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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

16

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A F	or the 2	016 calendar year, or tax year beginning	and ending		
B Cr ap	neck if	C Name of organization		D Employer identification	ation number
	Address change	THE JAPANESE GARDEN FOUNDATION OF (OREGON		
X	Name change	Doing business as		93-13	315647
<u> </u>	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui		002 1201
L_	Final return/ termin-	P.O. BOX 3847		(503)	
	ated Amended	City or town, state or province, country, and ZIP or foreign postal coo	le	G Gross receipts \$	601,777
<u> </u>	Jreturn Applica-	PORTLAND, OR 97208-3847 F Name and address of principal officer, STEPHEN D. BLOOM	<u>vr</u>	H(a) Is this a group ret	
	Jtion pending	SAME AS ABOVE	A.	for subordinates? H(b) Are all subordinates inc	
		<u> </u>	(a)(1) or 5		ist (see instructions)
		► WWW.JAPANESEGARDEN.ORG	(4)(1) 01 0	H(c) Group exemption	· ·
		ganization: X Corporation Trust Association Other	L Ye	ar of formation: 2001 M	
		ummary			
8	1 Br	lefly describe the organization's mission or most significant activities. \underline{P}	ROVIDE S	SUPPORT FOR TH	IE JAPANESE
ğ	_	ARDEN SOCIETY OF OREGON.			
Activities & Governance		neck this box I if the organization discontinued its operations or	disposed of m	1 1	sets. 1
ું ફ		umber of voting members of the governing body (Part VI, line 1a)	44.5	3	
જ		umber of independent voting members of the governing body (Part VI, lin-		4	
iğ (tal number of individuals employed in calendar year 2016 (Part V, line 2a)	5	
انج		tal number of volunteers (estimate if necessary)		6	_
- 8 ∤		tal unrelated business revenue from Part VIII, column (C) line 12	7	7a 7b	
-	D INE	et unrelated business taxable income from Form 1907 Tine 34	 		
Revenue	a C	ontributions and grants (Part VIII, line 1h). OCT 2 4 2017	}	Prior Year 742.	Current Year 519,315
Revenue		ontributions and grants (Part VIII, line 1h) OCT 2 4 2017	1 h	44,108.	45,908
Ş		ogram service revenue (Part VIII, line 200) vestment income (Part VIII, column (A) lines 3; 4 and 7d)	ł H	64,756.	36,554
&	10 111	ther revenue (Part VIII, column (A), lines 5, 60, 80, 90, 100 and 118	î H	0.	30,33
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	} ₁₂ ,	109,606.	601,77
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	; 12)	84,739.	99,269
		enefits paid to or for members (Part IX, column (A), line 4)	ŀ	0.	
ဖ		alaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)	0.	
Expenses	1	ofessional fundraising fees (Part IX, column (A), line 11e)	- · · · /	0.	
ed.	i .		8,965.		
ũ		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,114.	83,11
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	[159,853.	182,380
	19 R	evenue less expenses. Subtract line 18 from line 12		-50,247.	419,391
Assets or Balances				Beginning of Current Year	End of Year
sets	20 To	otal assets (Part X, line 16)	[3,184,672.	3,667,92
tA8	21 To	otal liabilities (Part X, line 26)	Ĺ	672,744.	655,45
원		et assets or fund balances Subtract line 21 from line 20		2,511,928.	3,012,470
		Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying so			knowledge and belief, it
true,	correct,	and complete Declaration of preparer (other than officer) is based on all information	in of which prepa	rer has any knowledge.	
	[]	Signature of officer		Dăte	-/+
Sigr	L.	Signatury of Officer		EO	
Her	e]	Type or print name and title	<u>E</u>	LO	
				Date / Check	TIPTIN
Paid		Print/Type preparer's name EE LEE MCGEE		1/22/10	_po10043E6
	—			Firm's EIN	1 FOT734330
			700	FIIIII S EIN	
USE	Omy	rm's address 808 S.W. THIRD AVENUE, SUITE PORTLAND, OR 97204	700	Phone no. (50	03) 222-2515
		discuss this return with the property shown shows? (see instructions)		Tenone no. ()	Vec 1
MACH	, tha IDC	concept the return with the preparer chown above? (coe inctrictions)			IIVACIII

	990 (2016) THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647 Pag	<u>je 2</u>
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission.	_
•	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? Yes X	
	· · · · · · · · · · · · · · · · · · ·	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 144,716. including grants of \$ 99,269.) (Revenue \$ 45,908)	• 1
	THE FOUNDATION PROVIDES SUPPORT FOR THE OPERATION OF THE JAPANESE	— ′
	GARDEN SOCIETY OF OREGON AND MANAGES PRIVATELY DONATED FUNDS ON BEHALF	
	OF THE SOCIETY. DURING 2016, \$99,269 WAS GRANTED TO THE JAPANESE	
	GARDEN.	
		
