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SCANNED AUG 0 3 2011

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public Inspection

					<u> </u>
AF	or the 2	010 calendar year, or tax year beginning and endin	9		
Вс	heck if	C Name of organization	D Employer ide	ntificat	ion number
aį	pplicable				
	Address change	THE JAPANESE GARDEN FOUNDATION			
	Name change	Doing Business As	93	-131	.5647
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room.	/suite E Telephone nu	mber	
F	Termin-	P.O. BOX 3847		(303	223-1321
_	⊒ated]Amended _return	City or town, state or country, and ZIP + 4	G Gross receipts \$		89,498.
	Applica-	PORTLAND, OR 97208-3847	H(a) Is this a gro	up retur	
-	pending	F Name and address of principal officer.STEPHEN BLOOM	for affiliates	•	Yes X No
		SAME AS ABOVE	H(b) Are all affiliate		
		pt status: X 501(c)(3)			(see instructions)
	ax-exem	► WWW.JAPANESEGARDEN.COM	H(c) Group exen		,
			Year of formation: 200		
			Teal of formation. 200	<u> </u>	tate of legal dofficile. Of
Pa	nt I S	ummary	CIIDDODM FOD	mut	TADANDOD
Activities & Governance	1 Br	efly describe the organization's mission or most significant activities: PROVIDE ARDEN SOCIETY OF OREGON.	SOFFORT FOR	. 1111	UAPANESE
rua	2 Ch	eck this box if the organization discontinued its operations or disposed of	more than 25% of its n	et asset	ts
OVe	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		3	9
Ğ	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	9
. φ	1	tal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
ities		tal number of volunteers (estimate if necessary)		6	0
ا في الأ		tal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		tunrelated business taxable income from Form 990-T, line 34		7b	0.
	D INC	t difference business taxable income from 500 f, incom	Prior Year	1.2	Current Year
		entributions and grants (Part VIII. line 1h)	4,84	5.	34,598.
Revenue	I	ontributions and grants (Part VIII, line 1h)	40,58		40,584.
Λe	I	ogram service revenue (Part VIII, line 2g)	19,62		14,316.
æ	I	restment income (Part VIII, column (A), lines 3, 4, and 7d)	15,02	0.	0.
	ı	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,05		89,498.
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,60		73,300.
	1	ants and similar amounts paid (Part IX, column (A), lines 1-3)	103,00	0.	73,300.
		nefits paid to or for members (Part IX, column (A), line 4)		0.	
es	15 Sa	laries, other compensation: employed benefits (Part IX, column (A), lines 5-10)			0.
Expenses	16a Pr	ofessional fundraising fees Part IX, column (A), (irle 11e)		0.	0.
Š	b To	tal fundraising expenses (Part IX, column (D), line 25) 54,099.	405.44		101 100
ш		her expenses (Part IX, column (A) lines 11a-1 (2) 11-24f)	127,11		101,160.
	18 To	tal expenses. Add lines 13-17 (must equal Part∰ column (A), line 25)	230,71		174,460.
	19 Re	venue less expenses Subtract line 18 from line 12	-165,66		-84,962.
t Assets or od Balances	1		Beginning of Current		End of Year
sets	20 To	tal assets (Part X, line 16)	1,989,24		2,014,572.
SE S	21 To	tal liabilities (Part X, line 26)	552,47	/0.	562,815.
캺	22 Ne	et assets or fund balances. Subtract line 21 from line 20	1,436,77	<u>/1. </u>	1,451,757.
Pa	art II	Signature Block			
Und	er penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to the best	of my kr	nowledge and belief, it is
true	, correct, a	and complete Declaration of preparer (other than officer) is based on all information of which pr	eparer has any knowledge.		
	1	Itah N. Oh	7	-/2	-//
Sig	ո	Signature of officer	Date		
Her		Stephen bloom			
		Type or print name and title			
	P	rint/Type preparer's name Preparer's eignature	Date / Che	ck	PTIN
Paid	1	YEE LEE LO	- 1フ/6/// "self-	employed	P01294356
		rm's name GARY MCGEE & CO. LLP	Firm's Ell		
		rm's address 808 S.W. THIRD AVENUE, SUITE 700		<u> </u>	
	· '''',	PORTLAND, OR 97204	Phone no	. (50	03) 222-2515
N.4-	u the IDO		T none no	. , 5 (Yes No
_		discuss this return with the preparer shown above? (see instructions)			Form 990 (2010)

	1 990 (2010) THE JAPANESE GARDEN FOUNDATION	93-13156	04 / Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Bnefly describe the organization's mission:		
	PROVIDE SUPPORT TO THE JAPANESE GARDEN SOCIETY OF OREGON	I AND TO	MANAGE
	PRIVATELY DONATED FUNDS ON BEHALF OF THE SOCIETY.		
			
