

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: Oregon Jewish Community Foundation
 Doing Business As:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite:
 610 SW Broadway Suite 407
 City or town, state or country, and ZIP + 4:
 Portland, OR 972053405

D Employer identification number: 93-1019725
E Telephone number: (503) 248-9328
G Gross receipts \$ 16,028,364

F Name and address of principal officer:
 JULIE DIAMOND
 610 SW Broadway Suite 407
 Portland, OR 972053405

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (3) (Insert no) 4947(a)(1) or 527
J Website: ▶ www.orjcf.org

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1990 **M** State of legal domicile: OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO PROVIDE RESOURCES FOR THE JEWISH COMMUNITY IN OREGON AND SOUTHWEST WASHINGTON

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5 Total number of employees (Part V, line 2a)	5	5
6 Total number of volunteers (estimate if necessary)	6	1
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,156,606	1,831,216
	9 Program service revenue (Part VIII, line 2g)	135,710	141,129
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-892,281	383,989
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,607	-6,343
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,401,642	2,349,991
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,584,204
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		432,964	454,465
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		253,540	244,833
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,270,708	4,860,131
19 Revenue less expenses Subtract line 18 from line 12	1,130,934	-2,510,140	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	37,593,567	38,765,089
	21 Total liabilities (Part X, line 26)	13,589,057	15,034,907
22 Net assets or fund balances Subtract line 21 from line 20	24,004,510	23,730,182	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: 2010-12-13
 ERIC ROSENFELD Board President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Shane M Graves Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Hoffman Stewart & Schmidt PC, 4900 Meadows Road Ste 200, Lake Oswego, OR 970353295
 Preparer's identifying number (see instructions): _____ EIN: _____ Phone no: (503) 220-5900

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

OJCF IS DEDICATED TO CREATING, PROMOTING, FACILITATING A CULTURE OF GIVING AND SERVES AS A PERMANENT REPOSITORY OF FUNDS AVAILABLE TO SAFEGUARD THE QUALITY OF JEWISH COMMUNAL LIFE IN OREGON AND SW WASHINGTON

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 4,160,833 including grants of \$ 4,160,833) (Revenue \$ 141,129)
PROVIDED FINANCIAL SUPPORT FOR ORGANIZATIONS THAT PROMOTE EDUCATIONAL, CULTURAL, HEALTH, RELIGIOUS, AND SOCIAL NEEDS OF THE JEWISH COMMUNITY

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 4,160,833

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
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?		No
	6a		
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).		
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?		No
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		No
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
	9b		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (25); 1b Enter the number of voting members that are independent (25); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed OR; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Alicia Byerley, 610 SW BROADWAY SUITE 407, PORTLAND, OR 97205, (503) 248-9328.

1b Total	212,469	0	25,345
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**1

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c	45,277					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,785,939					
	g	Noncash contributions included in lines 1a-1f \$ <u>518,206</u>						
	h	Total. Add lines 1a-1f ▶	1,831,216					
Program Service Revenue	2a	ADMINISTRATIVE FEES	900,099	141,129	141,129			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶	141,129					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	605,957			605,957		
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross Rents	(i) Real	10,200				
			(ii) Personal					
			b	Less rental expenses	5,737			
			c	Rental income or (loss)	4,463			
	d	Net rental income or (loss) ▶	4,463			4,463		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	12,475,605	958,902			
			(ii) