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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection ► Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Address change THE JAPANESE GARDEN FOUNDATION Name change 93-1315647 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Termin-ated 223-1321 P.O. BOX 3847 (503)Amended 103,355. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-tion pending PORTLAND, OR 97208-3847 H(a) Is this a group return F Name and address of principal officer: STEPHEN D. Yes X No BLOOM for subordinates? SAME AS ABOVE Yes H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ WWW.JAPANESEGARDEN.COM H(c) Group exemption number ▶ Year of formation: 2001 M State of legal domicile: OR K Form of organization: X Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE SUPPORT FOR THE JAPANESE Activities & Governance GARDEN SOCIETY OF OREGON. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 4,741. 1,035,909. Contributions and grants (Part VIII, line 1h) DECEMEN 40,584. 42,053. Program service revenue (Part VIII, line 2g) 44,114. 56,561. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>-1,159.</u> Ō. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,119,448. 103,355. 45,622 69,346. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Ō. Ο. 15 Salaries, other compensation, employee benefits-(Part-I Ō. Ο. 16a Professional fundraising fees (Part IX, column (A), line 11e) 15,025. **b** Total fundraising expenses (Part IX, column (D), line 25) 91,889 66,913. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 136,259. 137,511. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 981,937. -32,904. 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 3,706,128. 3,205,196. 20 Total assets (Part X, line 16) 535,072. 1,270,131. 21 Total liabilities (Part X, line 26) ad add 2,435,997. 2,670,124. Net assets or fund balances Subtract line 21 from line 20 | Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. Sign STEPHEN D. BLOOM, CHIEF EXECUTIVE OFFICER Here Type or print name and title Preparer's signature Print/Type preparer's name P01294356 Paid YEE LEE MCGEE GARY MCGEE & CO. Firm's EIN Preparer Firm's name 808 S.W. THIRD AVENUE, SUITE Firm's address Use Only 222-2515 Phone no. (503) PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

		31364/	Page 2
rai	Tt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly describe the organization's mission:		
•	TO PROVIDE SUPPORT TO THE JAPANESE GARDEN SOCIETY OF OREGON	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 the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O	L res	LAL NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expenses,	and
	revenue, if any, for each program service reported.		<u> </u>
4a	(Code) (Expenses \$ 105,188. including grants of \$ 69,346.) (Revenue \$ THE FOUNDATION PROVIDES SUPPORT FOR THE OPERATIONS OF THE JA		053.
	GARDEN SOCIETY OF OREGON AND MANAGES PRIVATELY DONATED FUNDS		ALF
	OF THE SOCIETY. DURING 2013, \$69,346 WAS GRANTED TO THE JAP		
	GARDEN SOCIETY OF OREGON.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
			,
	~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~		
4c	(Code) (Expenses \$) (Revenue \$))
			·
4d	Other program services (Describe in Schedule O.)		- ,
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 105,188.		

	CTV Officerror of Trequires Confedered		V	Ala.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	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			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	x	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	Λ	
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ĺ '	
ŭ	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		}	.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
	Schedule D, Parts XI and XII	12a	-	X
D	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 and XII is optional	12b	X	
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a		X
	Did the organization maintain an onice, employees, or agents outside or the orinto orates? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		<u> </u>	<u></u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
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	 	X
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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		}	.
00-	complete Schedule G, Part III	19 20a	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	 ^
			990	(2013)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or 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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		l	
	Schedule K. If "No", go to line 25a	24a	_	X
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? 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 pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			37
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-w·	í	
_	instructions for applicable filing thresholds, conditions, and exceptions):			X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	_	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	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		X
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?	<u> </u>		
	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			
	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? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X_{\perp}	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ĺ		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	990	<u></u>
		-om	4411	いいけつ

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O13) THE JAPANESE GARDEN FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V Form 990 (2013)
Part V Sta

	Chaster Contracts C Contracts C Contract C C C C C C C C C C C C C C C C C C C			_==					
			Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable	- <u>.</u>	,	l					
	Enter the harbor of roms were ministrated in the rate of a root applicable	ž.,		. ;					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c		i					
2-	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	4.5		-					
28	filed for the calendar year ending with or within the year covered by this return 2a 0								
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			┢──					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>					
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	b If "Yes," enter 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.	* · · ·							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ı		ļ					
	were not tax deductible?	6b		├ ──					
7	Organizations that may receive deductible contributions under section 170(c).			$\overline{\mathbf{x}}$					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	├ ──					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x					
	to file Form 8282?	7c		 ^					
	If "Yes," indicate the number of Forms 8282 filed during the year			X					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/						
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting N/A		/	- -					
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ ———						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966? N/A	9a		_					
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			ŀ					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1					
11	Section 501(c)(12) organizations. Enter:	•							
а	Gross income from members or shareholders N/A 11a								
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	,	1	1					
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	 					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		1	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	┼					
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	-	 					
L	Note. See the instructions for additional information the organization must report on Schedule O.		1	1					
D	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 136								
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	140	 	x					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	┼─-	+					
Ų	ii 169, has it lied a 10th 120 to report these payments: ii 140, provide air explanation in ochequie O	140							

