ourne	Cou
Part IV	Checklist	of Required	Schedu	iles

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		j	j
	during the tax year? If "Yes," complete Schedule C, Part II	4		_ X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	ı		İ
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	_9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			Ì
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			i
	Part VI	<u>11a</u>		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		X
С	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	<u>11c</u>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			4,7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.5
	Schedule D, Parts XI and XII	<u>12a</u>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b_		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		· •
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		· •
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17_		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		.
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		
٠.	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		'	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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	23		х
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248	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 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization ministrain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			3,5
	"Yes," complete Schedule L, Part IV	28c		X
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			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		A.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> 52</u>		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
54	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ŀ		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		· · · · ·	<u> </u>
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7		
b		4		
C	•		.	
	(gambling) winnings to prize winners?	1c	N OOD	<u> </u> (2019)
93200	4 01-20-20	COLL	UUU	(2019)

93-6041252 Josephine County Educational Fund, Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Ye<u>s</u> No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a X 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 (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3<u>b</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 b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 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 X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 116 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

15

16

X

X

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

If "Yes," see instructions and file Form 4720, Schedule N

Form !	റവ	12A1	O\

Form 990 (2019)

Josephine County Educational Fund, Inc. 93-6041252 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
<u>Sec</u>	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9]						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]	!					
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	_ 3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-					
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14_	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
_	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶OR							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	icial					
	statements available to the public during the tax year							
50	State the name, address, and telephone number of the person who possesses the organization's books and records							
	Company - 541-476-4312							
	2150 Industry Drive Grants Page OP 97526							

•	•							
Form 990 (2019)		Josephine	County	Educational	Fund,	Inc.	93-6041252	Page 7
Part VII Comp	ensation	of Officers, Di	rectors, Tr	rustees, Key Emplo	yees, Hiç	hest Con	npensated	
		d Independent				•	•	
Check	f Schedule C	contains a respon	ise or note to a	any line in this Part VII				

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

hours per week (list any hours for related organizations related organizations) related organizations organizatio	(F) Estimated amount of other
week (list any hours for related organizations below line) 1.00 Sec-Treasurer & Director Judith Drummond Vice President & Director Veek (list any hours for related organizations below line) X X X D. O. from the the organizations (W-2/1099-MISC) or or (W-2/1099-MISC) O. O. O. O. O. O. O. O. O. O	other mpensation from the ganization nd related ganizations
(1) Jack Davis 2.00 President X X 0. 0. (2) Sean Ward 1.00 X X 0. 0. Sec-Treasurer & Director X X 0. 0. (3) Judith Drummond 1.00 X 0. 0. Vice President & Director X 0. 0.	ganization nd related ganizations
(1) Jack Davis 2.00 President X X 0. 0. (2) Sean Ward 1.00 X X 0. 0. Sec-Treasurer & Director X X 0. 0. 0. (3) Judith Drummond 1.00 X 0. 0. 0. Vice President & Director X 0. 0. 0.	
President	0
(2) Sean Ward 1.00 Sec-Treasurer & Director X X (3) Judith Drummond 1.00 Vice President & Director X 0.0.0	U
(3) Judith Drummond Vice President & Director X 0. 0.	
Vice President & Director X 0.	0
4 00	•
(4) Thomas Drummond 1.00	0
Director X 0. 0.	0
(5) William Flaming 1.00	
Director X 0. 0.	0
(6) Coleen Moore 1.00 X 0.	0
1 00	
(7) Constance Palaia-Marr Director X 0. 0.	0
(8) Donna Tellyer 1.00	
Director X 0. 0.	0
(9) Brandon Bretl Director X 0. 0.	0
(10) Quin Collins 40.00	
Executive Director X 67,188. 0.	7,121

