832001 12-31-18

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

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

Open to Public Inspection

bepartment or the measury										Open to Public
A For the 2018 calendar year, or tax year beginning and ending										
_				beginning		a	na enaing			
В	Check if applicable	。 C Name o	f organization					D Er	mployer identific	cation number
_	- Addres	i i	TADANECE C	ADDENT EO	ר ח ג רוגוו	N OF OR	ECON			
<u> </u>	chang		JAPANESE G	ARDEN FO	UNDATIC	IN OF OR	EGON	_	03_1	315647
⊨	chang		usiness as				In (
느	return		and street (or P 0. bo			address)	Room/s	uite E Te	lephone number	
	Final return/ termin	. —	S.W. KINGS						(503)	·
_	ated Amend	City or t	own, state or provinc		ZIP or foreign	postal code		<u> </u>	oss receipts \$	1,248,451.
<u> </u>	return	PORT		97205		DT 0016			ls this a group re	
	tion pendir	F Name a	nd address of princip	al officer STE	PHEN D.	BLOOM		_ /	for subordinates	
		SAME	AS C ABOVE		4	1	<u> </u>		Are all subordinates in	
		empt status		- 11-71	(insert no)	4947(a)(1) or	_		list (see instructions)
_			JAPANESEGA			T Oaha- N	- · I. v		Group exemption	
			X Corporation	Trust As	sociation	Other 🕨 🔪	L Y	ear of forma	ation ZUU1 M	State of legal domicile: OR
Pa	art I	Summary				777	77700	ATTENDO:	D. T.O.D. M.	THE TANAMECE
Activities & Governance			oe the organization's SOCIETY OF		significant ac	tivities PRO	VIDE	SUPPO	RT FOR TI	HE JAPANESE
ir.	2	Check this bo	x 🕨 🔲 if the org	anızatıon discor	ntinued its op	erations or dis	posed of n	nore than 2	25% of its net as	
Š	3	Number of vo	ting members of the	governing body	(Part VI, line 1	a)			3	12
<u>ග</u>	4	Number of inc	dependent voting mei	mbers of the gov	erning body	(Part VI, line 11	o)		4	10
es	5	Total number	of individuals employ	ed in calendar y	ear 2018 (Par	rt V, line 2a)			5	0
둫	6	Total number	of volunteers (estima	te if necessary)					6	12
ੂ ਹੁੰ	7 a	Total unrelate	d business revenue f	rom Part VIII, co	lumn (C), line	12			′ 7a	0.
_	b	Net unrelated	business taxable inc	ome from Form	990-T, line 38				7b	0.
						REC	CEIVE	D Pri	pr Year	Current Year
<u>o</u>	8	Contributions	and grants (Part VIII,	line 1h)					201,368.	1,147,302.
Revenue	9	Program servi	ice revenue (Part VIII,	line 2g)	'	lel nra	0 0 20		45,908.	45,820.
ě			come (Part VIII, colun			lc)i	3 0 20	15	59,932.	55,329.
<u>.</u>			e (Part VIII, column (A						0.	0.
	12	Total revenue	- add lines 8 through	11 (must equal	Part VIII, colu	mn (A) , ქუද ር ያ	DEN.	JT	307,208.	1,248,451.
	13	Grants and si	milar amounts paid (F	art IX, column (/	A), lines 1-3)				188,393.	92,738.
	1	•	to or for members (Pa						0.	0.
es	15	Salaries, othe	r compensation, emp	loyee benefits (f	Part IX, colum	n (A), lines 5-1	0)		0.	0.
Expenses	16a	Professional f	undraising fees (Part	IX, column (A), li	ne 11e)		- 0 -		0.	0.
×	b b	Total fundrais	ıng expenses (Part IX	, column (D), line	e 25) 🕨 _	16,	<u>587.</u>		70.006	
ш		•	es (Part IX, column (A	•					78,896.	79,070.
			es Add lines 13-17 (m			line 25)			167,289	171,808.
	19	Revenue less	expenses Subtract I	ine 18 from line	12				139,919.	1,076,643.
Net Assets or Fund Balances									of Current Year	End of Year
sset	20	Total assets (l	Part X, line 16)						040,677.	4,888,363.
A B	21	Total liabilities	(Part X, line 26)						662,546.	645,044.
			fund balances Subtr	act line 21 from	line 20			3,	378,131.	4,243,319.
	art II	Signatur							 	
										knowledge and belief, it is
true	, correc	t, and complete	Declaration of preparer	(other than office	r) is based on a	Ill information of	which prep	arer has any	/ knowledge.	
		<u> </u>	us L.	0-		<u> </u>			10/10/1	17//
Sigi	n	Signatur	e of officer	Λ \mathcal{A}	' /		NE	<u>ک</u>	Date /	,
Her	·e	<u> </u>	HEPRER	<u>up</u>	som		CE	<u> </u>		
		Type or	orint name and title					Thete	1	II DYN
		Print/Type pre			Preparer's sign	rature	=	Date	Check L	PTIN
7 TO TO TO THE POST OF THE POS							p01294356			
	parer	Firm's name	GARY MCG		LLP				Firm∕s EIN ▶	
Use	Only	Firm's address			•	SULTE 7	00			22 200 2515
		<u> </u>	PORTLAND	, OR 972	04				Phone no (50	
May	y the IF	RS discuss thi	s return with the prep	arer shown abo	ve? (see instr	ructions)				Yes No
_			or Paperwork Redu			. – –	ctions.			Form 990 (2018)