4b	(Code) (Expenses \$	
40	(Code) (Expenses \$	— ′
	·	
		
4c	(Code) (Expenses \$ Including grants of \$) (Revenue \$)
		
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 144,716.	
	Form 990 (2	2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	_3_		<u>x</u>
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		4 ,12	7+
•	as applicable.	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	التقسد علجب		
	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			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
đ	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	х	
۵	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	-10		—
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		<u> </u>
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		Х
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		_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			v
4-	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
	complete Schedule G, Part III	19 Form	990	(2016)

Yes No

Form 990 (2016) THE JAPANESE GARDEN FOUNDATION OF OREGON
Part IV Checklist of Required Schedules (continued)

b If Vest to line 20s, did the organization attach a copy of its audited financial statements to this return? 20b Id the organization report more than \$5,000 of grants or other assistance to any official configuration or dimensitio government on Part IX, column (A), line 17 If Yes, "complete Schedule I, Parts I and III 21	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 if "res," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Use the organization answer "Yes" to Part IVI, Section A, line 3.4, or 5 about compensation of the organization's current and former officiers, directors, sustains, sustains, visually supposed to the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule J. Schedule J. White I was susued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No", go to the 25s b Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Use of the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 25d Section 501(5)(5), 501(6)(4) and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Use 1s the organization as not been reported on any of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Use 1s the organization as not been reported on any of the organization provide any of the organization and that the transaction when a disqualified person in a prior year, and that the transaction was designed person in a prior year, and that the transaction as not been reported on any of the organization and the part II was not prior forms 900 or 990-E27 If "Yes," complete Schedule L, Part IV Use 1st the organization and the transaction of the organization or payables to any current or former officer, director, trustee, or level person or disqualified person? If "Yes," complete Schedule L, Part IV In Schedule L, Part IV In Schedule L, Part IV In Schedule L, Part IV	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), Ine 27 If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part IVI, Section A, ine 3, 4, or 5 about compensation of the organization's current and former officiers, directors, trustees, key employees, and Inghest compensated employees If "Yes," complete Schedule K, If "No", go to Ine 25s Schedule V, If "No", yo to Ine 25s Schedule V, If "No", yo to Ine 25s Did the organization maxima in sections of the last day of the year, that was issued after December 31, 2002? If "Yes," enswer lines 24d through 24d and complete Schedule K, If "No", yo to Ine 25s Did the organization maxima in sections of the Schedule K, If "No", yo to Ine 25s Did the organization maxima in sections occur other than a refunding secrow at any time during the year to defease any tax-exempt bonds? d) Did the organization maxima in sections occur other than a refunding secrow at any time during the year to defease any tax-exempt bonds? d) Did the organization maxima in sections occur other than a refunding secrow at any time during the year? d) Did the organization and a dayunished person during the year? If "Yes," complete Schedule L, Part I I is the organization with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction band to the reported on any of the organization is price forms 990 or 9905227 If "Yes," complete Schedule L, Part IV is 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, expendice organization expendence or applicate billing thresholds, conditions, and acceptance or a profess of paying the price organization receive any payment from the following	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Fee" to Part IV IX, 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. 244 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 24s through 24d and complete Schedule K. If "No", go to me 25s Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mivest any an execest of the analysis of the organization mivest and an exercise section of the organization and that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule L, Part II Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of uring the year of the organization as provide a grant or other assistance to an officer, director, furstee, key employee, substantial continuous or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV Did the organization provide a grant or other assistance to an officer, director, furstee, key employee, substantial continuous or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, furstee, or key employee (or a family member thereof) was an officer		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Dut the organization answer "Yes" to Part VII, Section A, Ine 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. 244 248 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? // 'Yes,' complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // 'Yes,' answer lines 24b through 24d and complete Schedule K. 'I' 'No', 'g to the new 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pende exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pende exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pende exception? Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year of the organization and a sa non behalf of 'issuer for bonds outstanding at any time during the year? Did the organization and at a sa non behalf of 'issuer for bonds outstanding at any time during the year? Eas Section 50(16)8, 501(6)4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a price year, and that the transaction what a disqualified person in a price year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? // 'I' 'Yes,' complete Schedule L, Part I' Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustees, we perholyees, price forms 990 or 990 EZ? // 'I' 'Yes,' complete Schedule L, Part IV anstructions for applicable lining thresholds, conditions, and exceptions, and acceptions or any of these persons? // 'Yes,' complete Schedule L, Part IV yes, and the organization receive more than \$25000 in non-cash contributions? // 'Yes,' complete Schedule L, Part IV yes, and yes any of the organization receive more than \$25000 in non-cash contributions? // 'Yes,' complete Schedule L, Part IV yes,' complete		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization means any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrew account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? did be the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did be the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Pss," complete Schedule L, Part I is the organization export 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 "Yes," complete Schedule L, Part II is 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% contributed entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV is a trustee, or key employee its provision of applicable ling thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee (se a family member of the provision of applicable ling thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee (se organization exceeded in the part IV is an extra section of the organization receive any extra section of the part IV is an exception of the part IV is an extra section of the part IV is a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Zhab Zh		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part 1 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 with a disqualified person on a prior year, and that the transaction with been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part 1 25b Lib the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, strustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV D Id the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributior or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV a Name the organization and a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV a Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sc		Schedule J	_23	X	
Schedule K. If 'No', go to lime 25a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mirest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mirest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mirest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maritan an escrow account other than a refunding escrow at any time during the year of the degracian of the composition of the	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refluencing escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Is she organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Is she organization avairation and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is is the organization has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization expendence of the following particle schedule to any current or former officer, director, truste, with the member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25b Is the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27c Instructions for applicable fling thresholds, conditions, and exceptions). 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A current or former officer		Schedule K. If "No", go to line 25a	24a		X
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30					
contributions? If "Yes," complete Schedule M 30		-	_29_		<u> </u>
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Inne 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI The organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	30				١,,,
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If "Yes," complete Schedule R, Part V, line 2 36	26		330	<u> </u>	\vdash
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Note. All Form 990 filers are required to complete Schedule O	38		ٽ' ا		
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					(2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			:
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a		l '		۱
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			l .
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			$\tilde{\mathbf{X}}$
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		 ^- -
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		├─
6a	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	 0		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/ N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A	7h	14/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b	_	\vdash
10	Section 501(c)(7) organizations. Enter.		_	<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	Ì '	'	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a] ,
b	Gross income from other sources (Do not net amounts due or paid to other sources against	, '	'	۱ ۱
	amounts due or received from them)			
12a		12a		<u> </u>
ь	· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A			
а	1	13a	L	├─
٠.	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
c	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	1		
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
<u>~</u>	The state of the s		990	(2016)