Form 990 (2013) THE JAPANESE GARDEN FOUNDATION 93-1315647 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See instructions.							
	Check if Schedule O contains a response or note to any line in this Part VI				X				
<u>Sec</u>	tion A. Governing Body and Management								
	,			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9	ANNE		7				
	If there are material differences in voting rights among members of the governing body, or if the governing		والمنطقة	4 -	İ				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		17.7	-	i				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9			1				
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		X				
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			٠,,				
	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 99		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assi	ets?	5	-	X				
6	Did the organization have members or stockholders?		6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or	l _						
	more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or	<u></u>		х				
_	persons other than the governing body?	. b tha falla	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:			 i				
a	The governing body?	•	8a	$\frac{\Lambda}{X}$	-				
b	Each committee with authority to act on behalf of the governing body?	1 - 1 - 1 1	8b_						
9									
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re	wanua Cada l	9		<u> </u>				
000	tion B. Folicies (mis Section B requests information about policies not required by the internal he	venue code /		Yes	No				
100	Did the organization have local chapters, branches, or affiliates?		10a	162	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	antore affiliates	100						
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	and brainches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b. Describe a Cabada la Othe annual for the annual but he are annual to East 200								
12a									
u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X	\vdash				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		120						
·	in Schedule O how this was done	,	12c	Х					
13	Did the organization have a written whistleblower policy?		13	_	X				
14	Did 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 approva	I by independent	,,						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				,				
а	The organization's CEO, Executive Director, or top management official		15a		X				
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 arrangen	nent with a							
	taxable entity during the year?		16a	/	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		i	}	1				
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶OR								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only)	avaılat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	inflict of interest policy, a	nd fina	ncial					
	statements available to the public during the tax year								
20	State the name, physical address, and telephone number of the person who possesses the books are	nd records of the organiz	ation:	-					
	MS. DIANE BRAUER - (503) 796-3695								
	P.O. BOX 3847, PORTLAND, OR 97208-3847								

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organiz	(B)			(((D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	one	Reportable	Reportable	Estimated			
	hours per				rson	ıs botl	n an	compensation	compensation from related	amount of		
	week	⊢	Ι		<u> </u>			from the	organizations	other compensation		
	(list any hours for	direct				L		organization	(W-2/1099-MISC)	from the		
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,	organization		
	organizations	trust	lal fru		e A	ed mo		, ,		and related		
	below	Individual trustee or director	Institutional frustee	Je:	Key employee	Highest compensated employee	ner			organizations		
	line)	亨	<u>=</u>	Оянсег	ξe,	High	Former					
(1) GREG FITZ-GERALD	1.00								,	•		
DIRECTOR		X				L.		0.	0.	0.		
(2) JERRY HUDSON	1.00								•	•		
DIRECTOR	2.00	X		L.				0.	0.	0.		
(3) DOUG LOVETT	1.00	ļ										
DIRECTOR	3.00	X	_		_			0.	0.	0.		
(4) SANDY MICO	1.00									^		
DIRECTOR	1-00	X			_			0.	0.	0.		
(5) CARMEN WONG	1.00	,,							0.	0.		
DIRECTOR	1 00	X	<u> </u>	<u> </u>		<u> </u>		0.	U •	0.		
(6) JOSH HUSBANDS	1.00			٠,				0.	0.	0.		
PRESIDENT	1.00	X		Х	<u> </u>	┝	_	0.		0.		
(7) DOROTHY PIACENTINI	1.00	x	ŀ	x			İ	0.	0.	0.		
VICE PRESIDENT (8) DEE ROSS	1.00	^	⊢	Δ			 	0.	- 0.			
	1.00	X		x				0.	0.	0.		
TREASURER (9) DEDE DEJAGER	1.00	^		<u> </u>		-		- 0.				
SECRETARY	2.00	X		X				0.	0.	0.		
(10) STEPHEN D. BLOOM	4.00	-	-	Λ	-	\vdash	_	<u> </u>				
CHIEF EXECUTIVE OFFICER	50.00	ł		x				0.	176,002.	13,888		
- CHIEF BAECOTIVE OFFICER	30.00	-	├		\vdash	-		 	270,0020	20,000		
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Part VII Section A. Officers, Directors, Trus		ploy	ees.			ghe	st C	i e			·
(A)	(B)			•	C) Ition			(D)	(E)		(F)
Name and title	Average hours per		Position (do not check more than one box, unless person is both ai					Reportable compensation	Reportable compensation	1	mated ount of
	week		cer an					from	from related	1	ther
	(list any	ecto						the	organizations		ensation
	hours for related	Individual trustee or director				ated		organization	(W-2/1099-MISC		m the
	organizations	ustee	Institutional trustee) 22	ubeus		(W-2/1099-MISC)		1 -	nization related
	below	dual tr	popul	_	n ploye	st con	<u></u>				nizations
	line)	Mpul	Instit	Officer	Key employee	Highest compensated employee	Рог шег				
			Ļ		L.	<u> </u>					<u> </u>
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		1				<u> </u>		<u> </u>			
1b Sub-total								0.	176,00		888.
c Total from continuation sheets to Part V	II, Section A							0.		0.	0.
d Total (add lines 1b and 1c)			. 1 1	-			<u> </u>	0.	176,00		888.
Total number of individuals (including but incompensation from the organization)	not limited to ti	nose	IIST	ed a	DOV	e) w	no r	eceived more than \$100	J,000 of reportable	1	C
Compensation from the organization									=		Yes No
3 Did the organization list any former officer	. director, or tri	uste	e. ke	ev er	nok	ovee	. or	highest compensated e	mplovee on	<u> </u>	
line 1a? If "Yes," complete Schedule J for			-,	-,		-,	,			3	X
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atıor	n an	d ot	her compensation from	the organization		
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J 1	for such individual		4	X
5 Did any person listed on line 1a receive or	•				•	•	relat	ted organization or indiv	idual for services	-	
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedu	le J i	for s	uch	per	son				_ 5	<u> </u>
Complete this table for your five highest co	mpeneated in	dop	onde	nt c	t		oro 1	that received more than	\$100,000 of com-		
the organization Report compensation for										ensation if	OH
(A)			<u> </u>	<u>g</u>		<u> </u>		(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(C))
Name and business	address	N	ON	E				Description of s	services	Compen	
							_				
							-				
			_				_				
	 										