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

Form	1990 (2018) THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission TO PROVIDE SUPPORT TO THE JAPANESE GARDEN SOCIETY OF OREGON AND TO
	MANAGE PRIVATELY DONATED FUNDS ON BEHALF OF THE SOCIETY.
	THE TOTAL POLICE DE LA PROPERTIE DE LA PORTIE DE LA PORTIE DE LA PORTIE DE LA PROPERTIE DE LA PORTIE DE LA POR
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990 EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	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 \$ 139,524. including grants of \$ 92,738.) (Revenue \$ 45,820.)
	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 2018, \$92,738 WAS GRANTED TO THE JAPANESE
	GARDEN.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 139,524.
	Form 990 (2018)

Form 990 (2018) THE JAPANESE GARDEN FOUNDATION OF OREGON Part IV Checklist of Required Schedules

93-1315647

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	 	
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	<u></u>	X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		1	1
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	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			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 70		
-	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3.7
4-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	∤	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21	_x	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	١.,	
	Schedule J	23	X	├ ──
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 	l	_V
	Schedule K If "No," go to line 25a	24a	 	X
	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b	 -	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the exemptation set as as "as behalf of" sequer for bonds suitatending at any time during the year?	24c 24d	-	├─
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit.	24u	 	
zsa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	i		ĺ
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3.7
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete			37
	Schedule N, Part II	32		_ <u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
25.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Ü	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		$\neg \uparrow$	
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par				
	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			
	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0]	i	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- 1	
	(gambling) winnings to prize winners?	1c	1	
		C	aan /	0010

<u> </u>	Statements Regarding Other IRS Fillings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
	and for the calculate year of the first year of	1						
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
22	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х				
b	The state of the s	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	_		v				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
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		Х				
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	- '-						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	Х				
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	10.00							
h								
8								
	sponsoring organization have excess business holdings at any time during the year? N/A	8						
9	Sponsoring organizations maintaining donor advised funds.	ŀ	ł					
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b						
10	Section 501(c)(7) organizations. Enter	İ	1					
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A 11a	Į						
	Gross income from members or shareholders N/A 11a Gross income from other sources (Do not net amounts due or paid to other sources against							
b	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŀ					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a						
	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	- 1	ĺ					
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v				
	excess parachute payment(s) during the year?	15	\dashv	<u>X</u>				
16	If "Yes," see instructions and file Form 4720, Schedule N	16		Х				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	-10						
	11 100, Complete Form 4720, Concodic C	Form	990 (2018)				

Form 990 (2018) THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

						X
500	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management				Tv	Na
		ا ا	12		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a		4	1	
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	46	10			
þ	Enter the number of voting members included in line 1a, above, who are independent	1b		┨	ľ	ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?) WILLI	any other	2		x
2		م طبعم	t ouponyoion		 	-
3	Did the organization delegate control over management duties customarily performed by or under the	e anec	r supervision	3		x
4	of officers, directors, or trustees, or key employees to a management company or other person?	000	n filad?	4	\vdash	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s nieu r	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's ass	ets r		6	 	X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or approximately the organization have members.	noint	one or	<u> </u>		
ra	more members of the governing body?	point	one or	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders or	'a		
b	persons other than the governing body?	LOCKIIC	naers, or	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hy the	e following	- ''-		
а	The governing body?	i by an	. Tollowing	8a	x	
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 rea	ched s	it the	 	 -	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	orica e	a tric	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s. affiliates.			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	,	, -	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	/ befor	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		Ū	-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			-		
	in 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		X
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	,			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					·
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ıth a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	uzatior	n's			
_	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶OR					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, an	d 990-	T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply		, , , ,	.,		
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		•	l fınan	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 boo	oks an	d records			
	DIANE FREEMAN - (503) 796-3695					
	611 S.W. KINGSTON AVENUE, PORTLAND, OR 97205					