F2 4 3 600							_	l Fund, Inc.		1252 Pag	je 8
Part VII Section A. Officers, Directors, (A) Name and title	(B) Average hours per week (list any	(do i box, offic	F not ch unles	(C POSI neck r as per		than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	f
	hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key emptoyee	Highest compensated employee	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization	t
		-	\downarrow	_	_						
				_			_				
				_		_					
				_						 	
			_	-						<u> </u>	
			_		_	_					
			-	\dashv	-	_					
				_							
1b Subtotal								67,188.	0	. 7,12	<u>1.</u>
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	art VII, Section A) 	> >	0. 67,188.	0		$\frac{0.}{1.}$
Total number of individuals (including compensation from the organization		ose	listed	d ab	ove)) wh	o re	eceived more than \$100	0,000 of reportable		0
3 Did the organization list any former of	fficer, director, truste	e, k	ey eı	mple	oyee	e, or	hıg	hest compensated emp	oloyee on		No
line 1a? If "Yes," complete Schedule 5 For any individual listed on line 1a, is t	the sum of reportabl								the organization		<u>X</u>
and related organizations greater than 5 Did any person listed on line 1a receive	e or accrue comper	nsatio	on fr	om	any	unre			dual for services		<u>X</u>
rendered to the organization? If "Yes," Section B. Independent Contractors											<u>X</u>
Complete this table for your five higher the organization Report compensation	n for the calendar ye							the organization's tax			
(A Name and bus		NO	NE		_		_	(B) Description of s	ervices	(C) Compensation	
				_			_			·	
							1				
		_	_				+				
		· <u>-</u>					\dashv				
2 Total number of independent contract	tors (including but ne	ot lim	nited	l to t	thos	e lıs	ted	above) who received m	nore than		
\$100,000 of compensation from the o	, ,				0			<u></u>		Form 990 (20	119)

Form **990** (2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Gifts, Grants illar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 727,960. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 727,960 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a 900001 f All other program service revenue 71 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 174,972. 174,972. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (ı) Real (II) Personal 6 a Gross rents 6a 6b b Less rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 7a 478,207. assets other than inventory b Less cost or other basis Other Revenue 7b 377,000 and sales expenses 7c 101,207. c Gain or (loss) ▶ 101,207. 101,207. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8b b Less direct expenses 3,560 3,560 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b **b** Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 71 007,770. 0. 279,739. Total revenue See instructions

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

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,609.	3,609.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22 -	369,585.	369,585.		
3	Grants and other assistance to foreign				·
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,309.	55,732.	9,289.	9,288.
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	Other salaries and wages				
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,734.	4,301.	717.	716.
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting	1,645.		1,645.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	7,176.	5,382.	107.	1,687.
12	Advertising and promotion	10.	4.		6.
13	Office expenses	4,348.	3,261.		1,087.
14	Information technology				
15	Royalties				
16	Occupancy		1 100		4 4 0 0
17	Travel	2,217.	1,109.		1,108.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,260.	2,130.		2,130.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 500		1 500	
23	Insurance	1,796.		1,796.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Project expenditures	5,320.	5,320.		
b	State fees	1,044.		1,044.	
С	Telephone	671.	336.	168.	167.
d	Web page	300.	149.		151.
е	All other expenses	307.	87.	177.	43.
<u>25</u>	Total functional expenses Add lines 1 through 24e	482,331.	451,005.	14,943.	16,383.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1	1	ľ	
	Check here If following SOP 98-2 (ASC 958-720)				
02004	0.01-20-20				Form 990 (2019)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	178,206.	1	113,887.
	2	Savings and temporary cash investments	247,391.	2	992,078.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	i l		
		trustee, key employee, creator or founder, substantial contributor, or 35%	1		
		controlled entity or family member of any of these persons		5	<u> </u>
	6	Loans and other receivables from other disqualified persons (as defined			-
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	<u> </u>
şţ	7	Notes and loans receivable, net	82,500.	7	<u>67,500.</u>
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	4,929,427.	11	5,287,429.
	12	Investments - other securities See Part IV, line 11		12	
1	13	Investments - program-related See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
į.	14	Intangible assets	\ <u></u>	14	
1	15	Other assets See Part IV, line 11	5 425 504	15	- 160 001
	16_	Total assets. Add lines 1 through 15 (must equal line 33)	5,437,524.	16	6,460,894.
	17	Accounts payable and accrued expenses	1,869.	17	3,254.
1	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
i i	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24 05	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		- 1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,869.	26	3,254.
	<u> 20 </u>	Organizations that follow FASB ASC 958, check here ► X	1/00/51		3/2311
i iš		and complete lines 27, 28, 32, and 33.		İ	
auc	27	Net assets without donor restrictions	76,417.	27	76,503.
Bal	 28	Net assets with donor restrictions	5,359,238.	28	6,381,137.
ַ פַ		Organizations that do not follow FASB ASC 958, check here			
<u></u>		and complete lines 29 through 33.		j	
١ ٥	29	Capital stock or trust principal, or current funds		29	
set:	30	Paid-in or capital surplus, or land, building, or equipment fund	"	30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
*	32	Total net assets or fund balances	5,435,655.	32	6,457,640.
	33	Total liabilities and net assets/fund balances	5,437,524.	33	6,460,894.