2	Did the organization undertake any significant program services during the year which were not listed on	_	٦., قا .,
	the pnor Form 990 or 990-EZ?	. ∟	Yes X No
_	If "Yes," describe these new services on Schedule O.	_	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	_Yes LA_No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	jiants and	
4a	(Code:) (Expenses \$ 73,300 • including grants of \$ 73,300 •) (Re	venue \$	40,584.)
70	THE FOUNDATION PROVIDES SUPPORT FOR THE OPERATIONS OF THE		
	GARDEN SOCIETY OF OREGON AND MANAGES PRIVATELY DONATED H		
	OF THE SOCIETY. DURING 2010, \$73,300 WAS GRANTED TO THE		
	GARDEN SOCIETY OF OREGON.		-
4b	(Code:) (Expenses \$) (Re	venue \$)
			
			 -
			
4c	(Code:) (Expenses \$ including grants of \$) (Re	vonue \$	
-+-	(Code) (Expenses \$ including grants of \$) (ne	Aeura &	' '
		·	
			
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 73,300.		

Form 990 (2010) THE JAPANESE Part IV Checklist of Required Schedules

			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		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l <u></u>
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			٠,,
_	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	_	NT/	2
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	N/	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	⊢		
Ŭ	Schedule D, Part III	8		x
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	<u> </u>		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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	Х	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI .	11a	Х	
b	Did the organization report an amount for investments - other secunties in Part X, line 12 that is 5% or more of its total			i
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	l		.
	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	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ا ا		х
42	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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		Х
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		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20 b		
		Form	uun /	2010

	990 (2010) THE UNFAMESE GARDEN FOUNDATION 93-1313	04/	P	age -
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		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			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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? If "Yes," complete Schedule L, Part I	25a		X
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		Х
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		X
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		Х
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):			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u></u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			ŀ
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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	<u> </u>	X
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1	l '	i

Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V Form 990 (2010)

