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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2009

OMB No 1545-0047

Open to Public

Check if a Address c	l l- l -		r, or tax year beginning 07-01-2009 a C Name of organization			D Employer iden	tification number
, muicos C		ase IRS	Oregon Jewish Community Foundation			93-1019725	
- Name cha	lab	el or nt or	Doing Business As			E Telephone nur	
	typ	e. See				(503) 248-9	328
Initial retu Terminate	Ins	ecific struc- ns.	Number and street (or P O box if mail is not 610 SW Broadway Suite 407	delivered to street address	Room/suite	G Gross receipts \$	16,028,364
Amended Applicatio	l return on pending		City or town, state or country, and ZIP + 4 Portland, OR 972053405				
фриссио	· -	F Nan	ne and address of principal officer		11/-> *		•
			DIAMOND		n(a) Is the affilia	s a group return tes?	TYes ▼ No
			/ Broadway Suite 407 d, OR 972053405				
		rorcian	4,010 372033103			l affiliates include	·
Tax-exer	mpt status 🔽	501(c)	(3) ◀ (insert no)	27		p exemption nun	(see instructions) nber ►
Websit	e: F www.or	cforg					
orm of o	rganization 🔽	Corporat	on Trust Association Other ►		L Year of for	mation 1990 M	State of legal domicile
art I		_	e organization's mission or most signifi				
2			OURCES FOR THE JEWISH COMMUN if the organization discontinued its or				
3			nembers of the governing body (Part V				
4		_	dent voting members of the governing				
5			nployees (Part V, line 2a)				
6			lunteers (estimate if necessary)			6	
7a	Total gross	unrela	ed business revenue from Part VIII, c	olumn (C), line 12 .		7a	
ь	Net unrelat	ed busi	ness taxable ıncome from Form 990-T	, line 34		7b	
					Prio	r Year	Current Year
8	Contributi	ons and	grants (Part VIII, line 1h)		5,156,606	1,831,2	
9	Program s	ervice	evenue (Part VIII, line 2g)			135,710	141,1
10	Investmer	nt incor	ne (Part VIII, column (A), lines 3, 4, a		-892,281	383,98	
11			art VIII, column (A), lines 5, 6d, 8c, 9			1,607	-6,34
12			ld lines 8 through 11 (must equal Part			4,401,642	2,349,99
13			r amounts paid (Part IX, column (A), li			2,584,204	4,160,83
14			r for members (Part IX, column (A), lin				
15	Salaries, o 10)	therco	mpensation, employee benefits (Part I	X, column (A), lines 5-	-	432,964	454,46
16a	Profession	al fund	raising fees (Part IX, column (A), line 1	1e)			
ь	Total fundra	sing exp	enses (Part IX, column (D), line 25) ► 0				
	Otherexp	enses (Part IX, column (A), lines 11a-11d, 1	1f-24f)		253,540	244,83
17	Total expe	nses A	add lines 13–17 (must equal Part IX, c			3,270,708	4,860,1
			enses Subtract line 18 from line 12 .			1,130,934	-2,510,14
17 18 19		ess exp				l l	
17 18 19		ess exp				of Current ear	End of Year
17 18 19	Revenue le	ts (Par	t X, line 16)			ear 37,593,567	38,765,08
18 19 20 21	Revenue lo Total asse Total liabi	ts (Par lities (F	t X, line 16)			37,593,567 13,589,057	38,765,03 15,034,90
17 18 19 20 21 22	Revenue lo Total asse Total liabi Net asset:	ts (Par lities (F s or fun	t X, line 16)			ear 37,593,567	38,765,08 15,034,90
18 19 20 21 22	Total asse Total liabi Net assets	its (Par lities (F s or fun	t X, line 16)		Y	37,593,567 13,589,057 24,004,510	38,765,08 15,034,90 23,730,18
18 19 20 21 22 21	Total asset Total liabi Net asset: Signatu	its (Par lities (F s or fun i re Bl e ies of pe	t X, line 16)	· · · · · · · · · · · · · · · · · · ·	chedules and st	37,593,567 13,589,057 24,004,510 atements, and to th	38,765,08 15,034,90 23,730,18 e best of my knowledge
17 18 19 20 21 22 21 22	Total asset Total liabi Net asset: Signatu Under penalt and belief, it	its (Par lities (F s or fun re Blo les of pe is true, o	t X, line 16)	· · · · · · · · · · · · · · · · · · ·	chedules and st	atements, and to the on of which prepare	38,765,08 15,034,90 23,730,18 e best of my knowledge
18 19 8 9 9 9 9 20 21	Total asset Total liabi Net asset: Signatu Under penalt and belief, it ****** Signature	its (Par lities (F s or fun ire Blo ies of pe is true, o of office SENFELD	t X, line 16)	· · · · · · · · · · · · · · · · · · ·	chedules and st on all informati	atements, and to the on of which prepare	38,765,08 15,034,90 23,730,18 e best of my knowledge
17 18 19 \$5000000000000000000000000000000000000	Total asset Total liabi Net asset: Signatu Under penalt and belief, it ****** Signature	Its (Par lities (F s or fun re Ble les of pe is true, of of office SENFELD	t X, line 16)	te Cr	chedules and st on all informati	atements, and to the on of which prepare	38,765,08 15,034,90 23,730,18 e best of my knowledge r has any knowledge
17 18 19 20 21 22 artiff	Total asset Total liabi Net asset: Signatu Under penalt and belief, it ****** Signature ERIC ROS Type or p Preparer's signature Firm's name	Its (Par lities (F s or fun re Blues of pe is true, of of office SENFELD rint nam	t X, line 16)	te Cr	chedules and st on all informati 2010-Date	atements, and to thon of which prepare Preparer's identify (see instructions)	38,765,08 15,034,90 23,730,18 e best of my knowledge r has any knowledge
17 18 19 20 21 22 21 22 art II	Total asset Total liabi Net asset: Signatu Under penalt and belief, it ****** Signature ERIC ROS Type or p Preparer's signature	Its (Par lities (Far or fun lite Blo les of pe is true, or of office SENFELD rint nam Shane (or yoursed),	t X, line 16)	te Cr	chedules and st on all informati 2010-Date	ear 37,593,567 13,589,057 24,004,510 atements, and to the on of which prepare 12-13 Preparer's identify	38,765,03 15,034,9 23,730,13 e best of my knowledge r has any knowledge