	990 (2019) Josephine County Educational Fund, Inc.	<u>93-60</u>	<u>41252 </u>	Page 12
Pa	rt XI Reconciliation of Net Assets	-		
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	1,007	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,331.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,439.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,435	
5	Net unrealized gains (losses) on investments	5	496	<u>,545.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u>1.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	6,457	<u>,640.</u>
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		'
	separate basis, consolidated basis, or both			٠ ا
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	·
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	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 on Sch	nedule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt		1
	Act and OMB Circular A·133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		Jose	<u>phine Cour</u>	<u>ity Education</u>	<u>.al Fu</u>	na, I	nc.	<u>9</u>	<u>3-6041252</u>	<u>'</u>
Pa	rt I	Reason for Public	Charity Status	(All organizations must co	omplete th	is part) Se	e instructions			
Γhe	organi	zation is not a private found	dation because it is	(For lines 1 through 12.	heck only	one box)				
1	\sqcap	A church, convention of ch							\wedge	
2	一	A school described in secti					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1) /	
3	一	A hospital or a cooperative					::1		O i	
	H	·					•	:.) Fator	tha basadalla saa	
4		A medical research organiz	ation operated in co	onjunction with a nospita	described	ı iii secno	n 170(b)(1)(A)(i	ii). Eiitei	the nospital's han	ie,
_		city, and state								
5		An organization operated for		ollege or university owner	or opera	ted by a go	overnmentai un	it describ	pea in	
		section 170(b)(1)(A)(ıv). (C								
6	닠	A federal, state, or local gov	=							
7	X	An organization that norma	illy receives a substa	antial part of its support t	rom a gov	ernmental	unit or from the	general	public described	ın
		section 170(b)(1)(A)(vi). (C	omplete Part II)							
8	닏	A community trust describe	ed in section 170(b))(1)(A)(vi). (Complete Par	t II)					
9	Ш	An agricultural research org	ganization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a la	nd-grant	college	
		or university or a non-land-g	grant college of agric	culture (see instructions)	Enter the	name, city	, and state of t	he colleg	e or	
		university		·						
10		An organization that norma	illy receives (1) more	e than 33 1/3% of its sup	port from	contribution	ons, membersh	ıp fees, a	ind gross receipts	from
		activities related to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	more tha	n 33 1/3% of its	suppor	from gross invest	tment
		income and unrelated busin	ness taxable income	e (less section 511 tax) from	om busine	sses acqu	red by the orga	anization	after June 30, 197	75
		See section 509(a)(2). (Cor	mplete Part III)							
11		An organization organized a	and operated exclus	sively to test for public sa	fety See	section 50	9(a)(4).			
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform	the functio	ns of, or to car	y out the	purposes of one	or
		more publicly supported or								
		lines 12a through 12d that								
а		Type I. A supporting orga	• •			•	•	-	aivina	
-	<u> </u>	the supported organization								
		organization You must o			2 majority	or the direc	31010 01 1140100	3 01 1110 0	apporting	
L	Г	Type II. A supporting org	-		tion with it	te eunnorte	ad organization	(e) hy ha	vina	
b	L	control or management o	•				-		_	
					ame perso	ms mar co	introl of manag	e tile sup	ported	
_		organization(s) You mus	•		ın connoc	tion with i	and functionally	intograti	ad with	
С		Type III functionally inte						integrati	sa with,	
		its supported organization								
d	L	Type III non-functionally								
		that is not functionally int	-		-			an attent	iveness	
	_	requirement (see instructi	•	•						
е		Check this box if the orga					Type I, Type II	, Type III		
		functionally integrated, or		onally integrated support	ing organi	zation				
f		r the number of supported o	•						L	
9		ide the following information Name of supported	n about the supporte	ed organization(s) (III) Type of organization	(iv) is the orga	inization listed	(v) Amount of m	onoton/	(vi) Amount of ot	hor
	(i	organization	(11) 2114	(described on lines 1-10	(iv) is the orga in your govern		support (see inst	•	support (see instruc	
				above (see instructions))	Yes	No				
			···				····			
]				
					ļ. <u> </u>					
_										