| Part V | Sta

Series the number reported in Box 3 of Form 1006. Enter 0-if not applicable 1s 0 1b 0 1c 1c		Check if Schedule O contains a response to any question in this Part V			
18 Enter the number reported in Box 3 of Form 1096. Enter- 0° in not applicable 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Yes	No
be Enter the number of Ferms W26 included in line 1s. Enter O. In not applicable on Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of W0ge and Tax Statements, find for the calendar year ending with or within the year covered by this return 5 It is best on a six ported on line 2a, did the organization file all inequired federal employment tax returns? 8 Note. If the sum of lines 1 and 2a Six greater than 250, you may be required to e-file, (see instructions) 9 It if Yae, 1 and 16 lines 1 and 250, you may be required to e-file, (see instructions) 9 It if Yae, 1 and 16 did a Form 300 for for this year? 17 No. 1 provide an explanation in Schedule O 10 It if Yae, 1 and 16 did a Form 300 for for this year? 17 No. 1 provide an explanation in Schedule O 10 It if Yae, 1 and 16 did a Form 300 for form 300 for more during the year? 10 If Yae, 1 and 16 did a Form 300 for form 300 for more during the year? 11 If Yae, 2 enter the name of the foreign country, lew 3 as a bank account; secretion account, or the financial accountry? 12 If Yae, 2 enter the name of the foreign country, lew 3 as a bank account, secretion account, or the financial Accounts 13 If Yae, 2 enter the name of the foreign country, lew 3 as a bank account, secretion account or did not a provide the accountry of the secretion of the financial Accounts 13 If Yae, 3 did the organization approach that it was or is a party to a prohibited tax shelter transaction? 14 If Yae, 3 did the organization and party for a prohibited tax shelter transaction? 15 If Yae, 4 did the organization in class of \$55 made party is a contribution and party for goods and services provided to the payor? 16 If Yae, 4 did the organization necess of \$55 made party is a contribution and party for goods and services provided to the payor? 16 If Yae, 4 did the organization necessed a payment in excess of \$55	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
(gambling) winnings to prize wenners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return by It at least one is reported on line 2a, did the organization lie all required federal employment tax returns? Note. If the sum of lines 1 and 2a greater than 250, you may be required to effect (ese instructions) by If It Yes, 1 has it float for mise 907 for this year If I'Ms, *provide an explanation as Reductle O day 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; by If Yes, 1 enter the name of the foreign country. ** See instructions for fining requirements for Form IT DE 022.1, Report of Foreign Bank and Financial Accounts Was the organization for fining requirements for Form IT DE 022.1, 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 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt any contributions that were not tax deductible? by If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? contributions that were not tax deductible? for Organizations that may receive deductible contributions under section 170(c). by If Yes, 1 did the organization notify the dornor of the value of the goods or services provided? contribution of the programation receive a payment in excess of \$75 make partly as a contribution and partly for goods and services provided to the payor? by If Yes, 1 did the organization netwer and provided that the organization file a Form 1986 or 1 for the value of the goods or services provided? con the organization sell provided that					
22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1 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, (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 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 accounts? 4 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. See instructions for filing requirements for Form TD F 90.2.1, Report of Foreign Bank and Financial accounts? 5 Was the organization a party to a prohibited tax whether transaction at any time during the tax year? 5 Was the organization a party to a prohibited tax whether transaction? 5 Was the organization and party to a prohibited tax shefter transaction? 5 Was the organization and party to a prohibited tax shefter transaction? 5 Was the organization and party to a prohibited tax shefter transaction? 5 Was the organization and party to a prohibited tax shefter transaction? 5 Was the organization and party to a prohibited tax shefter transaction? 5 Was the organization and party to a prohibited tax shefter transaction? 6 Was the organization and party to a prohibited tax shefter transaction? 7 Was the organization and party to a prohibited that whether than \$100,000, and did the organization solicit any contributions that were not tax deductible? 8 Was the organization and the analysis of the property of the organization and party of the organization solicit and was a secient solicit and party of the property of the organi	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
fleed 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 fleal prequired federal employment tax returns? Note. If the sum of lines 1 a and 2 as greater than 250, you may be required to e-file. (see instructions) 3a X		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year year. 3b If Ves, *has it filed a Form 990 T for this year? If *No.* provide an explanation in Schedule O* 3a At any time during the calendary 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? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary party. 5b If *Yes,* return the name of the foreign country is that it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* to line 5a or 5b, did the organization half it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* to line 5a or 5b, did the organization file Form 8866-7? 6c If *Yes,* to line 5a or 5b, did the organization file Form 8866-7? 6d Oces the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Oces the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d If *Yes,* did the organization include with every solicitation and party for goods and services provided to the payor? 7a If If *Yes,* did the organization notify the donor of the value of the goods or services provided? 7a Did the organization receive a payment it excess of \$75 made party as a contribution of quarties of the payment of the payment of the value of the goods or services provided? 7b Did the organization received a contribution of qualified intellectuol, to pay premiums on a personal benefit contract? 7d If Yes,* did the organization received a contribution of qualified intellectuol, on a payment of the p	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has it field a Form 990-1 for this year? if "No," provide an explanation in Schedule O 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 accounts? See instructions for filing requirements for Form TID F902-11, Report of Foreign Bank and Financial Accounts Was the organization approximation party to a prohibited tax shelter transaction at any time during the tax year? b Old any texable party notify the organization file Form 8886-17 if "Yes," to line 5 or 55b, dot the organization file Form 8886-17 old 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? or organizations that were not tax deductible? or organizations that may receive deductible contributions under section 170(c). bif "Yes," did the organization noticity with every solicitation an express statement that such contributions or gifts were not tax deductible? or organizations that may receive deductible contributions under section 170(c). bif "Yes," did the organization notify the donor of the value of the goods or services provided? for If "Yes," did the organization notify the donor of the value of the goods or services provided? for If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? did H'Yes," indicate the number of Forms 8282 filed during the year obd the organization sell, exchange, or otherwise dispose of tangible personal penefit contract? for X if the organization received a contribution of qualified mitellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cass, boats, aiplanes, o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If Y'es, *has it field a Form 990 T for this year? If *No, *provide an explanation in Schedule O 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) b If Y'es, *reter the name of the foreign country, \(\) See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts See mistructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts See mistructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts See in the filing of the second		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
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	U	ii 163, Has it lieu a Putti 120 tu lepuit tilese payments (11 170, provide all'explanation il Schedule O		990 /	2010)