		_				_					
	<u></u>						_				
2 Total number of independent contractors	including but r	not li	ımıte	ed to		_	sted	d above) who received r	nore than		
\$100,000 of compensation from the organ	ızatıon 🕨					0			<u>_</u>		
										(200 (0040)

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512 - 514 revenue revenue its, Grants 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,741. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 4,741. h Total. Add lines 1a-1f Business Code 42,053. 2 a RENTAL INCOME 531120 42,053. Program Service Revenue f All other program service revenue 42,053. Total. Add lines 2a-2f Investment income (including dividends, interest, and 56,561 56,561. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 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 Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 42,053. 103,355. Total revenue. See instructions. 56,561. Form 990 (2013) THE JAPANESE (Part IX Statement of Functional Expenses

36011	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				*
	organizations in the United States. See Part IV, line 21	69,346.	69,346.		
2	Grants and other assistance to individuals in				}
	the United States. See Part IV, line 22			**	
3	Grants and other assistance to governments,			» "	
	organizations, and individuals outside the				,
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				_
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	10,949.		5,558.	5,391.
b	Legal				
С	Accounting	2,305.		2,305.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			,	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	36.		18.	18.
14	Information technology				
15	Royalties	20 100	02 505		2 206
16	Occupancy	30,129. 4,716.	23,505.	3,318.	3,306. 4,716.
17	Travel	4,/10.			4,/10.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,421.	12,337.	1,542.	1,542.
23	Insurance	2,142.		2,142.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OTHER EXPENSES	1,215.		1,163.	52.
b					
c					
d					
e	All other expenses		 -		
25	Total functional expenses. Add lines 1 through 24e	136,259.	105,188.	16,046.	15,025.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 Cash · non-interest-bearing 881,531. 13,639. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 944,138. basis. Complete Part VI of Schedule D 10a 69,813. 887,246. 874,325 10c 10b b Less: accumulated depreciation 1,937,351. 2,317,232 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 3,706,128. 3,205,196. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 6,890. 17 21,286. Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 513,213. 500,147. 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 750,028. 13,639. Schedule D 1,270,131. 535,072. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 397,599. 384,933. 27 Unrestricted net assets 27 122,518. 343,979. 28 28 Temporarily restricted net assets 1,928,546. 1,928,546. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 2,435,997. 2,670,124. 33 Total net assets or fund balances 33 3,205,196. 3,706,128. Total liabilities and net assets/fund balances

	990 (2013) THE JAPANESE GARDEN FOUNDATION	93-1	.315647	Pag	_{je} 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	103	3,3	<u>55.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	136	5,2	59.
3	Revenue less expenses. Subtract line 2 from line 1	3			04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,435		
5	Net unrealized gains (losses) on investments	5	267	7,0	31.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,670),1	24.
Pai	t XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII			_	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ _ '		į
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		<u></u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1	1	-
	separate basis, consolidated basis, or both:		1		1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		4.1	1
	consolidated basis, or both:		, 11 , Mars, 1		. !
	Separate basis Consolidated basis Both consolidated and separate basis		. ,		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	الشفا		لـــا
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ıred audı	t		
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990 ((2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number**

OMB No 1545-0047

Open to Public Inspection

			ANESE GARDEN					ļ	9	3-1315647
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.		
The organ	ization is not a	private foundation l	because it is: (For lines	1 through	11, check	only one b	ox.)			
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🗔	A hospital or	a cooperative hospit	tal service organization (described	ın section	170(b)(1)(A)(iii).			
4 🔲	A medical res	search organization of	operated in conjunction	with a hos	pital descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter 1	the hospital's name,
	city, and stat	e:								
5 🗀	An organizati	on operated for the	benefit of a college or ui	niversity o	wned or op	erated by	a governi	nental unr	t describ	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6	A federal, sta	te, or local governme	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).			
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general	public described in
	section 170(b)(1)(A)(vi). (Comple	te Part II)							
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 📖	An organizati	on that normally rec	eives: (1) more than 33 °	1/3% of its	support fi	rom contri	butions, m	nembershij	p fees, a	nd gross receipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment
	income and i	inrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 30, 1975.
	See section	509(a)(2). (Complete	e Part III.)							
10	An organizati	on organized and op	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	l).		
11 X	An organizati	on organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes of one or
			ations described in secti		•		2). See se c	tion 509(a	a)(3). Ch	eck the box that
		· · · · · · · · · · · · · · · · · · ·	organization and compl		•					
T	a X Type	•	•	ype III - Fu	•	•				n-functionally integrated
e X	-	•	t the organization is not		-	•	•		•	
_		-	han one or more publicl		_				9(a)(1) or	section 509(a)(2).
f	_		ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III		Γ
		rganization, check th							_	L_
g			organization accepted a			-				[T
			irectly controls, either a	lone or tog	ether with	persons o	lescribed	ın (II) and (III) below	
	-	- -	upported organization?							11g(i) X 11g(ii) X
		·	n described in (i) above?		•				-	
		•	person described in (i)							11g(iii) X
h	Provide the f	ollowing information	about the supported or	ganization	(S).					
			T	(iv) lo the	organization	(v) Did vo		(vi) Is	the	<u> </u>
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) la			u notify the ion in col.	Lorganizátio	on in col. I	(vii) Amount of monetary
urya	anızation	•	above or IRC section		document?		support?	(i) organiz U.S	ea in the : .?	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
JAPAN	ESE	· · · · · · · · · · · · · · · · · · ·		100		103		100	"	
		93-0511171	7	x		x		x		69,346.
			<u> </u>	 		 		 -		03,0200
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				"-					ļ	
					<u> </u>					
Total	1	I	i	1		I	i	1	ī	69.346.