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			<u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing	ļ		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			į
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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			
	of officers, directors, or trustees, or key employees to a management company or other person?	_3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	l
b	Each committee with authority to act on behalf of the governing body?	_8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			a a statum
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	<u></u> _	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		l	
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	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) and 990-T (Section 501(c)(3)s only) are	ivailat	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, conflict of interest policy, and	finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	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.

(A)	(B)			((ed any current officer, of (D)	(E)	(F)
Name and Title	Average	Ì		Pos	ition	١		Reportable	Reportable	Estimated
	hours per	box	, unle:	ss pe	rson	than is bot	n an	compensation	compensation	amount of
	week	├─	er an	dad	recto	ector/trustee)		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	l o	<u> </u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	Institutional trustee		99/	Highest compensated employee		(44-2/1099-141130)		organization and related
	below	deal	noth	1	Key employee	st co	à			organizations
	line)	ğ	Instit	Officer	Key e	Hghe Plan	F ormer			
(1) TRISH ADAMS	1.00									
DIRECTOR		X						0.	0.	0
(2) DEDE DEJAGER	1.00									
DIRECTOR	2.00	X						0.	0.	0
(3) JERRY HUDSON	1.00									
DIRECTOR	2.00	X				<u> </u>		0.	0.	0
(4) JOSH HUSBANDS	1.00									
DIRECTOR		X	<u> </u>					0.	0.	0
(5) DOUG LOVETT	1.00									
DIRECTOR		X	_					0.	0.	0
(6) JAMES LYNCH	1.00]								
DIRECTOR		X	<u></u>		L	L		0.	0.	0
(7) ALLEN MERCER	1.00	ļ						_	_	_
DIRECTOR		X	L		<u> </u>			0.	0.	0
(8) DEE ROSS	1.00]				1			_	_
DIRECTOR		X	L	_	<u> </u>	<u> </u>		0.	0.	0
(9) GREG FITZ-GERALD	1.00	ا			1					
CHAIRMAN		X		Х		L		0.	0.	0
(10) CARMEN WONG	1.00	١.,	l		l	l				
VICE PRESIDENT	1 00	X	L	X	<u> </u>	<u> </u>		0.	0.	0
(11) STEPHEN BLOOM	4.00	ļ.,		,,					000 000	16 010
PRESIDENT		X		Х	<u> </u>	├ -		0.	232,998.	16,213
(12) DIANE BRAUER	4.00	٠,		۱,,		i		1	100 251	0.640
SECRETARY AND TREASURER	45.00	X	_	X	<u> </u>	<u> </u>		0.	100,351.	8,642
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Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			_ (0				(D)	(E)	j		(F)
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	(list any hours for	Lect				1		the	organizations		•	ensation
•	related	5	<u>8</u>		1	sated		organization	(W-2/1099-MI	SC)		m the
	organizations	nste	trust		g,	i beni		(W-2/1099-MISC)			_	nızatıon related
	below	la t	tonal		혍	yee ye	Ļ					nzations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<u>E</u>				0.94.	
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1b Sub-total	/II Continu A							0.	333,3	-0.		0
c Total from continuation sheets to Part \	vii, Section A							0.	333,3		24	,855
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	and limited to t	haaa	. liet		h a		DO #	<u> </u>				, 033
 Total number of individuals (including but compensation from the organization 	not iimited to ti	11056	: 1150	eu a	DOV	e) w	no r	eceived more than \$100	o,000 or reportat	ле		(
Compensation from the organization		_		-			_					Yes No
3 Did the organization list any former office	r director or tr	ueta	مام		mnle	21/20	or	highost componented o	molovec on	Г	-	110
line 1a? If "Yes," complete Schedule J for	•		C, A	sy ei	прк	Jyee	, 01	nighest compensated e	inployee on		3	X
4 For any individual listed on line 1a, is the s			omn	ence	atioi	n an	d at	har compansation from	the organization		"	
and related organizations greater than \$1			-					•	trie organization	-	4	X
5 Did any person listed on line 1a receive of									udual for conven	. h	+	
rendered to the organization? If "Yes," co.							eiai	led organization or indiv	idual for services	- ا	-	X
Section B. Independent Contractors	rripiete Scriedu	ie J i	10/ 3	ucn	pers	SOII	_		- · ·		5	<u></u>
		ممام							\$100,000 of one		- A	
1 Complete this table for your five highest of										npensa	RION IN	Om
the organization. Report compensation fo	r the calendar	year	ena	ing v	vitn	or w	/itmii		year			<u></u>
(A) Name and busines	s address	N	ON	F.				(B) Description of s	services	Cc	(C) ompen	
Traine and business		747	OI4.				\dashv	- Dodonption of		-	,,,,po,,	
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<u> </u>							\dashv	<u> </u>		├─		
O Tabel mumb a color de color	for all colors and a							d abassa to the		 		
2 Total number of independent contractors	-	not li	ımıte	ea to		_	stec	a above) who received r	nore than	1		
\$100,000 of compensation from the orga	nization >					0				Ц		
										F	Form 9	90 (2016