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI		_		X				
Sec	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						
ь	Enter the number of voting members included in 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	p with any other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision							
	of officers, directors or 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 as	sets?	5		X				
6	Does the organization have members or stockholders?		6		X				
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the							
	governing body?		7a		X				
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken	dunng 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	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached at the	1		7.				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenue Code.)							
	Desired to the second to the s		40-	Yes	No X				
	Does the organization have local chapters, branches, or affiliates?	shantom affiliates	10a						
D	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, amiliates,	10b						
	and branches to ensure their operations are consistent with those of the organization?	filing the form?	11a	Х					
_	Has the organization provided a copy of this Form 990 to all members of its governing body before f Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iiiig the form?	I Ia						
12a	- ACTIVAL III A ACTIVAL III ACTIVALI ACTIVALI ACTIVALI ACTIVALI ACTIVALI ACTIVALI ACTIVALI ACTIVALI ACTIVALI ACTIV		12a	х					
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld give rise	1-4						
-	to conflicts?	g	12b	х					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe							
	in Schedule O how this is done		12c	Х					
13	Does the organization have a written whistleblower policy?		13		Х				
14	Does the organization have a written document retention and destruction policy?		14		X				
15	Did the process for determining compensation of the following persons include a review and approv	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	ļ						
а	The organization's CEO, Executive Director, or top management official		15a		X				
b	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 arrange	ment with a	ļ						
	taxable entity during the year?		16a		X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-		Ì						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janization's							
<u> </u>	exempt status with respect to such arrangements?	· · ·	[16b						
	tion C. Disclosure			-					
17	List the states with which a copy of this Form 990 is required to be filed OR Section 6104 requires an executation to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (501/a)(2)a anhi) avada	blo for						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-public inspection. Indicate how you make these available. Check all that apply.	i (50 i(c)(5)s only) avalla	IDIO IOI						
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict of interest police	, and fina	ncial					
19	statements available to the public.	oominat or interest policy	,, and 11116	. iciai					
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the organ	nization:	•					
	MS. DIANE BRAUER - (503) 796-3695								
	P.O. BOX 3847, PORTLAND, OR 97208-3847								

Form **990** (2010)

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

Check if Schedule O contains a response to any question 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.

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

(B) Average			(C	2)			(D)	(E)		
			n	4:			, ,	l I	(F) Estimated amount of	
hours per	(6		Pos			KA.	Reportable compensation	Reportable compensation		
week (describe hours for related	ustee or director	Institutional trustee	Officer				from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
							_		_	
1.00	X						0.	0.	0.	
				ŀ						
1.00	Х						0.	0.	0.	
1.00	X						0.	0.	0.	
					1			_	_	
1.00	X				_		0.	0.	0.	
									_	
1.00	X			L	<u> </u>	_	0.	0.	0.	
				1			1		_	
1.00	X		X	_	L		0.	0.	0.	
						ŀ				
1.00	X	$oxed{oxed}$	X	<u> </u>	<u> </u>	╙	0.	0.	0.	
1.00	x		x				0.	0.	0.	
1.00	X		X				0.	0.	0.	
4.00		<u> </u>	Х				0.	114,000.	14,720.	
		_								
		_		_	<u> </u>					
	week (describe hours for related organizations in Schedule O) 1.00 1.00 1.00 1.00 1.00 1.00 1.00	week (describe hours for related organizations in Schedule O) 1.00 X 1.00 X	week (describe hours for related organizations in Schedule O) 1.00 X 1.00 X	week (describe hours for related organizations in Schedule O) 1.00 X X 1.00 X X 1.00 X X X X X X X X X	week (describe hours for related organizations in Schedule O)	Week (describe hours for related organizations in Schedule O)	week (describe hours for related organizations in Schedule O)	Week (describe hours for related organizations in Schedule O)	week (describe hours for related organizations in Schedule O) description of the organization (W-2/1099-MISC) from related organizations (W-2/1099-MISC) from related organizations (W-2/1099-MISC) 1.00 X 0.0. 0.0. 0.0. 1.00 X 0.0. 0.0. 0.0.	