Cat No 11282Y

Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission
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OJCF IS DEDICATED TO CREATING, PROMOTING, FACILITATING A CULTURE OF GIVING AND SERVES AS A PERMANENT REPOSITORY OF FUNDS AVAILABLE TO SAFEGUARD THE QUALITY OF JEWISH COMMUNAL LIFE IN OREGON AND SW WASHINGTON

2			nt program services during the year		Yes ✓ No
	If "Yes," describe the	se new services on Sc	nedule O		
3	services?	<u> </u>	ake significant changes in how it co		Yes 🔽 No
4	·	-			
4	Section 501(c)(3) an	d 501(c)(4) organizati	for each of the organization's three ons and section 4947(a)(1) trusts a d revenue, if any, for each program	are required to report the amoun	
4a	(Code) (Expenses \$	4,160,833 including grants of \$	4,160,833) (Revenue \$	141,129)
	PROVIDED FINANCIAL SU COMMUNITY	JPPORT FOR ORGANIZATION	S THAT PROMOTE EDUCATIONAL, CULTURA	AL, HEALTH, RELIGIOUS, AND SOCIAL N	EEDS OF THE JEWISH
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program serv	ıces (Describe in Sche	dule O)		
	(Expenses \$	•	ding grants of \$) (Revenue \$)
4e	Total program servi	ce expenses►\$	4,160,833		

Part TV	Check	clist of	Required	Schedules
	CHEC	VIISE OI	Reguired	Juliedales

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
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	Yes	
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	·	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
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	Yes	
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
)	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
				140
	If "Yes," enter the name of the foreign country 🛌 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
•	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
:	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
	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		Νo
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
1	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?	7a		Νo
)		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
	If "Yes," indicate the number of Forms 8282 filed during the year			
:	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		N o
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
,		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?			

610 SW BROADWAY SUITE 407

PORTLAND, OR 97205 (503) 248-9328

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 25			
ь	Enter the number of voting members that are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
Re	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
•	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
	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		Νo
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
C -		16b		
<u>5e</u> 17	ction C. Disclosure 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	Alicia Byerley			

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

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

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

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)		compensation from the organization and related organizations
See add'l data										

1b	Total	0		25,345
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νο
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		N o
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) (B) Name and business address Description of services		(C) Compen	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0			
		F	orm 990	(2009)

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Form 990 (2009)

Form 99								Page 9
Part V	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts nts	1a	Federated camp	paigns 1a					
豆茵	ь	Membership du	es 1b					
S, G	c	Fundraising eve	ents 1 c	45,277				
Æ	d	Related organiz	ations 1d					
<u>∞</u> <u>E</u>	e	Government grants	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and 1f	1,785,939		į		
ê₹	g	Noncash contri	butions included in					
Ĕξ		· -	18,206					
ರಹ	h	Total. Add lines	s 1a-1f	🏲	1,831,216			
<u></u>				Business Code				
Program Service Revenue	2a	ADMINISTRATIVE F	EES	900,099	141,129	141,129		
æ	b							
93	c							
<u>.</u>	d							
Ē	e							
Z 2	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		141,129			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	,	605,957			605,957
	4		tment of tax-exempt bond	proceeds				
	5	Royalties		•				
	6-	Gross Rents	(ı) Real 10,200	(11) Personal				
	6а b	Less rental	5,737					
		expenses Rental income	4,463					
	С	or (loss)	·		4.462			4.462
	d	Net rental incor	me or (loss)		4,463			4,463
	7a	Gross amount from sales of assets other than inventory	(i) Securities 12,475,605	(II) Other 958,902				
	Ь	Less cost or other basis and sales expenses	12,697,171	959,304				
	С	Gain or (loss)	-221,566	-402				
	d 8a		s)		-221,968			-221,968
Other Revenue		·	luding ,277 reported on line 1c)	5,355				
the	ь		penses b	16,161				
0	С		loss) from fundraising	events 🟲	-10,806			-10,806
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	Ь		oods sold b					
	С		loss) from sales of inve	entory ► Business Code				
	11a	Miscellaneous	s revenue	DUSINESS CODE				
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines						
	12		See Instructions	►				
					2,349,991	141,129	0	377,646