Schedule A (Form 990 or 990-EZ) 2019 Josephine County Educational Fund, Inc. 93-6041252 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	428,070.	477,564.	485,958.	767,683.	727,960.	2887235.
2	Tax revenues levied for the organ-		-				
	ızatıon'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	428,070.	477,564.	485,958.	767,683.	727,960.	2887235.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						73,909.
6	Public support. Subtract line 5 from line 4						2813326.
	tion B. Total Support			<u></u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	428,070.	477,564.	485,958.	767,683.	727,960.	2887235.
8	Gross income from interest,	•					
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	225.572.	173,156.	215,336.	128,140.	174.973.	917,177.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)		70.	i		71.	141.
11	Total support. Add lines 7 through 10						3804553.
	Gross receipts from related activities,	etc (see instruction	ons)			12	16,807.
	First five years. If the Form 990 is for	· ·		d. fourth, or fifth ta	ıx vear as a sectioi	501(c)(3)	
	organization, check this box and stop	-		•	•	. , , ,	ightharpoons
Sec	ction C. Computation of Publi	ic Support Per	centage		,		
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	73.95 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14		ĺ	15	69.49 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						$\triangleright \mathbf{X}$
b	33 1/3% support test - 2018. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						ightharpoons
17a	10% -facts-and-circumstances test	-			13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"					•	▶□
b	10% -facts-and-circumstances test	t - 2018. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	•					
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Josephine County Educational Fund, Inc. 93-6041252 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (f) Total (e) 2019 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 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 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 14, and 12) 14 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 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) % 15 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more/than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33/1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20/Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990 EZ) 2019 Josephine County Educational Fund, Inc. 93-6041252 Page 4

Part IV Supporting Organizations

Section A All Supporting Organizations

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

	Cion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	- 1		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		1
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported]]	י ,
	organization was described in section 509(a)(1) or (2)	2		L
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		L
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			l
	organization made the determination	3b	<u> </u>	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		1	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	<u></u>	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			١,
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	<u> </u>	
С	Did the organization support any foreign supported organization that does not have an IRS determination			1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			ļ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			1
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			1
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	}		,
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			ı
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			'
	was accomplished (such as by amendment to the organizing document).	5a	ļ	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		}	
	designated in the organization's organizing document?	_5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	ļ		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			1
	Part VI.	6	 	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			ı
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			-
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

8

9a

9b

9с

10a

10b

	dule A (Form 990 or 990 EZ) 2019 Josephine County Educational Fund, Inc. 93-	<u>604125</u>	2 Pa	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		\vdash
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
360	tion b. Type i Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		ĺ
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		Ì
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		- j	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a		:	
	significant voice in the organization's investment policies and in directing the use of the organization's		:	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
600	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations			Щ.
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	one)		
1	The organization satisfied the Activities Test Complete line 2 below.	J.1.07.		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	nstruction:	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ر
	how the organization was responsive to those supported organizations, and how the organization determined		_	.
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		 - -	
	activities but for the organization's involvement	2b	<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		_	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b	D. L. J.			1
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

Sche	edule A (Form 990 or 990 EZ) 2019 Josephine County Educat			93-6041252 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2	_ 	
_3	Other gross income (see instructions)	3	· 	
4	Add lines 1 through 3	4	- <u>-</u> -	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1 1		1
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	· · · · · · · · · · · · · · · · · · ·	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		-	
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a_		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			!
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting org	ganization (see
	instructions)			·

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Josephine County Educational Fund, Inc. 93-6041252 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reason able cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7. a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	,
· ,.	
	