Form 990 (2018)

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 report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization		orga	ınıza			mpe	nsa	1	(E)	(F)	
(A)	(B)	(C) Position						(D)	, ,	(F) Estimated	
Name and Title	Average hours per	(do not chec			heck more than one			Reportable compensation	Reportable compensation	amount of	
	week	offic	er an	id a d	recto	or/trus	tee)	from	from related	other	
	(list any	į						the	organizations	compensation	
	hours for	dre				B.		organization	(W-2/1099-MISC)	from the	
	related	stee o	ustee			ensal		(W-2/1099-MISC)		organization	
	organizations	al frus	nal tr		lo ye	li og				and related	
	below	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) TRISH ADAMS	1ine) 0 • 2 5	_ <u>≅</u>	Ĕ	Ö	- ¥	<u> </u>	ङ				
DIRECTOR		x				Ì		0.	0.	0.	
(2) JIMMY CRUMPACKER	0.25					┢		1			
DIRECTOR	1.00	Х					İ	0.	0.	0.	
(3) DEDE DEJAGER	0.25					T .					
DIRECTOR	2.00	Х			L		L	0.	0.	0.	
(4) JOSHUA HUSBANDS	0.25									_	
DIRECTOR		Х						0.	0.	0.	
(5) DOUG LOVETT	0.25								_		
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.	
(6) JAMES LYNCH	0.25									•	
DIRECTOR		X			<u> </u>		L	0.	0.	0.	
(7) ALLEN MERCER	0.25				ĺ					•	
DIRECTOR		X		L	L.	<u> </u>		0.	0.	0.	
(8) DEE ROSS	0.25									0	
DIRECTOR		Х		_		igspace	<u> </u>	0.	0.	0.	
(9) GREG FITZ-GERALD	0.50	,,		٠,				0.	0.	0	
CHAIRMAN		X		Х	<u> </u>	 		0.	0.	0.	
(10) CARMEN WONG	0.50			₹.				0.	0.	0.	
VICE PRESIDENT	1 00	X	<u> </u>	Х	_	┢	├	· · · · · ·	<u> </u>	0.	
(11) STEPHEN BLOOM	1.00	x		x			ĺ	0.	403,315.	68,552.	
PRESIDENT	1.00	^	<u> </u>	<u> </u>	 	\vdash	⊢		403,313.	00,332.	
(12) DIANE FREEMAN	45.00	v		x				0.	105,003.	10,419.	
SECRETARY AND TREASURER	43.00	^	\vdash	<u> </u>	-	╁	H	- 0.	103,003.	10,410	
	-	┨									
		 		\vdash		\vdash	\vdash			<u> </u>	
		1									
	-	╁		\vdash	╁	\vdash					
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	<u> </u>	t	H	 		T		-	- "-		
		1									
		T		<u> </u>		T	<u> </u>				
					<u>L</u> _						
										000	

Part VIII	Statement of	Revenue

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a				_	
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
G E	c	Fundraising events	1c					
# E	d	I Related organizations	1d					
S,E		Government grants (contribut	tions) 1e					
[편집		All other contributions, gifts, gran						
t e		similar amounts not included abo	ove 1f 1	147,302.				
들임	g	Noncash contributions included in lines		98,507.				
a C	_	Total. Add lines 1a 1f			1,147,302.			
				Business Code				
8	2 a	RENTAL INCOME		531120	45,820.	45,820.		
اه ک	b	•						
Program Service Revenue	c							
ev.	d	i						
ρ. Ε	е	•						ļ
م ا	f	All other program service reve	enue					
	g	Total. Add lines 2a 2f		•	45,820.			
ĺ	3	Investment income (including	dıvıdends, ınter	est, and	== 000			
		other similar amounts)		•	55,329.			55,329.
	4	Income from investment of ta	x-exempt bond	proceeds >				<u> </u>
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal				
	6 a	Gross rents			į			
	b	Less rental expenses						1
	С	: Rental income or (loss)		<u> </u>				· ·
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory		ļ				
	b	Less cost or other basis	1					
		and sales expenses		ļ				
		: Gain or (loss)						
		Net gain or (loss)		•	- 1 - 1			
e l	8 a	Gross income from fundraisin				ì		-
Revenue		including \$	of					
ě		contributions reported on line	1c) See					
Other		Part IV, line 18	a					
₹		Less direct expenses	, b					
		Net income or (loss) from fund		>	 			
ŀ	9 a	Gross income from gaming ac						
İ		Part IV, line 19	a					1
l		Less direct expenses	b	'L				
l		Net income or (loss) from gan	-					
	10 a	Gross sales of inventory, less						
		and allowances	a b					
		Less cost of goods sold						
}	<u>c</u>	Net income or (loss) from sale		Bugunaga Cada				 -
}	11 a	Miscellaneous Revenu	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11 a			 		_		
					······································			
	q							
	d e							
- 1	12	Total revenue See instructions			1,248,451.	45,820.	0 .	55,329.
832009					, ,			Form 990 (2018