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).						
	ot include amounts reported on lines 6b,		(B)	(D).	(D)		
	p, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations						
	in the U.S. See Part IV, line 21	4,046,877	4,046,877				
2	Grants and other assistance to individuals in the						
	U S See Part IV, line 22	113,956	113,956				
3	Grants and other assistance to governments,						
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	281,408		281,408			
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	124,817		124,817			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,785		6,785	_		
9	Other employee benefits	10,147		10,147			
10	Payroll taxes	31,308		31,308			
11	Fees for services (non-employees)	31,555		31,333			
a	Management						
ь	Legal						
_	-						
٠.	Accounting						
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees	60.042		50.043			
g	Other	60,843		60,843			
12	Advertising and promotion	10,219		10,219			
13	Office expenses	33,322		33,322			
14	Information technology	18,420		18,420			
15	Royalties						
16	Occupancy	14,220		14,220			
17	Travel	8,868		8,868			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	10,434		10,434			
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	3,795		3,795			
23	Insurance	5,725		5,725			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	INVESTMENT EXPENSES	72,724		72,724			
ь	LICENSES & FEES	3,345		3,345			
c	MISCELLANEOUS	2,918		2,918			
d		, ==		, -			
e							
f	All other expenses						
25	Total functional expenses. Add lines 1 through 24f	4,860,131	4,160,833	699,298	0		
		4,000,131	4,100,033	033,238			
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			250	1	250	
	2	Savings and temporary cash investments			3,163,953	2	2,622,115	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			24,272	4	13,802	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key e	mployees, and				
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) an	d			
		Schedule L				6		
Assets	7	Notes and loans receivable, net				7		
8	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges			4,350	9	4,350	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	48,0	55			
	b	Less accumulated depreciation	10b	40,0	42 11,750	10c	8,013	
	11	Investments—publicly traded securities	-		26,660,769	11	29,483,000	
	12	Investments—other securities See Part IV, line 11				12		
	13	Investments—program-related See Part IV, line 11			3,422,204	13	2,421,003	
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			4,306,019	15	4,212,556	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			37,593,567	16	38,765,089	
	17	Accounts payable and accrued expenses .			17,229	17	67,647	
	18	Grants payable			66,800	18	56,536	
	19	Deferred revenue				19		
_	20	Tax-exempt bond liabilities				20		
- Se	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						
<u> </u>		persons Complete Part II of Schedule L		-		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties .				24		
	25	Other liabilities Complete Part X of Schedule D			13,505,028	25	14,910,724	
	26	Total liabilities. Add lines 17 through 25			13,589,057	26	15,034,907	
ş		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complethrough 29, and lines 33 and 34.	ete lin	es 27				
anc	27	Unrestricted net assets			22,114,814	27	21,561,164	
Balance	28	Temporarily restricted net assets	1,889,696	28	2,169,018			
Σ	29	Permanently restricted net assets	·					
Fund		Organizations that do not follow SFAS 117, check here ▶ and	comp	lete				
2		lines 30 t hrough 34.						
	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund •	•			31		
	32	Retained earnings, endowment, accumulated income, or other fur	ds			32		
Ř	33	Total net assets or fund balances			24,004,510	33	23,730,182	
_	34	Total liabilities and net assets/fund balances		37,593,567	34	38,765,089		

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization Oregon Jewish Community Foundation

Employer identification number

									93-101972	25			
Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons	nust comp	lete this pa	rt.) See ins	structions			
The	rganiz	zation is	not a private	foundation because	tıs (Forlır	nes 1 throug	h 11, check	only one box	()				
1	Γ	A churc	h, conventio	on of churches, or as	sociation of d	hurches se	ction 170(b)	(1)(A)(i).					
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedul	e E)						
3	Γ	A hospı	tal or a coop	erative hospital serv	vice organiza	tıon descrıb	ed in section	170(b)(1)(A)(iii).				
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	ospital desci	rıbed ın sect	ion 170(b)(1	.) (A)(iii). Ent	er the		
5	Γ	An orga	nızatıon ope	rated for the benefit	of a college of	or university	owned or op	erated by a	governmenta	al unit describ	 ed in		
		section	170(b)(1)(#	A)(iv). (Complete Pa	rt II)								
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	⊽	describ	ed in	t normally receives a A)(vi) (Complete Pa		part of its s	upport from a	a governmen	tal unit or fro	om the genera	l public		
8	Γ	A comm	nunity trust	described in section	170(b)(1)(A)(vi) (Comp	lete Part II)					
9	Γ	An orga	nızatıon tha	t normally receives	(1) more tha	n 331/3% of	its support f	from contribi	utions, memb	pership fees, a	and gross		
		receipts	from activi	ties related to its ex	empt functioi	ns—subject	to certaın ex	ceptions, an	d (2) no mor	e than 331/3%	% of		
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted busines	s taxable ınc	ome (less s	ection 511 t	ax) from busıı	nesses		
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e section 5 0	9(a)(2). (Co	mplete Part	III)				
10	Γ	An orga	nızatıon org	anızed and operated	exclusively t	to test for pu	blic safety S	See section 5	i09(a)(4).				
11	Γ	one or r	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III c Type III - Functionally integrated d Type III - Other										
e	Γ	other th		x, I certify that the o on managers and oth									
f			rganization r	eceived a written de	termination f	rom the IRS	that it is a T	уре І, Туре	II or Type II	[I supporting	organization,		
g		followin	g persons?	006, has the organiz				·			Yes No		
				joverning body of the	•			ersons desc	iibea iii (ii)	11g(i)	+		
				r of a person describ			1011			11g(ii)			
		• •	•	ed entity of a person	٠,		ove?			11g(iii	+		
h				g information about t		., .,				119(<u>/</u>		
		1 10 1146	the followin	g imormation about t	ine supported	a organizatio	11(3)						
	(i) Name suppoi rganiz	of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you no organizat col (i) of suppo	tify the ion in your	(vi Is tl organiza col (i) or in the l	re tion in ganized	(vii) A mount of support?		
				(see instructions))	Yes	No	Yes	No	Yes	No	1		
				matractions))				 •	1.55	+	+		
									+	+			
									+		+		
									+		+		
									+				
						-	.	+					

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 of Part I	.)			
	ection A. Public Support			Г	Г			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	209	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,326,279	9 6,942,564	4,557,864	5,156,606	1	,831,216	20,814,529
	grants ") 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	2,326,279	9 6,942,564	4,557,864	5,156,606	1	,831,216	20,814,529
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							6,132,524
6	(f) Public Support. Subtract line 5 from line 4							14,682,005
S	ection B. Total Support	•		•	'			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	2,326,279	660,321	4,557,864	5,156,606	1.	,831,216	20,814,529
8	Gross income from interest,	, ,	,	, ,	, ,			
	dividends, payments received on securities loans, rents, royalties and income from similar sources	512,479	660,321	861,261	589,197		610,420	3,233,678
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							24,048,207
12	Gross receipts from related activiti	ies, etc (See inst	tructions)			12		870,577
13	First Five Years If the Form 990 is check this box and stop here			third, fourth, or f	fth tax year as a !	501(c)(3) organız	ation, ▶
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200°			11 column (f))		14		61 050 %
15	Public Support Percentage for 200	-				15		59 370 %
	33 1/3% support test—2009. If the	•	•	on line 13, and l	ıne 14 ıs 33 1/3%		, check tl	
	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organiza	e organization did n qualifies as a p —2009. If the org	not check the box ublicly supported anization did not c	c on line 13 or 16 organization Theck a box on lin	e 13, 16a, or 16b	and line	14	check this
_	in Part IV how the organization mee	ets the "facts and	d circumstances"	test The organiza	ation qualifies as a	a publicl	y support	ed ▶□
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nızatıon meets th	e "facts and cırcu	mstances" test, c	heck this box and	stop he	ere.	▶ ┌
18	Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	oox and :	s e e	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 93-1019725