Section A. Officers, Directors,		mpl	oyee			High	est	Compensated Employ	rees (continued)	-			
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	/,		Pos				Reportable	Reportable			tımate	
	hours per week	<u> </u>	neci	(all	ınaı	app	ייי <i>ו</i> יי	compensation	compensation from relate			nount	
	(describe	흟						from the	organization		ì	other pensa	
	hours for	ğ	يو ا			ated		organization	(W-2/1099-MI			om th	
	related	ustee	Fuste			bens		(W-2/1099-MISC)			org	anizat	ion
	organizations in Schedule	盲	tona		god	yee	_					relat	
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatı	ons
			H									_	
			\vdash										
	_	-	-			-							
	-	_	_		_	_							
					_								
										_			
1b Sub-total		L_	L	L		╙	L	0.	114,0	00.	1.	4 7	20.
c Total from continuation sheets to Part	VII Section A							0.		0.		- , ,	0.
d Total (add lines 1b and 1c)	vii, Section A							0.	114,0		1	4.7	20.
Total number of individuals (including but	t not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100					
compensation from the organization								•					_ 0
												Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for any complete Schedule			e, ke	y em	plo	yee,	or h	nighest compensated er	mployee on		3		х
4 For any individual listed on line 1a, is the	sum of reportab	le c							the organization				v
and related organizations greater than \$Did any person listed on line 1a receive									idual for services		4		Х
rendered to the organization? If "Yes," c											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest the organization. NONE	compensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	
(A) Name and busine	ess address							(B) Description of s	services	С	(C ompe		n
								·					
							\dashv						
•							-						
2 Total number of independent contractor \$100,000 in compensation from the organization	· -	not li	mite	d to		se lis O	sted	l above) who received m	nore than				
											Form	222	

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Related or Total revenue Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 34,598. similar amounts not included above 1f Q Noncash contributions Included in lines 1a-1f \$ 34,598 h Total. Add lines 1a-1f **Business Code** 531120 40,584 40,584. 2 a RENTAL INCOME Program Service Revenue f All other program service revenue 40,584. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 14,316. 14,316. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 89,498. 40,584. 14,316. Total revenue. See instructions.

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). (B) Program service (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 73,300. 73,300. organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): Management Legal 13,409. 13,409. Accounting C d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 16,800. 4,014. 12,786. g Advertising and promotion 12 1,350. 352. 998. 13 Office expenses 2,250. 2,250. 14 Information technology Royalties 15 39,637. 19,660. 19,977. Occupancy 16 8,779. 8,779. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 7,485. 7,484. 14,969. 22 Depreciation, depletion, and amortization 2,141. 2.141. Insurance 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) DEVELOPMENT PROGRAM 1,825. 1,825. b c d All other expenses 174,460. 73,300. 47,061. 54,099. Total functional expenses. Add lines 1 through 24f Joint costs. Check here If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

solicitation

Part X | Balance Sheet (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 23.049. 25,613. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 3,405. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net Inventories for sale or use 8 1,400. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 941,638. basis. Complete Part VI of Schedule D 10a 22,794. 900,563 918,844. 10b 10c b Less: accumulated depreciation 1,064,229. 1,066,710. 11 11 Investments - publicly traded securities 12 Investments - other secunties. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1,989,241. 2,014,572. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17,513. 32,737. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 534,957. 528,077. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 2,001. 0. 25 Other liabilities. Complete Part X of Schedule D 552,470. 562,815. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 535,139. 517,775. 27 27 Unrestricted net assets 9,981. 9,981. 28 28 Temporanly restricted net assets 924,001. 891,651. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 1,451,757. 1,436,771. 33 Total net assets or fund balances 1,989,241. 2,014,572. 34 Total liabilities and net assets/fund balances

Form 990 (2010)

Form 990 (2010)

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.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