	•		Check if Schedule O contain	ne a reenonee	or note to any lin	e in this Part VIII			
:				is a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b C d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution	1a 1b 1c 1d 1s)					
Contribution and Other S	9	g	All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a Total. Add lines 1a-1f	1f	519,315.	519,315.			
Program Service Revenue		a b c	RENTAL INCOME		Business Code 531120	45,908.	45,908.	-	
ogram Rever		d e							
ة ا			All other program service revenue Total. Add lines 2a-2f	ue		45,908.			
	3		Investment income (including dother similar amounts) Income from investment of tax-o		▶	36,554.			36,554.
	5 6		Royalties Gross rents	(ı) Real	(ii) Personal				
		b c	Less. rental expenses Rental income or (loss) Net rental income or (loss)		•				·
			Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(II) Other				
Ф		d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising	events (not			-	-	-
Other Revenue		b	including \$ contributions reported on line 1 Part IV, line 18 Less. direct expenses	of c). See a b					
	9	а	Net income or (loss) from fundra Gross income from gaming acti Part IV, line 19		<u> </u>			<u> </u>	
		С	Less: direct expenses Net income or (loss) from gamir Gross sales of inventory, less re	_	>			<u> </u>	
			and allowances Less. cost of goods sold Net income or (loss) from sales	a b of inventory	>				
	11		Miscellaneous Revenue		Business Code				-
		b c d	All other revenue						
	12		Total. Add lines 11a-11d Total revenue. See instructions.		>	601,777.	45,908.	0	36,554.

Form 990 (2016) THE JAPANESE (
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon		this Part IX (B)	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	20 262	00 000		
	and domestic governments. See Part IV, line 21	99,269.	99,269.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			<u> </u>	
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	13,085.		7,197.	5,888.
b	Legal			2.500	
С	Accounting	2,502.		2,502.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				 · ·
13 14	Office expenses Information technology				
15	Royalties				
16	Occupancy	31,743.	24,442.	3,492.	3,809.
17	Travel	5,994.			5,994.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		п		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,279.	21,005.	3,000.	3,274.
23	Insurance	2,223.		2,223.	
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	PPPG AND LIGHNORG	291.		291.	
b					
C					
d					
е	•			4.2.5.5	1000
25	Total functional expenses. Add lines 1 through 24e	182,386.	144,716.	18,705.	18,965.
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 from the following SOP 98-2 (ASC 958-720)	l	l		

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash · non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 740.739. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 1,186,362. basis Complete Part VI of Schedule D 10a 1,080,346. 2,103,586. 133,295. 1,053,067. b Less accumulated depreciation 10b 10c 2,367,047. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 247,074. 15 Other assets See Part IV, line 11 15 3,184,672.3,667,927. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,826. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L $\overline{655,457}$. 669,918 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 672,744. 655,457. 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 396,860. 371,015. 27 Unrestricted net assets 466,734. 185,371. 28 Temporarily restricted net assets 1,929,697. 2,174,721. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 2,511,928. 3,012,470. 33 Total net assets or fund balances 33 3,667,927. 3,184,672. Total liabilities and net assets/fund balances Form 990 (2016)

Form Porm	990 (2016) THE JAPANESE GARDEN FOUNDATION OF OREGON	<u>93-13</u>	<u> 15647</u>	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,7'	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,39	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,51		
5	Net unrealized gains (losses) on investments	5	81	1,1	<u>51.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	3,012	2,4	<u>70.</u>
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			l	!
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	[i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1	l	
	separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis			}	1
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 separa	te basis,		ı	
	consolidated basis, or both.			l	
	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,		[
	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				
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 Audıt			i
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 <u>b</u>		
			Form	990 (2016)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE JAPANESE GARDEN FOUNDATION OF OREGON