Name: Oregon Jewish Community Foundation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and 3	(В)	ent c	((015			(D)	(E)	(F)
Name and Title	A verage hours	Posi		che		II		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee			Highest compensated	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
		stee	listee.		8	nsate -				
STANLEY BLAUER PAST PRESIDENT	1 00	Х	<u> * '</u>	<u> </u>	<u> </u>	<u></u>		0	0	0
IRWIN HOLZMAN PAST PRESIDENT	1 00	Х						0	0	0
HENRY BLAUER PAST PRESIDENT	1 00	Х						0	0	0
STAN GEFFEN PAST PRESIDENT	1 00	X						0	0	0
JIM MEYER PAST PRESIDENT	1 00	X						0	0	0
HAROLD POLLIN PAST PRESIDENT	1 00	X						0	0	0
JACK SCHWARTZ Secretary	1 00	X		X				0	0	0
ELIZABETH MENASHE Trustee	1 00	X						0	0	0
MILT CARL Trustee	1 00	X						0	0	0
MARK ROSENBAUM Trustee	1 00	Х						0	0	0
JONATHAN LEVY Trustee	1 00	Х						0	0	0
STEVE LAVESON Vice President	1 00	X		X				0	0	0
SHARON MORELL TRUstee	1 00	X						0	0	0
ERIC ROSENFELD PRESIDENT	1 00	Χ		X				0	0	0
JERRY STERN TRUStee	1 00	Χ						0	0	0
MIKE TANNENBAUM TRUStee	1 00	X						0	0	0
SHARON UNGERLEIDER TRUStee	1 00	X						0	0	0
STEVE GRADOW TRUSTEE	1 00	Χ						0	0	0
BEN ISENBERG TRUSTEE	1 00	Χ						0	0	0
ROY ABRAMOWITZ TREASURER	1 00	Χ		X				0	0	0
WARREN ROSENFELD TRUstee	1 00	Χ						0	0	0
BRIAN SUHER Trustee	1 00		Х					0	0	0
LANCE STEINBERG TRUstee	1 00		Х					0	0	0
ROB SHLACHTER TRUstee	1 00		Х					0	0	0
KATHY CHUSID TRUSTEE	1 00		Х					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	that Institutional Trustee	•	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JOHN MOSS Executive DirecTOR	40 00	 	×	 <u>, </u>		125,384	0	14,532
JULIE DIAMOND INTERIM EXEC DIRECTOR	40 00		X			87,085	0	10,813

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DLN: 93493012011101

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ternal Revenue Service F- Attach t	o Form 990. F See separate instructions.	Tilspection	
Name of the organization Oregon Jewish Community Foundation		Employer identification number	
<u> </u>		93-1019725	
Part I Organizations Maintaining Donoi organization answered "Yes" to Form	r Advised Funds or Other Similar F u 1990, Part IV, line 6.	ınds or Accounts. Complete ı	f the
	(a) Donor advised funds	(b) Funds and other accounts	
. Total number at end of year	150		33
Aggregate contributions to (during year)	1,707,583	123	3,633
Aggregate grants from (during year)	3,936,336	224	1,497
Aggregate value at end of year	17,999,853	5,730	329
Did the organization inform all donors and donor funds are the organization's property, subject to			No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit	benefit of the donor or donor advisor, or for an	y other purpose	No
Part II Conservation Easements. Comple	ete if the organization answered "Yes" to	Form 990, Part IV, line 7.	
Preservation of land for public use (e g , recr Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a c easement on the last day of the tax year	Preservation of a c	historically importantly land area ertified historic structure of a conservation	
	Γ	Held at the End of the Ye	ar
a Total number of conservation easements		2a	
b Total acreage restricted by conservation easeme	ents	2b	
c Number of conservation easements on a certified	l historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	
Number of conservation easements modified, tra the taxable year ▶ Number of states where property subject to cons		d by the organization during	
Does the organization have a written policy regar enforcement of the conservation easements it ho	ding the periodic monitoring, inspection, hand	ling of violations, and Yes	- No
Staff and volunteer hours devoted to monitoring,	inspecting and enforcing conservation easem	ents during the year ▶	
A mount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easements	during the year ► \$	
Does each conservation easement reported on li 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sect		No
In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial isements	statements that describes	
	ctions of Art, Historical Treasures, o ed "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.	
.a If the organization elected, as permitted under S art, historical treasures, or other similar assets I provide, in Part XIV, the text of the footnote to it	neld for public exhibition, education or researc	h ın furtherance of public service,	
b If the organization elected, as permitted under Si historical treasures, or other similar assets held provide the following amounts relating to these it	for public exhibition, education, or research in	•	
(i) Revenues included in Form 990, Part VIII, lii	ne 1	► \$	
(ii) Assets included in Form 990, Part X		► \$	
If the organization received or held works of art, following amounts required to be reported under S			
a Revenues included in Form 990, Part VIII, line 1		▶ \$	