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A)	
_	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	92,738.	92,738.		
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				
	ındıvıduals 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				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			1	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		·· / ··		
11	Fees for services (non-employees)	16,031.		3,437.	12,594.
a	Management	10,031.		3,437.	12,374
b	Legal Accounting	2,575.		2,575.	
c d	Lobbying	2,373.		2,3,3,	
u 0	Professional fundraising services See Part IV, line 17		<u></u> .,		<u> </u>
f	Investment management fees		·		
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)			ł	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				· ·
16	Occupancy	30,044.	24,521.	3,430.	2,093.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,279.	22,265.	3,114.	1,900.
23	Insurance	2,656.		2,656.	
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 0)				
а	FEES AND LICENSES	485.		485.	
b					
c					·
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	171,808.	139,524.	15,697.	16,587.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		ļ		
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non interest-bearing Savings and temporary cash investments 2 971,647. 50,000. 3 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 740. 1,174. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,186,362. basis Complete Part VI of Schedule D 10a 187,853. 1,025,788. 998,509. 10b 10c b Less accumulated depreciation 2,964,149. 2,917,033. 11 Investments - publicly traded securities 11 12 Investments other securities See Part IV, line 11 12 Investments program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 4,040,677. 4,888,363. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 640,211. 624,230. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 22,335 20,814. 25 Schedule D 662,546. 645,044. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 387,236. 446,876. 27 27 Unrestricted net assets 668,974. 502,875. 28 28 Temporarily restricted net assets 2,321,921. 3,293,568. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 4,243,319. 3,378,131. 33 Total net assets or fund balances 4,888,363. 4,040,677. Total liabilities and net assets/fund balances

Form	990 (2018)	THE	JAPANESE	GARDEN	FOUNDATION	OF	OREGON	93-1	315647	Pa	ge 12
	rt XI Reconciliation	n of Ne	t Assets								
	Check if Schedul	e O conta	ins a response or i	note to any line	e in this Part XI						<u> </u>
	••										
1	Total revenue (must eq	ual Part VI	III, column (A), line	12)				1	1,24		
2	Total expenses (must e	qual Part	IX, column (A), line	25)				2			08.
3	Revenue less expenses	Subtrac	t line 2 from line 1					3	1,07		
4	Net assets or fund bala	nces at be	eginning of year (m	nust equal Pari	t X, line 33, column (A)))		4	3,37		
5	Net unrealized gains (lo	sses) on I	nvestments					5	-21	1,4	55.
6	Donated services and t	use of facil	lities					6	_		
7	Investment expenses							7			
8	Prior period adjustment	ts						8			
9	Other changes in net as	ssets or fu	ınd balances (expl	aın ın Schedul	e O)			9			0.
10	Net assets or fund bala	nces at er	nd of year Combin	ne lines 3 throu	ugh 9 (must equal Part	t X, line	e 3 3,				
	column (B))							10	4,24	3,3	<u> 19.</u>
Par	t XII Financial Sta	tement	s and Reportii	ng							
	Check if Schedul	e O conta	ins a response or i	note to any line	e in this Part XII						<u></u>
1	Accounting method use				X Accrual	Othe			_ [Yes	No
	If the organization char							0			v
2a	Were the organization's		•		•				2a		X
	If "Yes," check a box b			financial state	ements for the year we	ere con	npiled or reviewe	d on a			
	separate basis, consoli		· ·								
	Separate basis		Consolidated basis		th consolidated and se	eparat	e basis			v	
b	Were the organization's			•					2b	X	
	If "Yes," check a box b		dicate whether the	financial state	ements for the year we	ere auc	lited on a separat	te basis,			
	consolidated basis, or to Separate basis		Consolidated basis	в Во	th consolidated and s	eparat	e basis				
С	If "Yes" to line 2a or 2b	, does the	organization have	a committee t	that assumes respons	ability 1	for oversight of th	ie audit,			
	review, or compilation of	of its finance	cial statements an	d selection of	an independent accol	untant	?		2c	X	<u> </u>
	If the organization chan	iged eithei	r its oversight prod	ess or selection	on process during the	tax ye	ar, explaın ın Sch	edule O			
За	As a result of a federal	award, wa	s the organization	required to un	idergo an audit or aud	lits as	set forth in the Si	ngle Audi	t		_
	Act and OMB Circular A	۹-1337							3a		X
b	If "Yes," did the organiz	ation und	ergo the required a	audit or audits	? If the organization d	ıd not	undergo the requ	ııred audıt			
	or audits, explain why ii	Schedule	e O and describe a	any steps take	n to undergo such au	dits			3b		<u> </u>
									Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018
Open to Public