Schedule A (Form 990 or 990 EZ) 2013

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	3 of Part I or if the organization failed	to qualify under	Part III If the organization
fails to qualify und	der the tests listed below, please con	nplete Part III.)		

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ı			
	include any "unusual grants.")	_		L			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					ļ	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			1	}		
	the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3			<u></u>			
5	The portion of total contributions			-			
	by each person (other than a				•		
	governmental unit or publicly	1			, .	;	
	supported organization) included				,		
	on line 1 that exceeds 2% of the				•		
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4	<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	
	ction B. Total Support	, <u> </u>	, . <u>.</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		l		\		
	securities loans, rents, royalties						
	and income from similar sources					ļ	
9	Net income from unrelated business	i				•	
	activities, whether or not the	 					
	business is regularly carned on			ļ <u>-</u>		_	
10	Other income. Do not include gain						
	or loss from the sale of capital	<u>[</u>	ĺ		l		
	assets (Explain in Part IV.)			<u> </u>			
	Total support. Add lines 7 through 10	L	<u> </u>	<u> </u>	<u></u>	_	L
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
80	organization, check this box and storetion C. Computation of Publication		rcentage				
	 	<u></u>	<u>_</u>	(6)		14	
	Public support percentage for 2013 (column (t))			<u>%</u>
	Public support percentage from 2012			Sp. line 12 and line	14 10 22 1/20/ 05	15	
108	33 1/3% support test - 2013. If the c stop here. The organization qualifies	=			17 15 33 1/370 OF	more, check this D	L □
+	33 1/3% support test - 2012. If the		_		d line 15 is 33 1/39	6 or more check t	hie hov
•	and stop here. The organization qual	•		•	CC 10 10 00 1/07	o or more, check t	▶ □
17a	10% -facts-and-circumstances tes		• • • •		e 13 16a or 16b	and line 14 is 10%	or more
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"		•	•	•	at it now the organ	▶ □
	10% -facts-and-circumstances tes	-	•		•	17a and line 15 is	10% or
	more, and if the organization meets the	=					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
	The real real real real real real real rea	sie not onoon a		, 100, 17a, 01 17		edule A (Form 990	
					30		

Schedule A (Form 990 or 990-EZ) 2013 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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose	ļ					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		ļ				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u></u> _	1	
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b				-		
8	Public support (Subtract line 7c from line 6.)			,			
Sec	ction B. Total Support		"				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6					1	
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	···.	'				
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						ļ
12	Other income. Do not include gain				 		
	or loss from the sale of capital						
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first second thir	d fourth or fifth t	ax vear as a section	n 501(a)(3) araga:	zation
•	check this box and stop here	the organization	3 m3t, 3600mg, um	a, lourer, or mare	ax year as a secul	orisor(c)(s) organia	zation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	·			
	Public support percentage for 2013 (I			column (fl)	 	15	
	Public support percentage from 2012			Oldital (i))		16	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage			1 10 1	%
-	Investment income percentage for 20			ne 13. column (f)	 _	17	0/
	Investment income percentage from 2			io io, coluititi (i))			%
	33 1/3% support tests - 2013. If the	=	•	on line 14, and line	. 15 is more than t	18	%
130							I / IS NOT
	more than 33 1/3%, check this box at 33 1/3% support tests - 2012. If the	=	•	, ,			
D	33 1/3% support tests - 2012. If the						
20	line 18 is not more than 33 1/3%, che						₽
۷2	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	nis box and see in	structions	<u> </u>

Schedule A	A (Form 990 or 990-EZ) 2013 THE JAPANESE GARDEN FOUNDATI	ON 93-1315647 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line	e 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions)	
- ,		
		
		
		
		
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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.urs.gov/torm990.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