Employer identification number 93-1315647

Part I F	leason for Public C	narity Status (A	II organizations must co	mplete thi	s part.) Se	e instructions.	
The organization	on is not a private found	ation because it is. (F	or lines 1 through 12, c	heck only	one box.)		
1 <u> </u>	hurch, convention of chi	urches, or association	n of churches described	in section	n 170(b)(1)(A)(i).	
2 . As	chool described in <mark>secti</mark>	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	n 990 or 99	0-EZ).)		
3 🗔 Ah	ospital or a cooperative	hospital service orga	nization described in se	ction 170	(b)(1)(A)(ii	i).	
4 🔲 An	nedical research organiza	ation operated in con	njunction with a hospital	described	in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	, and state.						
	organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	overnmental unit describ	ped in
se	ction 170(b)(1)(A)(ıv). (C	omplete Part II.)					
	ederal, state, or local gov		ental unit described in s	section 17	O(b)(1)(A)	(v).	
7 🗀 An	organization that normal	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
	ction 170(b)(1)(A)(vi). (Co	•				-	
	ommunity trust describe	•	1)(A)(vi). (Complete Part	t II.)			
	agricultural research org			-	d in conju	nction with a land-grant	college
	university or a non-land-g						
	versity:	, <u> </u>			, , , , , , , , ,	,	
	organization that normal	lly receives (1) more	than 33 1/3% of its sun	port from	contribution	ons, membership fees, a	and gross receipts from
	ivities related to its exem						
	ome and unrelated busir	·					
	e section 509(a)(2). (Cor		(1000 000 to 110 11 tably the	J.,, D.,,,,,			
	organization organized		vely to test for public sa	fetv. See s	section 50)9(a)(4).	
[]	organization organized	•	•	•			e purposes of one or
	re publicly supported or	· ·	-				
	es 12a through 12d that	~					
	Type I. A supporting orga						/ aivina
	he supported organization	•					
	organization. You must o			_, ,			11 0
	Type II. A supporting org	•		tion with it	s support	ed organization(s), by ha	avina
	control or management of	· ·					
	organization(s). You mus			anto poroc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Type III functionally inte	•		in connec	tion with	and functionally integrat	ed with.
	ts supported organizatio	•					54 11111,
	rype III non-functionally						ization(s)
	hat is not functionally int						
	equirement (see instruct						TVC11033
	Check this box if the orga	•	-				
	unctionally integrated, o					Type i, Type ii, Type iii	
			rially integrated support	ing organi	zation.		1
	ie number of supported of the following information	_	d ergenization(s)		•		
	ame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed no document?	(v) Amount of monetary	(vi) Amount of other
• • • • • • • • • • • • • • • • • • • •	organization	(,,	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)
TAPANTO	E GARDEN	-	above (see instructions))	 	 		
-		93-0511171	7	x		99,269.	45,447.
BOCILLI	01 01.	33 0311171	<u> </u>			33,203.	20,227
]]			
		 		†			
	<u> </u>			 - 			
Total	.				<u> </u>	99,269.	45,447.

Schedule A (Form 990 or 990-EZ) 2016 THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647 Page 2 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		J]]		
	include any "unusual grants.")				<u> </u>		
2	Tax revenues levied for the organ-		ł	}	}	}	
	ization's benefit and either paid to			ļ			
	or expended on its behalf						
3	The value of services or facilities					ļ	ı
	furnished by a governmental unit to						
	the organization without charge	Ĺ <u>.</u>		<u> </u>			
4	Total. Add lines 1 through 3	<u> </u>		-	<u> </u>		
5	The portion of total contributions					· ·	
	by each person (other than a			1	1	,	
	governmental unit or publicly		}			,	
	supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11,		1			}	
	column (f)						
6	,,,						
	Public support, Subtract line 5 from line 4 stion B. Total Support		<u> </u>	<u> </u>	·	J	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(4) 2012	(0) 2013	(0) 2014	(u) 2013_	(6) 2010	(i) rotai
8	Gross income from interest,			 	 	 	
	dividends, payments received on]				
	securities loans, rents, royalties		1				
	and income from similar sources		ļ				
9	Net income from unrelated business			 			
_	activities, whether or not the						
	business is regularly carried on	j]	j	}		j
10	Other income. Do not include gain						
	or loss from the sale of capital		}	1		}	ļ
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	's first, second, th	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publ	ic Support Pe	ercentage			, . ,	
14	Public support percentage for 2016 (line 6, column (f) c	divided by line 11,	column (f))		14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the	•			14 is 33 1/3% or	more, check this b	ox and
_	stop here. The organization qualifies	• • • • •	•				▶∟_
Ł	33 1/3% support test - 2015. If the				d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qua	• •			10.10 10		>
178	10% -facts-and-circumstances tes	-	-				
	and if the organization meets the "fac				*	art vi now the orga	nization
	meets the "facts-and-circumstances"	•	•		_	47a and 6 45 -	100/ 27
t	10% -facts-and-circumstances tes		=				
	more, and if the organization meets t						•
40	organization meets the "facts-and-circ		=				
18	Private foundation. If the organization	лт ото постнеск а	LUON OITHING TO, II	oa, 100, 174, 01 17			or 990-EZ) 2016
					3011		, U, UUU-LL/ LU 10

Schedule A (Form 990 or 990-EZ) 2016 THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	quality under the tests listed be ction A. Public Support	low, please com	ipiete Part II j				
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(4) 2012	(5) 2015	(6) 2014	(4) 2013	(e) 2010	
•	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						i
6	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
_8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10:	a Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the organization	'e firet econd thi	rd fourth or fifth t	l	n 501(a)(3) ara===	zation.
14	check this box and stop here	are organization	i s iirst, secona, thi	u, iourui, or iiith t	ax year as a secti	on ao noganiz	Lauon,
50	ction C. Computation of Publi	c Support P	ercentage				
	Public support percentage for 2016 (li			column (f)		15	0/
16	• • • •		•	column (1))		16	
_	ction D. Computation of Inves			 _	 -	1 10 1	
						17	0/
17	'			ne 10, coluitat (I))		18	
18	Investment income percentage from 2 a 33 1/3% support tests - 2016. If the			on line 14 and lin	a 15 is more than		
19							►
	more than 33 1/3%, check this box ar b 33 1/3% support tests - 2015. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						▶⊨
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1	X	
•		
2		Х
3a_		X
3b_		
3c		
4a	1	Х
4b	i	~
4c		
5a		X
5b		-
5c		
6	-	x
7		x
8		х
9a		х
9b		X
9c		x-
10a	-	х
10b		