Inspection
Employer identification number

93-1315647

Name of the organization

THE JAPANESE GARDEN FOUNDATION OF OREGON

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. ____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (III) Type of organization (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (II) EIN (i) Name of supported (described on lines 1 10 organization support (see instructions) support (see instructions) above (see instructions)) JAPANESE GARDEN 92,738 46,786. 7 93-0511171 Х SOCIETY OF OR.

92,738.

46,786.

Schedule A (Form 990 or 990-EZ) 2018 THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647 Page 2 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) Section A. Public Support <u>(e)</u> 20,18 Calendar year (or fiscal year beginning in) (d) 2017 (f) Total (a) 2014 (c) 2016 (b) 2015 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, , and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc." (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16a 33 1/3% support test - 2018 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization/meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the of ganization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016(d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5 000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2014 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business/is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support/percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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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)

	and 5 if you oncomed 120 or 1 art if complete decided 7 art if complete			
	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			1
	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	1_1_	X	ļ
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)	_2	L	X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	ļ	X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1)	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	_4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	-	1 1	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	 	
С	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	4c		
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	1 _		v
	was accomplished (such as by amendment to the organizing document)	5a		<u>X</u>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	l		
	designated in the organization's organizing document?	5b	\vdash	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			Х
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	_		Х
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7	 	
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		Х
Q ₂	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
34	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.	9a		Х
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	30	$\vdash \vdash$	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Х
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	90	$\vdash \vdash$	<u> </u>
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	00		Х
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		
.va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	100		Х
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	10a	-	

determine whether the organization had excess business holdings)

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	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		Х
	below, the governing body of a supported organization?	11a	<u> </u>	X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	ــــــــــــــــــــــــــــــــــــــ	
Sec	tion B. Type I Supporting Organizations		Yes	No
	Dilli I di alcanti di ancienti		163	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			ĺ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,	-		Ì
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		İ	l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	1
2	Did the organization operate for the benefit of any supported organization other than the supported		\vdash	
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			l
	supervised, or controlled the supporting organization	2	1	Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	<u> </u>	<u>L</u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ľ		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	├
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ĺ	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
	supported organizations played in this regard	3_	<u> </u>	Щ
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ıs).		
a	The organization satisfied the Activities Test Complete line 2 below			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below	netruction	ne)	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	131/100110/	Yes	No
2	Activities Test. Answer (a) and (b) below.		1.00	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			}
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		†	—
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		I	
	activities but for the organization's involvement	-		
3	Parent of Supported Organizations Answer (a) and (b) below.	٢		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			

	edule A (Form 990 or 990 EZ) 2018 THE JAPANESE GARDEN FOU			3-1315647 Page 6
Ь	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			Dod M. Con materiations All
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See Instructions. All
Sec	other Type III non-functionally integrated supporting organizations must co	ompiete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	- 1	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	Fair market value of other non exempt use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		<u> </u>	
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990-EZ) 2018 THE JAPANESE GARDEN FOUNDATION OF OREGON93-1315647 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 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 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (m) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3 and 4c Breakdown of line 7 a Excess from 2014 b Excess from 2015

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c Excess from 2016d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990-E	Z) 2018 THE	JAPANESI	E GARDEN	FOUNDATI	ON OF O	REGON93-1	31564 / Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	I Information Ines 1, 2, 3b, 3 Stion D, lines 2 a	1. Provide the exc, 4b, 4c, 5a, 6, and 3, Part IV, Se	xplanations requ 9a, 9b, 9c, 11a, ction E, lines 1c	ired by Part II, line 11b, and 11c, Pa , 2a, 2b, 3a, and 3	e 10, Part II, lin irt IV, Section 6 3b, Part V, line	e 17a or 17b, Part 3, lines 1 and 2, Pa 1, Part V, Section	: III, line 12, art IV, Section C, B, line 1e, Part V,
	(See instructions)	, and o, and r				——————	- additional inform	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