THE JAPANESE CARDEN FOUNDATION

Employer identification number 93-1315647

Par	t I Organizations Maintaining Donor Advise		or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	I funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	ed only
	for charitable purposes and not for the benefit of the donor o	- J	-
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stra	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	<u> </u>	<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	ne year > \$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
_	conservation easements		
Pai	t III Organizations Maintaining Collections of	•	ier Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
р	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c 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 tre	_	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued)			ANESE GARD						<u> 15647</u>		1ge 2
check all that apply: a Public exhibition d Loan or exchange programs a Public exhibition d Loan or exchange programs b Scholarly research Chief Preservation for future generations A Provide a description of the organizations solicit or receive donations of art, instonced treasures, or other similar assets to be sold to rease funds after than to be manifered hand to the organization collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it she organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it she organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. If Yes, explain the arrangement in Part XIII and complete the following table:	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other_	<u>Simila</u>	r Asse	t s (contin	ued)	
a Public exhibition de Loan or exchange programs be Scharfer greater by Loan or exchange programs compressed to the reservation for future generations of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Port IV Excrew and Custodial Arrangements Complete the organization answered "Ves" to Form 990, Part IV, line 10. Part IV Excrew and Custodial Arrangements (and the second of the organization answered "Ves" to Form 990, Part IV, line 10. Beginning balance Amount 10 Ves No 11 Ves No 11 Ves No 12 Ves No 13 Ves No 14 Ves No 14 Ves No 14 Ves No 15 Ves No 16 Ves No 17 Ves No 16 Ves No 17 V	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	are a sign	ııfıcant u	se of its	collection	ıtems	5
b Scholarly research e Other Description of Library generations		(check all that apply):									
c	а	Public exhibition	d	Loan or exc	hange program	IS					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 1a Beginning of year balance 1b Contributions 1a Beginning of year balance 1a Beginning of year balance 1b Contributions 1b Contributions 1c Note in the organization answered "Yes" to Form 990, Part IV, line 10. 1b Contributions 1c Note in the part XIII. 1c Armount 1c Int Int Int Int Int Int Int Int Int Int	b	Scholarly research	е	Other							
5 During the year, did the organization solicit or receive donations of art, histoneal treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization solicitor? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part Xi, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part Xi line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1	С	Preservation for future generations									
The section of the selection of the section of the	4							se in Parl	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, finistee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Tall is the organization an agent, finistee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Tall intermediate intermedia	5					sımılar as	ssets		_		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustese, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 2 Dot the organization include an amount on Form 990, Part X, line 21? 1 Endowment Funds. Complete if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Beginning of year balance 1, 989, 773, 934, 503, 912, 118, 830, 685, 705, 682, 1, 989, 773, 934, 503, 912, 118, 830, 685, 705, 682, 1, 989, 773, 934, 503, 912, 118, 830, 685, 705, 682, 1, 989, 773, 934, 503, 912, 118, 830, 685, 705, 682, 682, 1, 989, 973, 934, 503, 944, 192, 178, 333, 474, 194, 194, 194, 194, 194, 194, 194, 19								L		_ <u>_</u>	No
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? Leading balance b If "Yes," explain the arrangement in Part XIII. Check here if the explaination has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Leading balance 1 Segmining of year balance 1 Segmining of year balance 1 Segmining of year balance, 1 Segmining Segminin	Par			ete if the organization	on answered "Yo	es" to Fo	rm 990,	Part IV, I	ine 9, or		
b If "Yes," explan the arrangement in Part XIII and complete the following table: Amount 1c Amount 1c Id Id Id Id Id Id Id I	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other asse	ets not in	cluded				
C Beginning balance C Amount 1c		on Form 990, Part X?							Yes		No
C Beginning balance 1 1 1 1 1 1 1 1 1	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
d Additions during the year Distributions during the year Ending balance 10 the organization include an amount on Form 990, Part X, line 217 11 the intended uses of the organization has been provided in Part XIII Yes No No If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No No No No No No No N									Amount		
E Distributions during the year Te	c	Beginning balance					1c				
Ending balance 1t	d	Additions during the year					1d				
2a Did the organization include an amount on Form 990, Part X, line 217 b if Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)	е	Distributions during the year					1e				
Body Fire	f	Ending balance					1f		,		
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Table Committed Complete Compl		_							Yes	<u> </u>	No
Table Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back 1,989,773. 934,503. 912,118. 830,085. 706,682. 1,100,168. 62,633. 32,250. 300.											
1, 989, 773. 934, 503. 912, 118. 830, 085. 706, 682. Contributions 1,100, 168. 62, 633. 32, 350. 300. c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Par	TV Endowment Funds. Complete			· · · · · · · · · · · · · · · · · · ·		_		_		
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs d Administrative expenses g End of year balance 2,272,525, 1,989,773, 934,503, 912,118, 830,085. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 84.86		_							(e) Four		
C Net investment earnings, gains, and losses Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,272,525, 1,989,773, 934,503, 912,118, 830,085. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % Permanent endowment ▶ 84.86 % c Temporanly restricted endowment ▶ 15.14 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations 5 If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings C Leasehold improvements 4 Equipment C Other	1a	· · ·	1,989,773.								
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 9/2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 84 ⋅ 86 9/6 c Temporarily restricted endowment ▶ 15 ⋅ 14 9/7 The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (investment) (c) Accumulated depreciation 1a Land 380,000 - 380	b		215 502		 						
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,272,525, 1,989,773, 934,503, 912,118, 830,085. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 84.86 % c Temporarily restricted endowment ▶ 15.14 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) depreciation 1a Land 380,000	С		315,783.	96,886.	4,	345.	<u> </u>	94,192.		178,	333.
and programs Administrative expenses 33,031. 41,784. 44,593. 44,509. 55,230. Administrative expenses 2,272,525. 1,989,773. 934,503. 912,118. 830,085. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 9/8 84.86 9/8 C Temporarily restricted endowment 15.14 9/8 779. 77		· .									
f Administrative expenses g End of year balance 2,272,525, 1,989,773, 934,503, 912,118, 830,085. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 84.86 % c Temporanly restricted endowment ▶ 15.14 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 380,000	е	•	22.024	44 504	1						
g End of year balance 2 , 272, 525, 1,989,773, 934,503, 912,118, 830,085. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 84 ⋅ 86			33,031.	41,784	44,	593.		14,509.		55,	230.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Ť	,	0.070.505	4 000 550							205
a Board designated or quasi-endowment ▶ 84 · 86		•				503.	9.	12,118.	L	830,	085.
b Permanent endowment ▶ 84 ⋅ 86			rent year end balanc	-	a)) held as:						
Temporarily restricted endowment ▶ 15.14 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings C Leasehold improvements d Equipment Other		•		%							
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) x (iii											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land 380,000. 564,138. 69,813. 494,325. c Leasehold improvements d Equipment e Other	C	· · · ·									
Yes No (i) unrelated organizations 3a(i) X X (ii) related organizations 3a(ii) X 3a(ii) 3	_										
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (investment) 1a Land 380,000. Buildings 564,138. 69,813. 494,325. c Leasehold improvements d Equipment e Other	Ja		ession of the organiza	ation that are held a	and administere	ed for the	organiz	ation	ſ	 	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land 380,000. 564,138. 69,813. 494,325. c Leasehold improvements d Equipment e Other		•							$\overline{}$	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.		•									
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 380,000. Buildings Leasehold improvements d Equipment e Other	h	• •	a hotod ao roouwad a	on Cabadula DO					<u> </u>		<u>~</u>
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 580,000. Buildings C Leasehold improvements d Equipment e Other									30		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land Buildings C Leasehold improvements d Equipment e Other		t VI Land. Buildings, and Equipm	ent.	ownient junos.							
Description of property (a) Cost or other basis (investment) 1a Land Buildings C Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation 380,000 380,000 380,000 564,138 69,813 494,325 C Leave Other	[Part IV line 11a S	See Form 990 F	Part X lin	e 10				
basis (investment) basis (other) depreciation								d 	(d) Book	k valu	
1a Land 380,000. 380,000. b Buildings 564,138. 69,813. 494,325. c Leasehold improvements Equipment e Other 0		besomption or property	1 , ,	1 , ,				٠	(4) 500	valut	,
b Buildings c Leasehold improvements d Equipment e Other	10	Land	22310 (11170311)				1	-	38	0.01	00.
c Leasehold improvements d Equipment e Other							<u>59 81</u>	3			
d Equipment e Other		•		- 	-, -, -, -,		, 0 -	 	37		<u></u>
e Other		·					-	 -			
		• •									
	_		qual Form 990, Part	X, column (B). line	10(c))				87	4,3	25.