	
	,
2028 09-25-	Schedule A (Form 990 or 990-EZ) 2

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number Josephine County Educational Fund,

93-6041252 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of 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 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? Part II | Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, 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 tax year 🕨 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? In Part XIII, 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

				<u>l Fund, In</u>		<u>93-60</u>			<u>age 2</u>
Pai	t III Organizations Maintaining C							าued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that make	significant	use of its			
	collection items (check all that apply)								
а	Public exhibition	d		hange program					
b	Scholarly research	е	· L Other		<u>-</u>				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purp	ose in Par	t XIII		
5	During the year, did the organization solicit o				ar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 990	0, Part IV,	line 9, or	•	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	s or other assets no	t included		-		_
	on Form 990, Part X?					<u> </u>	」 Yes	L	_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.						
							Amount	<u>t</u>	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance					· -			
	Did the organization include an amount on Fe				-		」Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete	f the organization an				 	γ		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	ears back			
1a	Beginning of year balance	1,959,923.	1,954,234,	1,906,947.		11,920.	1.	<u>431</u>	<u>630.</u>
b	Contributions	175,042.			1	.95,0 <u>27.</u>		280	290.
С	Net investment earnings, gains, and losses	262,432,	5,689,	47,287,					
ď	Grants or scholarships	55,711.							
е	Other expenditures for facilities						Í		
	and programs								
f	Administrative expenses								
g	End of year balance	2,341,686,	1,959,923.	1,954,234,	1,9	06,947.	1	<u>711 </u>	<u>920,</u>
2	Provide the estimated percentage of the curi	rent year end balanc	e (line 1g, column (a	i)) held as					
	Board designated or quasi-endowment		_%						
	Permanent endowment ► 100.00	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	nd administered for	the organi	zation	г	——	
	pà.							Yes	No
	(ı) Unrelated organizations						3a(ı)		<u>X</u>
	(ii) Related organizations						3a(II)		X
b	If "Yes" on line 3a(ii), are the related organiza	•					3b		
4	Describe in Part XIII the intended uses of the		wment funds						
Par									
	Complete if the organization answered					- 			
	Description of property	(a) Cost or o	' '	1	Accumulate	ı	(d) Bool	k value	Ð
		basis (investr	nent) basis	(other) de	preciation				
	Land								
	Buildings						 		
	Leasehold improvements	,							
	Equipment								
	Other					_			
Fatal	Add lines 1a through 1a (Column (d) must a	aual Form 000 Dart	v column (4) line 1	(10.)					

(-) Decomption of converts or enterent		e 11b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	of-year market valu
1) Financial derivatives		<u> </u>	
2) Closely held equity interests			
3) Other			
(A)		<u> </u>	
(B)			
(C)			·
(D)			
(E)			
			·····
(G)			
(H)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)	<u> </u>		
(6)			
(7)			
(8)			
(9)		<u> </u>	
Complete if the organization answered "Yes" (a)	Description		(b) Book value
(1)			
(2)	·		
(3)	<u> </u>		
(4)			
(5)			
(6)			
			
(7)			
— : — : — : — : : : : : : : : : : : : :			
(7)			
(7) (8) (9) **Otal. (Column (b) must equal Form 990, Part X, col (B) line	e 15)	>	
(7) (8) (9)	e 15)	>	
(7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes"		e 11e or 11f See Form 990, Part X, line 25	
(7) (8) (9) Sotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.		e 11e or 11f See Form 990, Part X, line 25	(b) Book value
(7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes"		e 11e or 11f See Form 990, Part X, line 25	(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		e 11e or 11f See Form 990, Part X, line 25	(b) Book value
(7) (8) (9) Sotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		e 11e or 11f See Form 990, Part X, line 25	(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) linit Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		e 11e or 11f See Form 990, Part X, line 25	(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) limited (B) and the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)		e 11e or 11f See Form 990, Part X, line 25	(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) limiters. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)		e 11e or 11f See Form 990, Part X, line 25	(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		e 11e or 11f See Form 990, Part X, line 25	(b) Book value
(7) (8) (9) Sotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		e 11e or 11f See Form 990, Part X, line 25	(b) Book value
(7) (8) (9) Sotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		e 11e or 11f See Form 990, Part X, line 25	(b) Book value