TAPANESE GARDEN FOUNDATION OF OREGON

Employer identification number 93-1315647

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		(h) Funds and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		└── Yes
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	
<u> </u>	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the org		rt IV, line /
1	Purpose(s) of conservation easements held by the organization	· ————————————————————————————————————	
	Preservation of land for public use (e.g., recreation or e	· —	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	
	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	
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	•
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial d	
	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	•
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		S

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Ра	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that a	ire a sign	nificant i	use of its	collection	items					
	(check all that apply)													
а	Public exhibition	d	I └── Loan or exc	hange program	s									
b	Scholarly research	е	Other											
С	Preservation for future generations													
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organization'	's exemp	ot purpo	se in Par	t XIII						
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other	sımılar as	ssets	_	_						
_	to be sold to raise funds rather than to be m							」Yes	U No					
Pa	rt IV Escrow and Custodial Arran		ete if the organization	n answered "Ye	es" on Fo	orm 990	, Part IV,	line 9, or						
	reported an amount on Form 990, Pa		 											
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ns or other asset	ts not inc	cluded		٦						
	on Form 990, Part X?							」Yes	∟ No					
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table											
								Amount						
	Beginning balance					1c								
	Additions during the year					1d								
_	Distributions during the year					1e								
f	Ending balance	orm 000 Bort V line	Of for operation or of	ustodial account	t kabilitu			Yes	No					
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII				-	•		J 162						
Pai							-		<u> </u>					
<u> </u>	T I	(a) Current year	(b) Prior year	(c) Two years b		Three v	ears back	(e) Four v	ears back					
1a	Beginning of year balance	3,012,028.	2,640,597.	2,103,5			99,996.		272,525.					
	b Contributions 1,145,731. 200,626. 518,574.													
	b Contributions 1,145,731. 200,626. 518,574. 1,1 c Net investment earnings, gains, and losses -156,126. 285,674. 117,70546,577. 83,2													
	c Net investment earnings, gains, and losses -156,126. 285,674. 117,70546,577. 83, d Grants or scholarships 92,738. 88,393. 99,269. 84,739. 56,													
	Other expenditures for facilities		· · · · · · · · · · · · · · · · · · ·	· · · · · ·										
	and programs	20,215.	26,476.				65,093.							
f	Administrative expenses													
g	End of year balance	3,888,680.	3,012,028.	2,640,5	597.	2,10	03,587.	2,2	299,996.					
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1g. column (a	a)) held as										
	Board designated or quasi-endowment	2.37	%	,,										
	Permanent endowment ► 84.70	%	_											
		2.9 3 %												
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%												
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	for the	organiz	ation							
	by	_							res No					
	(i) unrelated organizations							3a(ı)	X_					
	(ii) related organizations							3a(ii)	X					
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requir	ed on Schedule R?					3b						
4	Describe in Part XIII the intended uses of the		wment funds											
Par	t VI Land, Buildings, and Equipm	nent.												
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a S	See Form 990, P	art X, line	e 10								
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Accu	mulate	d _	(d) Book	value					
		basis (investri			depre	ciation								
1a	Land			0,000.					,000.					
b	Buildings		80	6,362.	18	7,85	3.	618	,509.					
С	Leasehold improvements													
d	Equipment													
<u> e </u>	Other			l				6						
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	0c)			<u> </u>	998	,509.					

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 THE JAPANESE GARDEN FOUN		93-1315647 Page 4
Part XI Reconciliation of Revenue per Audited Financial State		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	1 - 1	
a Net unrealized gains (losses) on investments	2a	-
b Donated services and use of facilities	2b	⊣
c Recoveries of prior year grants	2c	-
d Other (Describe in Part XIII)	2d	- _
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	امدا	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b Other (Describe in Part XIII)		→ 1
 c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 		4c
Part XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses ne	
Complete if the organization answered "Yes" on Form 990, Part IV, line	· · · · · · · · · · · · · · · · · · ·	
Total expenses and losses per audited financial statements		11
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		 -'-
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	-
c Other losses	2c	-
	2d	-
	zu j	⊣ 22
		2e 3
		-3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4- 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		_4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part V, line	: 4, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information	
DADE I TARE 4.		
PART V, LINE 4:		
THE COMPAND DESCRIPTIONS PRODUCED ON PRIDOMENT PINI	DO ADE TRIMERIDED MA	א מנוסט מסוז א
INVESTMENT RETURNS EARNED ON ENDOWMENT FUN	DS ARE INTENDED IC	J SUPPORT THE
GENERAL OPERATIONS OF THE JAPANESE GARDEN	SOCIETY OF OPECON	שמוויי וווי דעי
GENERAL OF ERATIONS OF THE UNFAMEDE GARDEN	SOCIETY OF OREGON,	, THE COLIORE,
ART AND EDUCATION PROGRAM, AND THE GARDEN	DIRECTORS COUNCIL	FIND.
ART AND EDUCATION TROOKAN, AND THE GARDEN	DIRECTORD COONCIL	I OND .
	<u> </u>	
		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