Schedule D (Form 990) 2013

	E GARDEN FOUN	DATION	93-	1315647	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"				· · · · - · - · · · · ·	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-	of year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other			<u></u>		
(A)				_	
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.				•	
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part	X, line 13		
(a) Description of investment	(b) Book value	(c) Method of valua		of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					_
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.		<u> </u>			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part	X, line 15.		
	Description			(b) Book va	alue
(1)					
(2)					
(3)	· · · · · · · · · · · · · · · · · · ·				
(4)					
(5)					
(6)					
(7)					_
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)				
Part X Other Liabilities.		· ······			
Complete if the organization answered "Yes"	to Form 990 Part IV line	11a or 11f See Form 996	D Part X line 25		
1. (a) Description of liability		(b) Book value	5, 1 art 7, ario 25.		
(1) Federal income taxes		(-,			
(2) FUNDS HELD ON BEHALF OF T	HE -				
	****	13,639.			
(4)					
(5)					
(6)					
(7)					
(8)	1	l			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

13,639.

Schedul	e D (Form 990) 2013 THE JAPANESE GARDEN FOUNDA	TION	93-1315647 Page 4
Part X		ents With Revenue per F	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1 To	tal revenue, gains, and other support per audited financial statements		1 370,386.
2 An	nounts included on line 1 but not on Form 990, Part VIII, line 12		` '
a Ne	t unrealized gains on investments	2a 267,031.	식 .)
	nated services and use of facilities	2b	↓ ^
	covenes of prior year grants	2c	
	her (Describe in Part XIII.)	2d	267 031
	Id lines 2a through 2d		2e 267,031. 3 103,355.
	abtract line 2e from line 1		3 103,355.
	nounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-1	[· · ·]
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	4 .
	her (Describe in Part XIII) Id lines 4a and 4b	4b	
			4c 0.
	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 【II Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1 To	tal expenses and losses per audited financial statements		1 136,259.
	nounts included on line 1 but not on Form 990, Part IX, line 25:		
	onated services and use of facilities	_{2a}	
	or year adjustments	2b	-
	her losses	2c	†
	her (Describe in Part XIII)	2d	┨
	dd lines 2a through 2d		2e 0.
	ubtract line 2e from line 1		3 136,259.
	nounts included on Form 990, Part IX, line 25, but not on line 1:		3,733
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	1
	her (Describe in Part XIII)	4b	┥ ,
	dd lines 4a and 4b	40.	4c 0.
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 136,259.
	KIII Supplemental Information.		131
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV. lines 1b and 2b; Part V. line	4: Part X. line 2: Part XI.
	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad-		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PART	V, LINE 4:		
EXPL	ANATION: INVESTMENT RETURN EARNED ON ENI	OWMENT FUNDS ARI	E INTENDED TO
SUPP	ORT THE GENERAL OPERATIONS OF THE JAPANE	SE GARDEN SOCIE	ry of oregon,
mirro		MILL CARRENT RIDER	amona aoimiati
THE	CULTURE, ART AND EDUCATION PROGRAM, AND	THE GARDEN DIREC	CTORS COUNCIL
FUND			
FUND	•		
		·	
		······································	
			

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

▶ Attach to Form 990.

Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990.

Name of the organization THE JAPAN	JAPANESE GARDEN	N FOUNDATION	N(•		Employer identification number 93-1315647
Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for mont	toring the use of grant	funds in the Unite	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 required that seemed more than \$5,000. Dart II can be divided if additional enacted.	Governments and	d Organizations in the	e United States. C	complete if the orga	ınızatıon answered "Y	'es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAPANESE GARDEN SOCIETY OF OREGON P.O. BOX 3874	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20,70	316 03	c			TOOLS CHEBOOM
	111111111111111111111111111111111111111						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	ne line 1 table				1
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s. see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

Page 2

(f) Description of non-cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

LINE PART I, EXPLANATION: THE FOUNDATION MONITORS THE USE OF GRANT FUNDS TO THE JAPANESE

GARDEN SOCIETY OF OREGON BY OBTAINING AND REVIEWING MONTHLY FINANCIAL

STATEMENTS.