THE JAPANESE GARDEN FOUNDATION 93-1315647

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t) See inst	tructions.				
he organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🗀	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	١.				
2	A school des	cnbed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲			tal service organization	•		170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	ii). Enter th	ne hospital	's nar	ne.
. —	city, and state	=	,		•				•	,		•
5 🔲	• .		benefit of a college or u	niversity ov	wned or or	perated by	a governi	mental un	t describe	d in		
• —	_	(b)(1)(A)(iv). (Comple				,	3.					
6 🗀			ent or governmental unr	t describe	d in sectio	n 170(h)(I)(A)(_V)					
7 🗔		=	eives a substantial part					r from the	general n	ublic desc	rahad	10
,	J	b)(1)(A)(vi). (Comple	•	or its supp	or nom a	governme	intai unit c	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	generarp	abiic desc	11000	
• 🗆			· •	(Complete	Dort II)							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
3 L	_		nctions - subject to certa									
			axable income (less sect	uonona	x) irom bu	511165565	acquired b	y tri e orga	inization a	iter June 3	, 19	75.
		509(a)(2). (Complete		at far muhl	la anfatri G	en nastia	- E00(a)(• \				
10 L	•	•	perated exclusively to te	•	_							
11 🕰	•	•	perated exclusively for the							-		or
			ations described in secti				z). See Sec	eue non:	aj(3). Che	SK the box	ınaı	
		·· ·	organization and compl		-				аШ	Type III - 0	Othar	
e X	a X Type I		• • • • • • • • • • • • • • • • • • • •		e III - Fund	•	•					
e டக			t the organization is not									
_		•	han one or more publicly		•				9(a)(1) or s	ection 505	J(a)(2).	•
f			ten determination from t	the IRS tha	atitisa iy	ре і, туре	ii, or Type	∋ III				
		rganization, check th					- 6 41 6-11					ш
g			rganization accepted ar								<u> </u>	Τ
		· .	irectly controls, either al	lone or tog	ether with	persons o	lescribed	in (ii) and i	iii) below,		Yes	No X
	_	•	upported organization?							11g(i)	├	$\frac{\hat{x}}{x}$
	• •	•	n described in (i) above?		_					11g(ii)		 ^
	• •	•	person described in (i)							11g(iii)	<u> </u>	<u>^</u>
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
			(iii) Type of	I				I (1.43.14	464			
(i) Name	of supported	(ii) EIN	organization		organization sted in your		i notity the ion in col.	(vi) le organizati	on in col.	(vii) An		of
orga	anization		(described on lines 1-9		document?		support?	(i) organiz U.S		sup	port	
			above or IRC section						,			
			(see instructions))	Yes	No	Yes	No	Yes	No			
JAPAN		00 0511151		,,		ļ <u>,,</u>				_		
JARDE	N SOCIE	93-0511171	/	X		Х		Х			<u>3,3</u>	<u> 300.</u>
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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.)

Sec	tion A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					i	
2	Tax revenues levied for the organ-						
	ization'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						
	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)		•				
6	Public support. Subtract line 5 from line 4						<u> </u>
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	ł					
	securities loans, rents, royalties						
	and income from similar sources	1					
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 IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
	First five years. If the Form 990 is for			d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here			•		
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (ine 6, column (f) d	vided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010.If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶∟
b	33 1/3% support test - 2009.If the o	rganization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop l	here. Explaın in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	t - 2009.If the orga	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	l stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u> ▶∟

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

C	qualify under the tests listed b	elow, please com	ріете Рап ІІ.)				
	ction A. Public Support		T #1000	1.1.0000	(n 2222	4.30040	(0.7
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	I					
	membership fees received. (Do not	I					
	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	I					
	are not an unrelated trade or bus-	1					•
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	I					
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	<u> </u>					
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						
	Public support (Subtractline 7c from line 6)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here					_	<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage			. <u></u>	
15	Public support percentage for 2010 (ine 8, column (f) d	livided by line 13,	column (f))		15	<u>%</u>
16	Public support percentage from 2009	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	110 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from:	2009 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	-					▶□
b	33 1/3% support tests - 2009. If the		•	•			and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization					· ·	ightharpoons

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

Employer identification number

THE JAPANESE GARDEN FOUNDATION 93-1315647 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 5 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable 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" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 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 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -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, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2010