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Inspection

OMB No 1545-0047

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

Name of the organization THE JAPAN	JAPANESE GARDEN	N FOUNDATION OF	N OF OREGON	NO			Employer identification number 93-1315647
Part General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the selec	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domestic	c Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	ional space is need	led	7 - 17 - 17 - 17		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JAPANESE GARDEN SOCIETY OF OREGON 611 S.W. KINGSTON AVENUE							
PORTLAND, OR 97205	93-0511171	501(C)(3)	92,738.	0.			2018 OPERATING SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	ne line 1 table				1.
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990	e, see the Instruct	ions for Form 990					Schedule I (Form 990) (2018)

93-1315647 Schedule I (Form 990) (2018) THE JAPANESE GARDEN FOUNDATION OF OREGON

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

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

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional information	
PART I, LINE 2:					
THE FOUNDATION MONITORS THE USE OF	_	UNDS TO TH	GRANT FUNDS TO THE JAPANESE GARDEN	GARDEN	
SOCIETY OF OREGON BY REVIEWING MONTHLY FINANCIAL STATEMENTS.	THLY FIN	ANCIAL STA	TEMENTS.		

Schedule I (Form 990) (2018)

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.

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

OMB No 1545-0047

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Name of the organization

Department of the Treasury Internal Revenue Service

THE JAPANESE GARDEN FOUNDATION OF OREGON

Employer identification number 93-1315647

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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		ĺ	
	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)	1		
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	l _ ;	ł
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III	}]	
	Compensation committee Written employment contract	İ		
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	——————————————————————————————————————			
4	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			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	- ``		
	11 Tes to dry of lines 4d of list the persons and provide the applicable amounts for sacrifical lines.			
	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			
а	The organization?	5a		Х
	Any related organization?	5b		Х
_	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		J	
	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	-00		_==_
7	·			
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	┝┷┥	-+	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		'	Х
	initial contract exception described in Regulations section 53 4958 4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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Schedule J (Form 990) 2018

THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647

Page 2

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

Schedule J (Form 990) 2018

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits		in column (B) reported as deferred . on prior Form 990
(1) STEPHEN BLOOM PRESIDENT	€ 3	0.0	107 703	11 550	00000	0.0	7 4 7	
	3	.00,,002	101,193.			1	4/1,86/.	79,293.
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Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No 1545-0047

2018

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Employer identification number Name of the organization 93-1315647 THE JAPANESE GARDEN FOUNDATION OF OREGON Part T Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art Historical treasures 3 Art Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 98,507.FMV X Securities - Publicly traded 9 10 Securities Closely held stock Securities Partnership, LLC, or trust interests 12 Securities Miscellaneous Qualified conservation contribution Historic structures Qualified conservation contribution - Other 14 15 Real estate · Residential Real estate · Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Х b If "Yes," describe in Part II 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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Schedule M (Form 990) 2018

Schedu	ıle M	Form 99	90) 20								OUND.						3-1.			Pag	je 2
Part	_	Suppl is repor this par	emei ting in t for ar	n tal I Part I, ny add	nforr colun litional	mation nn (b), inforn	on. Provi the nun nation	vide th nber of	ie inforn f contrib	nation re outions,	quired t the num	oy Part ober of	I, line items	s 30b, 3 receive	32b, and d, or a d	l 33, and combina	d wheth ition of I	er the both A	organiza Also com	ition plete	
SCHE	EDUI	E M	, P2	ART	I,	COI	LUMN	(B)):												
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Schedule M (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Name of the organization Employer identification number THE JAPANESE GARDEN FOUNDATION OF OREGON 93-1315647 FORM 990, PART VI, SECTION B, LINE 11B: THE PRESIDENT, SECRETARY/TREASURER, 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

Part |

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 Related Organizations and Unrelated Partnerships ▶ Attach to Form 990.