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.
 ▶ See separate instructions.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE JAPANESE GARDEN FOUNDATION

Employer identification number 93-1315647

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	l '		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III		l	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
			1	1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			l
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			ļ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			ļ
а	The organization?	5a		X
b	Any related organization?	5b	<u> </u>	Х
	If "Yes" to line 5a or 5b, describe in Part III.		İ	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			ļ <u>.</u>
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			.
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pagulations section 53 4058-6(a)2	I۵	1	I

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) STEPHEN D. BLOOM	(i)			0		0		
CHIEF EXECUTIVE OFFICER	(ii)	170,827.	5,175.	0.	9,650.	7,238.	189,890.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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0,7000				Č			Sched	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 THE JAPANESE GARDEN FOUNDATION	93-I3I564/
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information	art for any additional information

Schedule J (Form 990) 2013

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number

THE JAPANESE GARDEN FOUNDATION	93-1313047
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE CHIEF EXECUTIVE OFFICER, DIRECTOR OF FIN	ANCE, AND BOARD
MEMBERS OF THE JAPANESE GARDEN FOUNDATION REVIEW THE FORM	990 BEFORE IT IS
FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: THE ORGANIZATION MONITORS AND ENFORCES COMPL	IANCE WITH ITS
CONFLICT OF INTEREST POLICY BY REQUIRING EACH BOARD MEMBE	R TO COMPLETE THE
CONFLICT OF INTEREST DISCLOSURE STATEMENT WHEN THEY FIRST	JOIN THE BOARD
AND THE STATEMENTS ARE RENEWED ANNUALLY THEREAFTER.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS	, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REQUEST.	
	_

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

entity

Employer identification number 93-1315647Direct controlling End-of-year assets e Total income € Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) THE JAPANESE GARDEN FOUNDATION Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

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.	ations Complete if the organization a	answered "Yes" on Form 990,	Part IV, line 34 be	ecause it had one c	or more related tax-exem	ıpt	
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
)		501(c)(3))		Yes	°N
JAPANESE GARDEN SOCIETY OF OREGON - 93-0511171, P.O. BOX 3847, PORTLAND, OR 97708-3847	MAINTAIN THE PORTLAND	NODERGO	201(2)(3)	7 HZ 7	4 / N		×

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

93-1315647

Page 2

Schedule R (Form 990) 2013 THE JAPANESE GARDEN FOUNDATION

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)	(q)	9	(p)	(e)	(£)	(6)	(F)	(5)	8	K
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership
		country)		\$6000018 217-214)			Yes	N-1 (FORM 1003)	Yes No	
		-								
					-		<u>-</u>			
			•							
									1	Ì
					-					
		•								
							_			

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. Part IV

_ ا	_ :	(2) (2) (3)	2	ŝ					_	_		_		
5	= 1	512(b)(13)	ent	Yes No										
	<u> </u>	Percentage	dinisipina			_								
	6)	Share of	assets											
9	ε	Share of total	5								_			
3	(e)	Type of entity		(2)										
	Ē)	Direct controlling	cinity											
[3]	(0)	Legal domicile	foreign	country)					_					
ing the ten year.	(a)	Primary activity												
organizations treated as a corporation of trust during the tax year.	(a)	Name, address, and EIN	Of Telated Ofganization											

Schedule R (Form 990) 2013

332162 09-12-13

Page 3

Schedule R (Form 990) 2013 THE JAPANESE GARDEN FOUNDATION

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule						Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	slated organizations listed	ın Parts II-IV?			_	
a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity	:	:			1	~	×
b Gift, grant, or capital contribution to related organization(s)	:		. :	:	đ	×	
c Gift, grant, or capital contribution from related organization(s)				:	5	~	×
d Loans or loan guarantees to or for related organization(s)				:	19	×	×
e Loans or loan guarantees by related organization(s)	:				1e	~	×
f Dividends from related organization(s)	:	:		:	=	^	×
g Sale of assets to related organization(s)					19	~	×
h Purchase of assets from related organization(s)		:	:		ŧ	~	×
i Exchange of assets with related organization(s)	. :	:		:	;=	X	×
j Lease of facilities, equipment, or other assets to related organization(s)					÷	×	
k Lease of facilities, equipment, or other assets from related organization(s)					¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			:	=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)				Ē	×	
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)				ŧ	×	
o Sharing of paid employees with related organization(s)		:			9	×	-
					,	>	
					Δ,	4 >	1
q Heimbursement paid by related organization(s) for expenses					D.	4	
r Other transfer of cash or property to related organization(s)		:			+	~	×
s Other transfer of cash or property from related organization(s)					1s	_	×
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 trans	action thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o	(d) Method of determining amount involved	nvolved		1
(1)							
(2)							
(3)							
(4)							
(5)					:		
(9)							
332163 09-12-13	29			Schedule	Schedule R (Form 990) 2013	990) 20	113

Page 4

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.

Prmary activity Legal dominole Predominant income amens share of state or foreign (state or foreign recluded from tax country) under section 512-514) (vs. No. No. No. No. No. No. No. No. No. No	(a)	(q)	(3)	(p)		(£)	(6)	(F)	(9)	9	(K)
	Name, address, and EIN of entrty		ig.	Predominant income paritic (related, unrelated, excluded from tax under section 512-514) tyes		are of otal	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
Schedule R Ferm 980) 2013							Į.				
Schedule R (Form 990) 2013								-			
Schedule H (Form 990) 2013										_	
Schedule R (Form 990) 2013											
Schedule R (Form 990) 2013											
Schedule R (Form 990) 2013					_					_	
					-						
Schedule R Form 990) 2013											
Schedule R (Form 990) 2013											
Schedule R (Form 390) 2013						_					
Schedule R (Form 990) 2013											
Schedule R (Form 990) 2013										_	
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Schedule R (Form 990) 2013											
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Schedule R (Form 990) 2013										_	
Schedule R (Form 990) 2013											
Schedule R (Form 990) 2013										_	
									Schedule	R (For	m 990) 2013