Name Name		dule A (Form 990 or 990-EZ) 2016 THE DAPANESE GARDEN FOUNDATION OF OREGON 93-13	T 10 4	<u>, Pa</u>	ige 5
11 Has the organization accepted a gift or contribution from any of the following persons? A parson who directly or indirectly controls, either abone or together with persons described in (b) and (c) below, the governing body of a supported organization? 15 A family member of a person described in (a) bobow? c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pert VI. 16 X Section B. Type I Supporting Organizations 1 Did the directors, fusites, or membership of one or more supported organizations have the power to regularly apport or elect at least a majority of the organization is directors or trustess at all times during the tax year? If "No." describe in Pert VI. Inov. the supported organizations of directors or trustess at all times during the tax year? If "No." describe in Pert VI. Inov the supported organization of organization of organization and with conditions or restrictions, directors or trustess were allocated among the supported organization and with the organization and with the condition of the program of organization of "Yes" and pert organization of the supported organization of the supported organization of the third than on supported organization of gramization of "Yes", explain in Pert VI. Inov. providing such benefit carried out the purposes of the supported organization (p) that operated, suppervised, or controlled the supporting organization of "Yes", explain in Pert VI. Inov. providing such benefit carried out the purposes of the supported organization (p) that operated, supporting organizations. 1 Were a majority of the organizations directors or trustess during the tax year also a majority of the directors or trustess of select of the organizations and provided organizations or trustess of select of the organization provide to each of its supported organizations of the explaint organization or the organization provide to each of its supported organizations organization is a provided organization in the organization is p	Par	t IV Supporting Organizations (continued)		 v	<u></u>
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	-		1	
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				1	ľ
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a		3a	†	<u> </u>
	h		 -	1	
			3b		

Schedule A (Form 990 or 990-EZ) 2016 THE JAPANESE GARDEN FOUNDATION OF OREGON93-1315647 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). 1a a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI). Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

Lheck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions)

instructions).

Schedule A (Form 990 or 990-EZ) 2016 THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C. line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016. c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: b Excess from 2013 c Excess from 2014 d Excess from 2015

e Excess from 2016

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

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

THE JAPANESE GARDEN FOUNDATION OF OREGON

Employer identification number 93-1315647

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		IS OF ACCOUNTS. Complete if the			
	organization answered Tes On Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year		(2)			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds			
•	are the organization's property, subject to the organization's		Yes No			
6	Did the organization inform all grantees, donors, and donor ac	<u> </u>	e used only			
	for charitable purposes and not for the benefit of the donor or	- -	•			
	impermissible private benefit?	_	Yes No			
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part 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 ed	ducation) Preservation of a his	storically important land area			
	Protection of natural habitat	Preservation of a ce	rtified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the forn	n 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 stru	icture included in (a)	2c			
ď	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	cture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax			
	year ▶					
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	f			
	violations, and enforcement of the conservation easements it		└── Yes └── No			
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations, and enforcing co	nservation easements during the year			
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year			
_	\$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17				
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No			
9	In Part XIII, describe how the organization reports conservation	· '	•			
	include, if applicable, the text of the footnote to the organizati	on s financial statements that describe	s the organization's accounting for			
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
Pa						
Pa						
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	ement and halance cheet works of art			
	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS	990, Part IV, line 8. C 958), not to report in its revenue state				
	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AShistorical treasures, or other similar assets held for public exhibitors.	990, Part IV, line 8. C 958), not to report in its revenue state ibition, education, or research in further				
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh the text of the footnote to its financial statements that describ	990, Part IV, line 8. C 958), not to report in its revenue state abition, education, or research in further oes these items.	rance of public service, provide, in Part XIII,			
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (ASI historical treasures, or other similar assets held for public exh the text of the footnote to its financial statements that describ If the organization elected, as permitted under SFAS 116 (ASI	990, Part IV, line 8. C 958), not to report in its revenue state ibition, education, or research in further pes these items. C 958), to report in its revenue stateme	rance of public service, provide, in Part XIII, int and balance sheet works of art, historical			
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (ASI historical treasures, or other similar assets held for public exh the text of the footnote to its financial statements that describ If the organization elected, as permitted under SFAS 116 (ASI treasures, or other similar assets held for public exhibition, ed	990, Part IV, line 8. C 958), not to report in its revenue state ibition, education, or research in further pes these items. C 958), to report in its revenue stateme	rance of public service, provide, in Part XIII, int and balance sheet works of art, historical			
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exhibite the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, edirelating to these items.	990, Part IV, line 8. C 958), not to report in its revenue state ibition, education, or research in further pes these items. C 958), to report in its revenue stateme	rance of public service, provide, in Part XIII, int and balance sheet works of art, historical			
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS) historical treasures, or other similar assets held for public exhibite text of the footnote to its financial statements that describ If the organization elected, as permitted under SFAS 116 (AS) treasures, or other similar assets held for public exhibition, edirelating to these items. (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8. C 958), not to report in its revenue state ibition, education, or research in further pes these items. C 958), to report in its revenue stateme	rance of public service, provide, in Part XIII, nt and balance sheet works of art, historical ublic service, provide the following amounts \$			
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (ASI historical treasures, or other similar assets held for public exhibite text of the footnote to its financial statements that describ If the organization elected, as permitted under SFAS 116 (ASI treasures, or other similar assets held for public exhibition, edirelating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	990, Part IV, line 8. C 958), not to report in its revenue state abition, education, or research in further oes these items. C 958), to report in its revenue stateme aucation, or research in furtherance of p	rance of public service, provide, in Part XIII, int and balance sheet works of art, historical ublic service, provide the following amounts			
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (ASI historical treasures, or other similar assets held for public exhibited the footnote to its financial statements that described the organization elected, as permitted under SFAS 116 (ASI treasures, or other similar assets held for public exhibition, edirelating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treating to the service of	990, Part IV, line 8. C 958), not to report in its revenue state abition, education, or research in further oes these items. C 958), to report in its revenue stateme aucation, or research in furtherance of places.	rance of public service, provide, in Part XIII, int and balance sheet works of art, historical ublic service, provide the following amounts			
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under SFAS 116 (AS) historical treasures, or other similar assets held for public exhibited the text of the footnote to its financial statements that describ If the organization elected, as permitted under SFAS 116 (AS) treasures, or other similar assets held for public exhibition, edirelating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat the following amounts required to be reported under SFAS 11	990, Part IV, line 8. C 958), not to report in its revenue state abition, education, or research in further oes these items. C 958), to report in its revenue stateme aucation, or research in furtherance of places.	rance of public service, provide, in Part XIII, int and balance sheet works of art, historical ublic service, provide the following amounts			