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(a) Description of security or category		ne iz.	(c) Method of valua	ition:
(including name of security)	(b) Book value	Cos	st or end-of-year mar	ket value
(1) Financial derivatives				
	-			
(3) Other				
(A)				
(B)				
(C)				-
(D)				
(E)				
(F) (G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	>			 - · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related		line 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua st or end-of-year mar	
(1)				
(2)				
(3)				
(4)				-
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		L		
Part IX Other Assets. See Form 990, Part X, I				/h) Daalaaalaa
· · · · · · · · · · · · · · · · · · ·	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)		 		
(5)				
(6) (7)				
(8)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)			
Part X Other Liabilities. See Form 990, Part	X, line 25.			
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) FUNDS HELD ON BEHALF OF	THE			
(3) JAPANESE GARDEN SOCIETY		2,001.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) Fin 48 t/SC / 40) Footnote in Part XIV, provide the text of the footnote. Fin 48 t/SC / 40)	line 25.) te to the organization's financial	2,001.	zation's liability for uncerta	in tax positions under

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

2010
Open to Public Inspection

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

Name of the organization THE JAPANESE	TESE GARDEN	EN FOUNDATION	N(•	Employer identification number 93-1315647
Part I General Information on Grants and Assistance	and 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 th	e amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	istance, and the select	tion X Voc No.
Since it a used to award the grains of assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	tonng the use of grant	funds in the United	d States			•
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	complete if the orga	inization answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Check thi	s box if no one recipier	nt received more th	nan \$5,000. Part II	can be duplicated if a	additional space is nee	▲ pep
1 (a) Name and address of organization or government	(p) 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 non-cash assistance	(h) Purpose of grant or assistance
JAPANESE GARDEN SOCIETY OF OREGON							
P.O. BOX 3874							
FURTLAND, OR 9/208-384/	1/1110-66	DOT(C)(3)	13,300.	>			ZOTO OFERATING SUPPORT
2 Enter total number of section 501(c)(3) and government organizations	and government or	rganizations					1.
3 Enter total number of other organizations	SI						•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the instruct	tions for Form 990.					Schedule I (Form 990) (2010)

93-1315647 Schedule I (Form 990) (2010) THE JAPANESE GARDEN FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE FOUNDATION MONITORS THE USE OF GRANT FUNDS	UNDATION	MONITORS	THE USE OF	GRANT FUNDS	
TO THE JAPANESE GARDEN SOCIETY OF OREGON	OREGON BY	Y OBTAININ	G AND REVI	OBTAINING AND REVIEWING MONTHLY	
FINANCIAL STATEMENTS.					

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

THE JAPANESE GARDEN FOUNDATION_	93-1315647
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRE	CTOR, DIRECTOR OF
FINANCE, AND BOARD MEMBERS OF THE JAPANESE GARDEN SOCIETY	OF OREGON REVIEW
THE FORM 990 BEFORE IT IS FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION	MONITORS AND
ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY	BY REQUIRING EACH
BOARD MEMBER TO COMPLETE THE CONFLICT OF INTEREST DISCLOS	URE STATEMENT WHEN
THEY FIRST JOIN THE BOARD AND THE STATEMENTS ARE RENEWED	ANNUALLY
THEREAFTER.	
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAK	ES ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	TEMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	99,948.
	

SCHEDULE R (Form 990)

2010 Open to Public Inspection OMB No 1545-0047

Employer identification number 93-1315647 Direct controlling entity End-of-year assets Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income ਉ Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) THE JAPANESE GARDEN FOUNDATION Primary activity Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

(g) Section 512(b)(13) õ × controlled entity? Yes Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Direct controlling N/A status (if section Public charity 501(c)(3)) LINE 7 Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) DREGON MAINTAIN THE PORTLAND Primary activity JAPANESE GARDEN g 93-0511171, P.O. BOX 3847, PORTLAND, JAPANESE GARDEN SOCIETY OF OREGON Name, address, and EIN of related organization 97208-3847

Part II

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

93-1315647

Page 2

Schedule R (Form 990) 2010 THE JAPANESE GARDEN FOUNDATION

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

Percentage ownership Seneral or Percentage managing ownership partner? Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Yes No Share of end-of-year assets 5 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total income ate allocations? Yes Disproportion-Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> <u>(B</u> Direct controlling entity Share of total income € ε Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ Primary activity (d)
Direct controlling
entity 9 (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