b Assets included in Form 990, Part X

	Using the organization's accession and othe										nicinueu)
	items (check all that apply)										
а	Public exhibition		d	Loan	orexcha	ange progr	ams				
b	Scholarly research		e	Other							
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and explai	ın hov	they furthe	r the or	ganızatıon	's exe	empt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							ılar	Г	Yes	┌ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					answere	d "Y€	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	dıary	for contribu	tions or	other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	follow	ıng table		Г			A mo	unt	
с	Beginning balance						1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance					-	1f				
	•	orm 000 Bort V I	. 7 1 7			L				Yes	
2a	Did the organization include an amount on F		217						,	res) NO
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		200	word "Vo	c" to E	orm 000	Dart	· TV Juno	10		
Ра	Endowment Funds. Complete	(a)Current Year		<u>Wereu re</u>)Prior Year		o Years Back				•)Four Y	ears Back
1a	Beginning of year balance	7,018,786		4,343,33	+ ` ′		1			- , ,	
ь	Contributions	128,642		3,615,81	7						
c	Investment earnings or losses	1,054,744		-580,39	1						
d	Grants or scholarships	195,822		299,61	3						
e	Other expenditures for facilities and programs										
f	Administrative expenses	120,286		60,35	5						
g	End of year balance	7,886,064		7,018,78	5						
2	Provide the estimated percentage of the year	r end halance held a	· S		<u> </u>						
a	Board designated or quasi-endowment	100 000 % %									
ь	Permanent endowment 🕨 %	•									
c	Term endowment 🕨 %										
c 3a	Term endowment	ssion of the organiza	ation t	hat are held	and ad	mınıstered	fort	:he			
	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	hat are held	and ad	mınıstered	l for t	:he		Yes	No
	A re there endowment funds not in the posse organization by (i) unrelated organizations		ation t	hat are held	and ad	ministered	for t	the	3a(i)	Yes	No
3a	Are there endowment funds not in the posse organization by (i) unrelated organizations						l for t	:he 	3a(ii)	Yes	
3a b	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 I on S	chedule R?			l for t	:he 		Yes	Νο
3a b 4	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 I on S lowme	chedule R?				 	3a(ii)	Yes	No
3a b 4	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 I on S lowme	chedule R? ent funds	 90, Paı	rt X, line	10.		3a(ii) 3b	Yes	Νο
b 4 Par	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 I on S lowme	chedule R?	90, Pai		10. other	(c) Accur	3a(ii) 3b		Νο
b 4 Par	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 I on S lowme	chedule R? ent funds ee Form 9	90, Pai	rt X, line	10. other	(c) Accui	3a(ii) 3b		No No
b 4 Par	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 I on S lowme	chedule R? ent funds ee Form 9	90, Pai	rt X, line	10. other	(c) Accui	3a(ii) 3b		No No
b 4 Par	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 I on S lowme	chedule R? ent funds ee Form 9	90, Pai	rt X, line	10. other	(c) Accui	3a(ii) 3b		No No
b 4 Par	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 I on S lowme	chedule R? ent funds ee Form 9	90, Pai	rt X, line (b)Cost or basis (oth	10. other	(c) Accui	3a(ii) 3b	(d) E	No No
b 4 Par 1a b c d e	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required to the organization's end s, and Equipmen	i on S lowme	chedule R? ent funds ee Form 9 (a) Cost of basis (inventor)	90, Pal	rt X, line (b)Cost or basis (oth	10. other ner)	(c) Accur	3a(ii) 3b mulated lation	(d) E	No No ook value

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1: T		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
Financial derivatives		20310101140	r year market value
Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990 Part X line	<u></u>	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Real Property	2,421,003		<i>,</i> F
Treat Populary	2,121,000		<u>.</u>
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)	2 421 002		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin	2,421,003		
(a) Descrip			(b) Book value
	tion		
Assets Held in Charitable Trusts			3,710,611
Cash Surrender Value of Life Insurance Policies			213,411
Assets Held in Charitable Gift Annuity			288,534
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	<i>-</i>	<u>.</u>	4,212,556
		<u> </u>	4,212,530
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Charitable Trust Agreements	1,645,476		
Funds Held For Members	13,256,816		
A ccrued Vacation			
Troduction			
	8,432		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,349,99.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,860,13
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,510,140
4	Net unrealized gains (losses) on investments	4	1,723,008
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	512,804
9	Total adjustments (net) Add lines 4 - 8	9	2,235,812
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-274,328
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	4,663,89
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	2,313,900
3	Subtract line 2e from line 1	3	2,349,99
4	A mounts 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 XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,349,99
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	4,938,220
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 78,089		
e	Add lines 2a through 2d	2e	78,089
3	Subtract line 2e from line 1	3	4,860,13
4	A mounts 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)		
С	Add lines 4a and 4b	4c	(
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,860,13
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4		THE ENDOWMENT FUNDS ARE USED TO SUPPORT CHARITABLE AGENCIES AS REQUESTED BY THE ORIGINAL DONOR
Part XI, Line 8 - Other Adjustments		INCREASE IN CASH SURRENDER VALUE OF INSURANCE 7421 INCREASE IN VALUE OF CHARITABLE TRUST 369069 NET INCOME- LEONARD AND LOIS SCHNITZER CHARITABLE FOUNDATION 136314
Part XII, Line 2d - Other Adjustments		CHANGE IN VALUE OF CHARITABLE TRUST 369068 INCREASE IN CSV OF LIFE INSURANCE 7421 INCOME- THE LEONARD & LOIS CHARITABLE FOUNDATION 198242 FUNDRAISING EXPENSES 16161
Part XIII, Line 2d - Other Adjustments		EXPENSES- THE LEONARD & LOIS CHARITABLE FOUNDATION 61928 FUNDRAISING EXPENSES 16161

SCHEDULE F

Department of the Treasury

(Form 990)

Totals .

DLN: 93493012011101

2009

OMB No 1545-0047

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

Interna	al Revenue Service						Inspection
	ne of the organization					Employer ide	ntification number
O re	gon Jewish Community Fo	oundation				93-1019725	5
Pa	art I General Info	rmation on A	 ctivities Outsi	ide the United States	s. Complete		
		990, Part IV, lır					
1	For grantmakers. Do	oes the organiza	ation maintain r	records to substantiate	the amount	of the grants	s or
	· =		-	assistance, and the se			
	the grants or assista	nce?					. Ves No
2	For grant makers. Desc United States	rıbe ın Part IV the	: organization's pr	rocedures for monitoring th	he use of grar	nt funds outsid	e the
3	Activites per Region (l	Use Schedule F-1	(Form 990) if ad-	ditional space is needed)			
	(a) Region			(d) Activities conducted in	(e) If activit	ty listed in (d)	(f) Total expenditures
	(a) Negion	(b) Number of offices in the	(c) Number of employees or	region (by type) (i e , fundraising, program services,		am service,	for region
		region	agents in region		describe sp	pecific type of s) in region	
Cen	tral America and the			GRANT TO FOREIGN	3017100(3	,	155,264
Carı	ıbbean			ORGANIZATION IN			
			1	GUATEMALA	-		
			<u> </u>				
					 		