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

_	410 0 (1 01111 000) 2010	ANESE GARDI					315647 Page 2
Par	organizations members						
	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are	a signi	ficant use of i	ts collection items
	(check all that apply).	ف.					
a	Public exhibition	a		nange programs			
þ	Scholarly research	е	Other				
C	Preservation for future generations						Sand VIII
	Provide a description of the organization's co	·	•	·-			ran Aiii.
	During the year, did the organization solicit o				milar as	sets	Yes No
Par	to be sold to raise funds rather than to be material Escrow and Custodial Arran				" on Eo	rm 000 Dort	
Гаг	reported an amount on Form 990, Pai	-	te ii trie organizatio	n answered Tes	OHFO	IIII 990, Fait	IV, III IE 9, OI
10	Is the organization an agent, trustee, custodi		iany for contribution	e or other assets	not inc	luded	
	on Form 990, Part X?	ian or other intermed	lary for contribution	3 Of Other assets	i not inc	,iudeu [Yes No
	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table			,	
U	ii res, explain the analigement iii at Alii	and complete the lo	lowing table.				Amount
С	Beginning balance					1c	7,011001112
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on F	orm 990. Part X. line	21, for escrow or cu	ustodial account	liability'		Yes No
	If "Yes," explain the arrangement in Part XIII.						
Par							
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d)	Three years ba	ck (e) Four years back
1a	Beginning of year balance	2,103,587.	2,299,996.	2,272,5	25.	1,989,77	3. 934,503.
b	Contributions	518,574.		1,1	51.		1,100,168.
С	Net investment earnings, gains, and losses	117,705.	-46,577.	83,2	00.	315,78	3. 96,886.
d	Grants or scholarships	99,269.	84,739.	56,8	80.	33,03	1. 41,784.
е	Other expenditures for facilities						
	and programs		65,093.				
f	Administrative expenses						
g	End of year balance	2,640,597.	2,103,587.	2,299,9	96.	2,272,52	1,989,773.
2							
а							
b	Permanent endowment ► 82.36	%					
С	- · · · · · · - · · · · · · · · · · · ·						
	The percentages on lines 2a, 2b, and 2c should equal 100%.						
3a	a Are there endowment funds not in the possession of the organization that are held and administered for the organization						
	by: Yes No						
	(i) unrelated organizations						3a(i) X 3a(ii) X
	(ii) related organizations						==
þ	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Pai	t VI Land, Buildings, and Equipm		S David IV I had did a - (- 10	
	Complete if the organization answere						/ D C = 1 = = 1
	Description of property	(a) Cost or o			• •	umulated	(d) Book value
		basis (investr		(other)	uepre	ciation	380,000.
	Land	<u> </u>		6,362.	1 2	3,295.	673,067.
	Buildings	-		0,302.	т э	3,433.	0/3,00/.
	Leasehold improvements	-		-			
	Equipment						
	Other	agual Form 000. Door	Y column (P) line	I			1,053,067.
rota	I. Add lines 1a through 1e. (Column (d) must e	squai ruiii 990, Pan	A, COIGITITI (D), II/IE	100 /			2,000,007

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 THE JAPANESE GARDEN FO		93-1315647 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	•	Return.
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	- {{
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-{
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	0.1	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)		5 Detum
Part XII Reconciliation of Expenses per Audited Financial S	•	er neturn.
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		1 1
a Donated services and use of facilities	2a	- ∤ ¹
b Prior year adjustments	2b	
c Other losses	2c	- }
d Other (Describe in Part XIII.)	2d	-
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1	4 4
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b Other (Describe in Part XIII)	4b	-
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u> 18.) </u>	5
Part XIII Supplemental Information.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide		e 4; Part X, line 2; Part XI,
PART V, LINE 4:		
INVESTMENT RETURNS EARNED ON ENDOWMENT F	UNDS ARE INTENDED T	O SUPPORT THE
GENERAL OPERATIONS OF THE JAPANESE GARDE	N SOCIETY OF OREGON	, THE CULTURE,
ART AND EDUCATION PROGRAM, AND THE GARDE	N DIRECTORS COUNCIL	FUND.
		