					,	١
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	-		\$ = = 1 1 1 1	Ţ	Yes	2
December (it) interest (ii) annuties (iii) reveiltes or (iid) reat from a controlled entity		giateu olyanizations iisteu	בון דמונט וויוע ל	-		×
				9	×	
				٢		×
					T	>
d Loans or loan guarantees to or tor other organization(s)				2	1	4
e Loans or loan guarantees by other organization(s)				9	T	×
f Sale of assets to other organization(s)				¥		×
Purchase of assets from other organization(s)	•			₽		×
				‡	Ī	×
n Exchange of assets					,	:
i Lease of facilities, equipment, or other assets to other organization(s)				=	4	\perp
i Lasea of facilities accumment or other assets from other organization(s)				÷	T	×
forest of received quipment, or other access from one of summandary for other organization(s).	· ization(s)			. ≠		×
	zation(s)			€ =	×	
m Shanno of facilities, equinoment, mailing lets, or other assets	(2)			Ę	×	
in Original of activities, equipment, maining lists, of only assets					×	
n Snanng of paid employees				=	4	
				Ş	×	
				2 ,	; >	
p Reimbursement paid by other organization for expenses				2	4	
q Other transfer of cash or property to other organization(s)				19		×
r Other transfer of cash or property from other organization(s)				÷		×
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 transaction thresholds.	ho must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(F)						
						-
(2)						
(3)						
(4)						
(5)				}		
(6)						
032163 12-21-10	25		Schedule R (Form 990) 2010	R (Form	666	2010

Schedule R (Form 990) 2010 THE JAPANESE GARDEN FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

26

Form **8868** (Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	\mathbf{x}		
	are filing for an Additional (Not Automatic) 3-Month Ex							
Do not o	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previously f	led For	rm 8868			
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6	months for a corp	ooration		
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an e	extension		
of time to	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	nsfers A	Associated With Ce	ertain		
	Benefit Contracts, which must be sent to the IRS in page							
visit www	v.irs.gov/efile and click on e-file for Chanties & Nonprofits	s						
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed)					
A corpor	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and con	nplete				
Part I on	ly				•	· 🔲		
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request ar	n exten	sion of time			
to file inc	come tax returns.							
Type or	Name of exempt organization			Empl	loyer identification	n number		
print				_				
File by the	THE JAPANESE GARDEN FOUNDA	TION		9	<u>3-1315647</u>			
due date fo	ue date for Number, street, and room or suite no. If a P.O. box, see instructions.							
return See	return See 1.0. DOA 3047							
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions								
PORTLAND, OR 97208-3847								
Enter the Return code for the return that this application is for (file a separate application for each return)								
Applicat	11 12 22 22 22 22 22 22 22 22 22 22 22 2							
Is For	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Code	Is For			Return Code		
Form 990 01 Form 990-T (corporation) 07								
Form 990 U1 Form 990-1 (corporation) 07 Form 990-BL 02 Form 1041-A 08								
Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10								
		05	Form 6069					
	0-T (sec_401(a) or 408(a) trust) 0-T (trust other than above)	06	Form 8870			11 12		
romi 99	MS. DIANE BRAU		F0111 8870	_		12		
• The b	nooks are in the care of P.O. BOX 3847		TIXMD OF 97208_3845	,				
	hone No. ► (503) 796-3695	FOR	FAX No ►					
		المطاه مست						
	organization does not have an office or place of busines		-			مراد داد داد		
	is for a Group Return, enter the organization's four digit	٦.			r the whole group,			
box ▶	. If it is for part of the group, check this box		ach a list with the names and EINs of all		ers the extension i	s tor		
1 Ire	equest an automatic 3-month (6 months for a corporation				T			
		ot organiza	ation return for the organization named a	above	The extension			
	for the organization's return for.							
► X calendar year <u>2010</u> or								
•	tax year beginning, and ending							
2 lf 1								
L	Change in accounting period							
20 16	this application is for Farm 200 DL 200 DE 200 T 4700	or enen	anter the tentative tay less and			····		
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	1 _ 1		^		
	nrefundable credits. See instructions			3a	\$	<u> </u>		
	his application is for Form 990-PF, 990-T, 4720, or 6069					^		
_	timated tax payments made Include any prior year over			3b	\$	0.		
	lance due. Subtract line 3b from line 3a Include your p	•				^		
	using EFTPS (Electronic Federal Tax Payment System)			3c	TO for a c	0.		
Caution	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879∙	E∪ for payment ins	structions		