Sche Par	dule D (Form 990) 2019 Josephine County Education		93-6041252	2 Page 4
Га	· ·	•	r Heturn.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total revenue, gains, and other support per audited financial statements	Za		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d	_	
e	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a		
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			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	_2b	_}	
С	Other losses	_2c	_	
d	Other (Describe in Part XIII)	_ 2d]	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1]]	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a	_	
b	Other (Describe in Part XIII)	_ 4b	 	
С	Add lines 4a and 4b		4c	
5 Do:	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.		5	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	Port IV lines 1h and 2h; Dort V li	no 4 Part V line 2: Par	+ VI
	the the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		16 4, Fait A, III 6 2, Fai	ι ∧ι,
	· · · · · · · · · · · · · · · · · · ·			
				
<u>Par</u>	t V, line 4:			
Inv	estment returns on endowment funds used	to fund program	expenditure	<u>s</u>
inc	luding scholarships and grants to local	individuals and	organizatio	ກຕ
<u> </u>	idding scholarships and granes to local	Individuals and	<u>Organizacio</u>	7115 •

932054 10-02-19

Schedule D (Form 990) 2019

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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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so to www.irs.gov/Form990 for the latest information	
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2019 Open to Public Inspection

Employer identification number 93-6041252 Josephine County Educational Fund Name of the organization

Fart I General Information on Grants and Assistance	na Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the Unite	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organia	zations and Domesti	c Governments. C	Somplete if the orga	ınızatıon answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part in car be duplicated if administrated in space is needed	DO,UUU Palt II Call	ne auplicated II addit	orial space is rieed	nan	to Mathed of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
		}	-				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5 Enter total number of other organizations listed in the line 1 table	ind government or	ganizations listed in the	ne line 1 table				

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

Schedule I (Form 990) (2019)

93-6041252 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Inc. Josephine County Educational Fund, Schedule I (Form 990) (2019)

Part III

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) for Part IV Supplemental Information. Provide the information required in Part II, line 2, Part III, column (b), and any other additional information funds indicating the amount and purpose, as well as proof of enrollment Inc. works very closely with the local school districts and requires written request for disbursement of (d) Amount of non-cash assistance 369,585 (c) Amount of cash grant 547 (b) Number of recipients The Josephine County Educational Fund, school, otherwise a receipt for books or tuition Scholarships are generally paid directly to the (a) Type of grant or assistance scholarship disbursement is required prior to disbursement, Part I, Line 2:

Schedule I (Form 990) (2019)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Josephine County Educational Fund, Inc.

Employer identification number 93-6041252

Form 990, Part I, Line 1, Description of Organization Mission:
with a focus on Josephine County.
Form 990, Part III, Line 1, Description of Organization Mission:
donations for individuals, businesses, service clubs and class alumni.
Form 990, Part VI, Section A, line 2:
Thomas Drummond and Judith Drummond, both are directors and have a familial
relationship.
Form 990, Part VI, Section A, line 8b:
Scholarship committees present their results and recommendations to the
board of directors who reviews and approves or rejects the recommendations.
Notes of the meetings of the scholarship committee are not regularly
recorded. These committees are not authorized to act on behalf of the
board.
Form 990, Part VI, Section B, line 11b:
Form 990 reviewed in complete detail by finance committee prior to filing.
Public inspection document reviewed by full board at next regular meeting.
Form 990, Part VI, Section B, Line 12c:
Organization requires board members to review and sign conflict of interest
policy statement annually. Board members facing a conflict of interest
position on a particular issue before the board are required to recuse
themselves from voting from that issue.

Schedule O (Form 990 or 990-E2) (2019)	Page 2
Name of the organization Josephine County Educational Fund, Inc.	Employer identification number 93-6041252
Form 990, Part VI, Section B, Line 15:	
The finance committee conducts an annual performance revi	ew of the
executive director and makes a recommendation of the comp	ensation using
data on comparable compensation to the board of directors	. The board of
directors reviews and approves or denies the compensation	arrangement. All
deliberations and decisions regarding the compensation ar	rangement are
recorded and retained.	
Form 990, Part VI, Section C, Line 19:	
Financial statements and policies are made available to t	he public on
request at our physical address, and through guidestar.or	g
Form 990, Part XI, line 9, Changes in Net Assets:	
Rounding	1.
	