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. THE JAPANESE GARDEN FOUNDATION OF OREGON General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

OMB No 1545-0047 2016

Open to Public

Inspection

2 | Employer identification number 93-1315647 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II | Grants and Other Accietance to Proceedings (Control of Control of criteria used to award the grants or assistance?

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	n be duplicated if additi	ional space is need	led.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JAPANESE GARDEN SOCIETY OF OREGON P.O. BOX 3847 PORTLAND, OR 97208-3847	93-0511171	501(C)(3)	99,269.	0			2016 OPERATING SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government o	rganizations listed in th	e line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					• 0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE FOUNDATION MONITORS THE USE OF GRANT FUNDS TO THE JAPANESE GARDEN (d) Amount of non-cash assistance SOCIETY OF OREGON BY REVIEWING MONTHLY FINANCIAL STATEMENTS 30 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: 632102 11-01-16 Part IV

Page 2

93-1315647

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

THE JAPANESE GARDEN FOUNDATION OF OREGON

Schedule I (Form 990) (2016)

Partill

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.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Employer identification number THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647

Part I **Questions Regarding Compensation** Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 on line 1a? 2 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. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. a The organization? 6a X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647

Part II 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 on 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 aren't 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 W-	2 and/or 1099-MIS	W-2 and/or 1099-MISC compensation	(C) Retirement and	g Pg	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a) (h) (a)	reported as deferred on pnor Form 990
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SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No_1545-0047 Open to Public Inspection

Name of the organization

THE TAPANESE GARDEN FOUNDATION OF OREGON

Employer identification number 93-1315647

THE UNITARIBLE CHRIDEN TOURDATION OF ORLIGON 55 1313047
FORM 990, PART VI, SECTION A, LINE 4:
THE BYLAWS WERE AMENDED TO CHANGE THE TERMS FOR OFFICERS AND THE CHAIR FROM
ONE YEAR TO TWO YEARS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE CHIEF EXECUTIVE OFFICER, DIRECTOR OF FINANCE, 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:
THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF
INTEREST POLICY BY REQUIRING EACH BOARD MEMBER 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:
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2016	Maria Contract of the Contract

OMB No 1545-0047

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

THE JAPANESE GARDEN FOUNDATION OF OREGON

Openito Publication Programment Employer identification number 93-1315647

(g) Section 512(b)(13) controlled S N × entity? Direct controlling Yes entity 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. Direct controlling entity End-of-year assets A/N e status (if section Public charity 501(c)(3)) LINE 7 Total income Exempt Code ፱ section 501(C)(3) € Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) DREGON MAINTAIN THE PORTLAND Primary activity Primary activity MANAGE, OPERATE AND 흳 JAPANESE GARDEN S, Name, address, and EIN (if applicable) 93-0511171, P.O. BOX 3847, PORTLAND, JAPANESE GARDEN SOCIETY OF OREGON Name, address, and EIN of related organization of disregarded entity 97208-3847 Parti Part II

Schedule R (Form 990) 2016

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

93-1315647

Page 2

THE JAPANESE GARDEN FOUNDATION OF OREGON Schedule R (Form 990) 2016

Partills 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

ctivity domicile cistae or foreign country) country)	(a) (a)	(e)	9	(6)	Ξ	8	S	Z
	Legal domicile domicile (state or	Predominant income Sha (related, unrelated, in	Share of total ncome	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
		ns 512-514)		asseis	Yes No	K-1 (Form 1065)	Yes No	
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Partive 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 parting the tax year.

(a)	(p)	(2)	(p)	(e)		(6)	(£)	 3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	(C.5	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		or trust)		assets		Yes No
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THE JAPANESE GARDEN FOUNDATION OF OREGON Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Yes × 르 Ę ٥ 타 9 9 19 Method of determining amount involved 13 9 <u>1</u> ¥ 5 £ ¥ <u>\$</u> ÷ 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 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? Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. (c) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) P Reimbursement paid to related organization(s) for expenses
 Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (6) 632163 09-06-16 Part V N ≘ গ্র ପ୍ର ব্র ত্র

Schedule R (Form 990) 2016 THE JAPANESE GARDEN FOUNDATION OF OREGON

Partivi 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.

triat was not a related organization. See instructions regarding exclusion for certain investment partitions amps	Isuacuous regarding excit	ASION TO CERTAIN MA	control paratel ampo.		[2]	14)	100	5	3
(a)	(a)	<u>0</u>	(a) (c)			<u> </u>	(A)	3	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec (related, unrelated, 501(c)(3)	()		Dispropor- tionate	Code V-UBI	General or managing	Percentage
of entity		(state or foreign country)	excluded from tax under orgs? sections 512-514) Yes No	Income	assets	Yes No	(Form 1065) Yes No	Yes No	discomo
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Schedule R (Form 990) 2016

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	Provide additional information	for responses to questions	on Schedule R. See instruc	tions.	
					
					
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