2018

OMB No 1545-0047

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

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

THE JAPANESE GARDEN FOUNDATION OF OREGON

Open to Public Inspection

Employer identification number 93-1315647

Direct controlling entity End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded 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

Part II

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 ŝ × Yes Direct controlling entity ε status (if section 501(c)(3)) Public charity <u>(e</u> LINE 7 Exempt Code section 501(C)(3) Ð Legal domicile (state or foreign country) <u>છ</u> OREGON MAINTAIN THE PORTLAND Primary activity MANAGE OPERATE AND JAPANESE GARDEN For Paperwork Reduction Act Notice, see the Instructions for Form 990 93-0511171, 611 S.W. KINGSTON AVENUE, JAPANESE GARDEN SOCIETY OF OREGON Name, address, and EIN of related organization OR 97205 PORTLAND,

Page 2 93-1315647

Schedule R (Form 990) 2018 THE JAPANESE GARDEN FOUNDATION OF OREGON

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

	General or Percentage managing ownership partner?				ore related	(i) Section 512(bX13) controlled entity?	Yes				Schedule B (Form 990) 2018
	(j) General or managing partner? Yes No				one or mo	(h) Percentage ownership					B (Earn
	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				I, because it had o	Share of Per end-of-year ow	2000				Schodule
	(h) Disproportionate altocations? Yes No				t IV, line 34						
	(g) Share of end-of-year assets				rm 990, Par	(f) Share of total income					
					red "Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)	hen i o				
	(f) Share of total income				tion answe				 		
1-1	(e) Predominant income (related, unrelated, excluded from tax under sections 5 12-5 14)	·	İ		he organiza	(d) Direct controlling entity				:	
			 		omplete ıf t	(c) Legal domicile (state or foreign	country)				38
45	(d) Direct controlling entity				ration or Trust. Co	(b) Primary activity					
	Legal domicile (state or foreign country)				as a Corpo	Primž		ļ			
(4)	(b) Primary activity			,	ganizations Taxable poration or trust duri	Z					
(2)	(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization					832162 10-02-18
,	'		 	1	'		. , , ,		 	' ' '	

Schedule R (Form 990) 2018

Page 3

Schedule R (Form 990) 2018 THE JAPANESE GARDEN FOUNDATION OF OREGON

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				\dashv	
b Gift, grant, or capital contribution to related organization(s)				tb X	٠, ٠
c Gift, grant, or capital contribution from related organization(s)				ار ×	
d Loans or loan guarantees to or for related organization(s)				1d X	ù.
e Loans or loan guarantees by related organization(s)				1e X	
f Dividends from related organization(s)				1f X	
g Sale of assets to related organization(s)				1g X	
h Purchase of assets from related organization(s)				th X	
i Exchange of assets with related organization(s)				1, X	
j Lease of facilities, equipment, or other assets to related organization(s)				1j X	
k Lease of facilities, equipment, or other assets from related organization(s)				*	
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			1 X	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			-	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			+	
 Sharing of paid employees with related organization(s) 				-t -x	
 Beimbursement paid to related organization(s) for expenses 		•		t X	
				1q X	
Other transfer of each or account, to related accountation(e)				×	
s Other transfer of cash or property from related organization(s)				1s X	
	who must complete t	is line, including covered	relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved	ınvolved	
(1)					
(5)					
(3)					
(4)					
					ı
(9)					
(9)	6				
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93-1315647

Schedule R (Form 990) 2018 THE JAPANESE GARDEN FOUNDATION OF OREGON

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

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

. ,	I	ı	ı	1	ı	I	1	, ,
(k) Percentage ownership								
(J) General or managing partner?	2							
Gene part Yes	3							ļ
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-I parine? Ownership (Form 1065)								
(h) Disproportionale allocations?								
Orspropor tonate allocations?								
(g) Share of end-of year assets								
(f) Share of total income								
(e) Are all partners sec 501(c)(3) orgs ?								
e ide.	-							
Predominant income (related, unrelated, sectioned from tax under sections 512-514)								
ign			-					
(c) Legal domicile (state or foreign country)	i							
	:							
(b) Primary activity								
(a) (b) (c) (d) (d) Name, address, and EIN Primary activity Legal domicile (related, unrelated, of entity (state or foreign excluded from tax under country) sections 512-514)								

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Schedule R	(Form 990) 2018 Supplemental Info	THE	JAPANESE	GARDEN	FOUNDATION	OF C	REGUN93-131564	/ Page 5
Part VII	Supplemental Info	ormatior	1.					
	Provide additional infor	mation for	responses to que:	stions on Sche	dule R See instruction	ns		
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