155,264

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	a grant for the construction of hospital facilities at Hospitalito Atitlan	155,264	4 CHECK TO ORGANIZATION			
2 Enter total i	number of recip	ient organizations li	sted above that are ree or counsel has pro	recognized as char	Ities by the foreign of	country, recognized	as . ►	1
•		_	ntities				·	0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Infor	r mation	I in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S	Notariin Circums	Schedule F, Part I, Line 2 ORGANIZATION IS REQUIRED TO SUBMIT A WRITTEN REPORT ON THE USE OF THE FUNDS
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 EXPENDITURES WERE RECOGNIZED WHEN GRANTS WERE MADE

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DLN: 93493012011101

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

mem	iai Nevellue Service	FALIACI	II (U FUIIII 99(J OI FUIIII 99	O-EZ. F See separate instruct			Inspection	
	ne of the organization						Employer ider	ntification number	
O re	gon Jewish Community	Foundation					93-1019725		
Pa		Activities. Complete filers are not require				to Form	990, Part IV	, line 17.	
1	Indicate whether the	organization raised funds	through :	anv of the	o following activities. Ch	eck all th	at annly		
- а	_	organization raised lands	, till odgir (Solicitation of noi				
h	Internet and e-ma	ail solicitations		f	Solicitation of gov				
c	Phone solicitation			a	g Special fundraising events				
d	_			9	, opedia ianaraion	.9 0.0			
2a	Did the organization h	nave a written or oral agr							
	or key employees list	ed in Form 990, Part VII	() or entity	/ In conne	ection with professional	fundraisii	ng activities?	Γ Yes Γ No	
b		ighest paid individuals o least \$5,000 by the org							
	(i) Name of individual or entity (fundraiser) (ii) Activity		Name of individual (ii) Activity custody or (iv) Gross receipts			(v) A mount paid to (or retained by) fundraiser listed in col (i)		(vi) A mount paid to (or retained by) organization	
			Yes	No			.01 (1)		
			1						
Tota	al			<u> </u>					
		-						The state of the s	

		(a) Event #1 OJCYF DINNER	(b) Event #2	(c) O ther Events	(d) Tot (A dd col	(a) th	
		(event type)	(event type)	(total number)	co	l (c))	
₽	1 Gross receipts	50,63	2			50	0,632
Revenue	2 Less Charitable contributions	45,27	7			4 !	5,277
_	3 Gross income (line 1 minus line 2)	5,35	5			!	5,35!
	4 Cash prizes						
<u>မှ</u>	5 Non-cash prizes						
Expenses	6 Rent/facility costs	1,000	0			:	1,000
	7 Food and beverages	7,84	3			-	7,84
ರ ೧೯೮೨	8 Entertainment						
ਙੇ	9 Other direct expenses .	7,318	8			•	7,318
	10 Direct expense summary Add li	nes 4 through 9 ın columr	n(d)			16	6,16
:	11 Net income summary Combine	lines 3, column d, and line	10		•	-10	0,806
Part	Gaming. Complete if the o \$15,000 on Form 990-EZ, I		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e than	1
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1 Gross revenue				+		
မွ	2 Cash prizes						
expenses	3 Non-cash prizes						
_	4 Rent/facility costs						
ਹ ਹਿਲਕ ਹ	5 Other direct expenses						
	6 Volunteer labor	Г Yes%_ Г No	┌ Yes% ┌ No	Г Yes			
	7 Direct expense summary Add lin	-					
	8 Net gaming income summary Col	mbine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9 a	Enter the state(s) in which the organizes the organization licensed to operat				· 9a		
b	If "No," Explain						
	Were any of the organization's gaming If "Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
1	Does the organization operate gaming	a petituitide with manner and	ara?		11		ļ

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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

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

OMB No 1545-0047

DLN: 93493012011101

Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization Oregon Jewish Community Foundation Employer identification number

93-1019725

Part I General Informati	on on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sıstance [?]					∨ Yes
	ne 21 for any recip	ient that received n	rganizations in the nore than \$5,000. Ch needed	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS FOR STUDYING JUDAISM AND ATTENDING SCHOOL IN OREGON	167	113,956			
See Addıtıonal Data Table					

Part IV Supplem	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.										
Ident if ier	Return Reference	Explanation									
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE ORGANIZATION REQUIRES DOCUMENTATION OF GRANT USE APPLICATIONS ARE REQUIRED FOR SCHOLARSHIP GRANTEES									

Software ID:

Software Version: EIN: 93-1019725

Name: Oregon Jewish Community Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) Description of (h) Purpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NFTY ın Israelc/o URJ Kutz Campus 46 Bowen Road Warwick, RI 10990	13-1663143	501(c)(3)	5,125				GENERAL DONATION
BBYO 6651 SW Capitol Hwy Portland, OR 97219	31-1794932	501(c)(3)	5,200				GENERAL DONATION
JEWISH THEATER COLLABORATIVE2510 SE 51st Avenue Portland, OR 97206	93-0619733	501(c)(3)	5,850				GENERAL DONATION
METROPOLITAN JEWISH DAY SCHOOL15749 NE 4th Street Bellevue, WA 98008	91-1085790	501(c)(3)	6,000				GENERAL DONATION
MAIMONIDES JEWISH DAY SCHOOL6612 SW Capitol Hwy Portland,OR 97219	47-0914054	501(c)(3)	6,310				GENERAL DONATION
Hillel University of Oregon 1059 Hilyard St Eugene, OR 97401	93-6037440	501(c)(3)	6,440				GENERAL DONATION
OHSU Foundation1121 SW Salmon St S 200 Portland, OR 97205	23-7083114	501(c)(3)	7,652				GENERAL DONATION
KAWAIHAE CANOE CLUBPO Box 1087 Kamuela, HI 96743	99-0317603	501(c)(3)	9,000				GENERAL DONATION
Oregon Food BankPO Box 55370 Portland,OR 97238	93-0785786	501(c)(3)	9,300				GENERAL DONATION
Beit HaverimSouth Metro Jewish CongregationPO Box 311 Lake Oswego, OR 97034	93-1096684	501(c)(3)	9,950				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 33-0228971 501(c)(3) GENERAL Adat Yeshurun8625 LaJolla Scenic Drive N DONATION 10,000 La Jolla, CA 92037 SALVATION ARMY8495 SE 33-0399466 501(c)(3) GENERAL DONATION Monterey Avenue 10,000 Portland, OR 97086 501(c)(3) SEATTLE JEWISH 91-1484966 GENERAL DONATION COMMUNITY SCHOOL 10,000 12351 8th Avenue Seattle, WA 98125 Three Rivers Charter School 93-1308095 501(c)(3) GENERAL 4975 Willamette Falls Drive DONATION 10,300 West Linn, OR 97068 RONALD MCDONALD 93-0806912 501(c)(3) GENERAL HOUSES OF OREGON2620 DONATION 10,900 N Commercial Ave Portland, OR 97227 PORTLAND BUSINESS 93-0819366 501(c)(3) GENERAL ALLIANCE CHARITABLE DONATION 11,925 INSTITUTE200 SW Market Street Suite 1770 Portland, OR 97201 501(c)(3) GENERAL LOAVES & FISHESPO Box 93-0584318 19477 DONATION 13,200 Portland, OR 97280 93-0524232 501(c)(3) FRIENDLY HOUSE2617 NW GENERAL Savier St DONATION 14,750 Portland, OR 97210 501(c)(3) Yale UniversityPO Box 2038 06-0646973 GENERAL New Haven, CT 06521 DONATION 17,900 501(c)(3) Camp Solomon Schechter117 93-0572590 GENERAL E Louisa St 110 DONATION 18,750 Seattle, WA 98102

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) OHSU CANCER INSTITUTE 23-7083114 501(c)(3) GENERAL 3181 SW Sam Jackson Park DONATION 20,000 CR-1 Portland, OR 97239 PORTLAND ART MUSEUM 93-0391604 501(c)(3) GENERAL 1219 SW Park AV DONATION 20,250 Portland, OR 97205 Greater Portland Hillel209 80-0221753 501(c)(3) GENERAL SW Oak Street S 500 DONATION 20,695 Portland, OR 97204 COMMUNITY ENDOWMENT 93-1019725 501(c)(3) GENERAL FUND610 SW Broadway 407 DONATION 21,651 Portland, OR 97205 Congregation Shaarie Torah 93-0437943 501(c)(3) GENERAL 920 NW 25th Ave DONATION 21,974 Portland, OR 97210 501(c)(3) PORTLAND CENTER STAGE 93-1134865 GENERAL 128 NW 11th Ave DONATION 22,000 Portland, OR 97209 501(c)(3) PORTLAND KOLLEL6688 91-1473080 GENERAL DONATION SW Capitol Hwy 23,608 Portland, OR 97219 501(c)(3) Oregon Symphony 93-0446527 GENERAL Association921 SW DONATION 24,500 Washington Ste 200 Pittock Building Portland, OR 97205 OHSU CENTER FOR ETHICS 23-7083114 501(c)(3) GENERAL DONATION 3181 SW Sam Jackson Park 25,000 RdPortland, OR 97239 UNITED WAY OF THE 93-0582124 501(c)(3) GENERAL DONATION COLUMBIA WILLAMETTE 25,750 619 SW 11th 300 Portland, OR 97205

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) GENERAL Catlin Gabel School8825 SW 93-0386804 Barnes Rd DONATION 30,500 Portland, OR 97225 PORTLAND SCHOOLS 93-1149789 501(c)(3) GENERAL DONATION FOUNDATION905 NW 12th 35,000 Avenue Portland, OR 97209 REED COLLEGE3203 SE 93-6031917 501(c)(3) GENERAL Woodstock DONATION 36,750 Portland, OR 97202 GOOD SAMARITAN 23-7017276 501(c)(3) GENERAL FOUNDATION1015 NW DONATION 38,000 22nd Ave Portland, OR 97208 95-1644024 501(c)(3) GENERAL Jewish Family Service8804 DONATION Balboa Ave Turk Family 40,000 Center San Diego, CA 92123 23-7315673 501(c)(3) GENERAL OREGON COMMUNITY FOUNDATION1221 SW DONATION 50,000 Yamhıll 100 Portland, OR 97205 501(c)(3) Portland State University 93-0619733 GENERAL FoundationPO Box 243 DONATION 63,965 Portland, OR 97207 91-1842787 501(c)(3) B'nai B'rith Men's Camp GENERAL Association2211 NW Front DONATION 64,549 Ave Portland, OR 97209 Tobacco-Free Coalition of 35-2231450 GENERAL 501(c)(3) OregonPO Box 11231 DONATION 79,000 Portland, OR 97211 Jewish Family & Child Service 93-0386851 501(c)(3) GENERAL DONATION 1130 SW Morrison Ste 316 92,224 Portland, OR 97205

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Congregation Neveh Shalom 2900 SW Peaceful Lane Portland, OR 97239	93-0505089	501(c)(3)	94,327				GENERAL DONATION			
Portland Jewish Academy 6651 SW Capitol Hwy Portland, OR 97219	93-0504473	501(c)(3)	119,183				GENERAL DONATION			
Congregation Beth IsraelPO Box 401 Portland, OR 97207	93-0386818	501(c)(3)	132,215				GENERAL DONATION			
Mittleman Jewish Community Center6651 SW Capitol Hwy Portland, OR 97219	93-0386850	501(c)(3)	143,210				GENERAL DONATION			
Cedar Sınaı Park6125 SW Boundary St Portland,OR 97221	04-3774565	501(c)(3)	173,059				GENERAL DONATION			
Oregon Jewish Museum1953 NW Kearney Street Portland,OR 97209	94-3113945	501(c)(3)	259,956				GENERAL DONATION			
Jewish Federation of Greater Portland6680 SW Capitol Hwy Portland,OR 97219	93-0386825	501(c)(3)	831,842				GENERAL DONATION			
VENTURE BEYOND23426 Via Codoruiz Coto De Caza, CA 92679	20-0841989	501(c)(3)	940,000				GENERAL DONATION			