30

Schedule R	(Form 990) 2013	THE	JAPANESE	GARDEN	FOUNDATION	93-1315647 Page 5
Part VII	Supplemental Infor	mation	<u> </u>	CILICALIT	100112111	
	Provide additional inform			tions on Sobo	dula P (see metructions)	
	Provide additional inform	ation for re	asponses to ques	dons on Scrie	dule h (see instructions).	
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Form **8868** (Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X		
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of	this form).				
Do not o	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.			
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (6 months for a corp	oration		
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically f	ile Form 8	868 to request an e	xtension		
of time to	ofile any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers .	Associated With Ce	rtain		
Personal	Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details of	on the elec	ctronic filing of this	form,		
visit www	virs.gov/efile and click on e-file for Chanties & Nonprofits	5.						
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).				
A corpor	ation required to file Form 990-T and requesting an auto							
Part I on					▶	· 🗌		
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time			
to file inc	ome tax returns.		·	Enter file	er's identifying nur	nber		
Type or	Name of exempt organization or other filer, see instru	ictions			r identification num			
print	,			. ,		` ,		
	THE JAPANESE GARDEN FOUNDA	TION			93-131564	47		
File by the due date for	Number street and seem or suite as Ka DO have		tions.	Social se	curity number (SSN			
filing your	P.O. BOX 3847				,	•		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
PORTLAND, OR 97208-3847								
	TORTELLO, OR STEED SOL		-					
Enter the	Return code for the return that this application is for (file	e a senara	te application for each return)			0 1		
Lines the	The tall it code for the retain that this application to fair	o a oopara	to application for each return,	• • •	•	<u> </u>		
Applicat	ion	Return	Application		 	Return		
• •		Code	Is For			Code		
Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09								
		03	Form 5227		··· - ··	10		
Form 990						11		
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069					
Form 990	O-T (trust other than above)	06	Form 8870			12		
	MS. DIANE BRAU		TT 73TD OD 07000 30	477				
	poks are in the care of \triangleright P.O. BOX 3847	- POR		4/				
	none No ► <u>(503) 796-3695</u>		Fax No. 🕨		 			
	organization does not have an office or place of busines			•	•	· 🗀		
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) l	f this is fo	r the whole group, o	check this		
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	f all memb	ers the extension is	for		
1 I re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	untıl				
	AUGUST 15, 2014 , to file the exemp	t organiza	tion return for the organization name	ed above	The extension			
ıs f	or the organization's return for							
•	X calendar year 2013 or							
•	tax year beginning	, an	d ending					
2 If t	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	rn			
	Change in accounting period							
3a If ti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less any		<u> </u>			
	nrefundable credits. See instructions.			За	\$	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and					
	imated tax payments made. Include any prior year overp	-		3ь	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your pa			30	Ψ			
	using EFTPS (Electronic Federal Tax Payment System).	-	-		•	0		
•				3c	- d Fa 0070 FC (0.		
instruction.	If you are going to make an electronic funds withdrawal ns	(direct de	oių with this Form 8868, see Form 8	403-EU ai	nu rom 8879-EO 10	ਸ payment		

Form 8868 (Rev. 1-2014)					Pac	<u>je 2</u>
• If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check thi	s box .	•	> X	
Note. Only complete Part II if you have already been granted a	n automatic	3-month extension on a previously t	iled Form	8868.		
If you are filing for an Automatic 3-Month Extension, comp						
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	nal (no c	opies n	ieeded).	
		Enter filer's	identifyii	<u>ng numb</u>	er, see instruction	ns_
Type or Name of exempt organization or other filer, see ins	tructions.		Employe	r identific	cation number (EIN	i) or
File by the THE JAPANESE GARDEN FOUNDA	TION			93-	1315647	
due date for Number, street, and room or suite no. If a P.O. box	·	etions.	Social se		ımber (SSN)	
return See P.O. BOX 3847						
City, town or post office, state, and ZIP code. For a PORTLAND, OR 97208-3847	a foreign add	dress, see instructions.		_		
Enter the Return code for the return that this application is for	(file a separa	ate application for each return)			0:	1
Application	Return	Application			Retur	
is For	Code	is For			Code	е
Form 990 or Form 990-EZ	01					_
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
 The books are in the care of ▶ P.O. BOX 3847 Telephone No. ▶ (503) 796-3695 If the organization does not have an office or place of busine If this is for a Group Return, enter the organization's four digbox ▶	ess in the Ur or Group Exe	Fax No. ▶	f this is fo	r the who		115
5 For calendar year 2013 , or other tax year beginning		, and endin	<u>g</u>			<u> </u>
6 If the tax year entered in line 5 is for less than 12 months Change in accounting period	, check reas	on: Initial return	Final r	eturn		
7 State in detail why you need the extension	DDEDA	RE A COMPLETE AND	A CCITE	אייים יי	TAX RETURN	
IS NOT YET AVAILABLE.	FREFA	RE A COMPLETE AND	ACCUI	. עובה	IMA KBIOK	<u>. N</u>
8a If this application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069,	enter the tentative tax, less any				_
nonrefundable credits. See instructions.		· ·	8a	\$	(0.
b If this application is for Forms 990-PF, 990-T, 4720, or 60	69, enter an	y refundable credits and estimated				_
tax payments made. Include any prior year overpayment	allowed as a	a credit and any amount paid				
previously with Form 8868.			8b	\$	(0.
C Balance due. Subtract line 8b from line 8a. Include your	payment wit	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See ins			8c	\$	(0.
•		st be completed for Part II o	-			
Under penalties of perjury, I declare that I have examined this form, inclit is true, correct, and complete, and that Lam authorized to prepare this	uding accomp form.	panying schedules and statements, and to	the best o	f my know	vledge and belief,	
Signature Title	CF	19	Date	<u> </u>	5/12/14	
		-		For	m 8868 (Rev. 1-20	14)