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service **Employer identification number** Name of the organization Oregon Jewish Community Foundation 93-1019725

Pa	rt I Types of Property			•				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermi	nıng	
1	Art—Works of art	аррисавіс		<u> </u>				
	Art—Historical treasures .							
3	Art—Fractional interests							
_	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	35	518,206	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ▶()							
27	Other ▶()							
28	Other ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29		Yes	Na.
30a	During the year, did the organiza						168	No
	must hold for at least three year				d to be used			
	for exempt purposes for the entire	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
Ear D	rivacy Act and Panerwork Reduction	Act Notice	coa the Instructions for For	n 990 Cat No. 512271	Schodule	M /For	m 000	\ 2000

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanat ion
Method for Determining Number of	Part I, Column (b)	TOTAL NUMBER OF CONTRIBUTIONS IS REPORTED
Contributors		

Schedule M (Form 990) 2009

As Filed Data -

DLN: 93493012011101

OMB No 1545-0047

2009

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990

► Attach to Form 990.

Name of the organization Oregon Jewish Community Foundation Employer identification number

93-1019725

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Henry Blauer and Stan Blauer have a business relationship Henry Blauer, Milt Carl, and Stan Geffen have a business relationship
Form 990, Part VI, Section A, line 4		THE ARTICLES OF INCORPORATION AND BY LAWS WERE AMENDED TO CLARIFY THAT FUND MEMBERS WOULD NOT RECEIVE A DISTRIBUTION OF THEIR FUNDS IN THE EVENT OF DISSOLUTION OF THE ORGANIZATION
Form 990, Part VI, Section A, line 6		ONE REPRESENTATIVE OF EACH 501(C)(3) ORGANIZATION AND ONE REPRESENTATIVE OF EACH DONOR ADVISED FUND, CHARITABLE TRUST, SUPPORTING FOUNDATION, OR OTHER FUND THAT HAS ASSETS UNDER THE ORGANIZATION'S MANAGEMENT ARE MEMBERS WHO HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF TRUSTEES 501(C)(3) MEMBERS WHICH HAVE AT LEAST \$1 MILLION IN ASSETS HELD BY THE ORGANIZATION CAN DESIGNATE ONE TRUSTEE TO THE BOARD WITHOUT ELECTION
Form 990, Part VI, Section A, line 7a		501(C)(3) AND FUND MEMBERS MAY ELECT TRUSTEES 501(C)(3) MEMBERS WHICH HAVE AT LEAST \$1 MILLION IN ASSETS HELD BY THE ORGANIZATION CAN DESIGNATE ONE TRUSTEE TO THE BOARD WITHOUT ELECTION
Form 990, Part VI, Section A, line 7b		Changes to the organizations articles of incorporation must be approved by the foundation's members
Form 990, Part VI, Section B, line 11		Provided by email and copies provided at board meetings
Form 990, Part VI, Section B, line 12c		A survey is completed annually and reviewed
Form 990, Part VI, Section B, line 15		Comparative salary listings reviewed COMPENSATION IS reviewed by the board and personnel committee

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Upon request

DLN: 93493012011101

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

93-6307981

Name of the organization
Oregon Jewish Community Foundation

Employer identification number

93-1019725

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OJCF-TETHEROW LLC 610 SW BROADWAY STE 407 PORTLAND, OR 97205	TO HOLD REAL ESTATE	OR	0	216,000 N/A	
OJCF - Boise 2000 llc 610 SW BROADWAY STE 407 pORTLAND, OR 97205	TO HOLD REAL ESTATE	OR	-42,300	197,000 N/A	
OJCF Blue House LLC 610 SW BROADWAY STE 407 pORTLAND, OR 97205	to hold real estate	OR	4,463	210,000 N/A	
OJCF SondlandDurant Fund LLC 610 SW BROADWAY STE 407 pORTLAND, OR 97205	To hold assets	OR	0	949,760 N/A	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE LEONARD & LOIS SCHNITZER CHARITABLE FOUNDATION					
1211 SW 5TH AVE STE 2250	TO SUPPORT THE OREGON JEWISH COMMUNITY	OR	501(C)(3)	LINE 11A	N/A
PORTLAND, OR 97051 93-1232435	FOUNDATION				
arthur krichevsky memorial scholarship fund					
po box 3168	TO SUPPORT THE OREGON JEWISH COMMUNITY	OR	501(C)(3)	IINE 11A	N/A
pORTLAND, OR 97208	FOUNDATION				

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(3)

(4)

(5)

(6)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 3	54, 55, 01 56.)	<u> </u>		
Note. Complete line 1 if any entity is listed in Parts II, III or IV	r		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				<u> </u>
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	-	1a		No
b Gift, grant, or capital contribution to other organization(s)		1b '	Yes	<u> </u>
c Gift, grant, or capital contribution from other organization(s)		1c		No
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e	\longrightarrow	No
f Sale of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)		1g		No
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		1i		Ne
j Lease of facilities, equipment, or other assets from other organization(s)		1j		N
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n Sharing of paid employees		1n		No
o Reimbursement paid to other organization for expenses		10	\longrightarrow	No
p Reimbursement paid by other organization for expenses		1р		No
q O ther transfer of cash or property to other organization(s)		1q	\longrightarrow	No
r Other transfer of cash or property from other organization(s)		1r		Ne
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and				
Name of other organization	(b) Transaction type(a-r)	(c) ount ir) nvolve	ed .
(1) arthur krichevsky memorial scholarship fund	В		60	6,82
(1) See Additional Data Table (2)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No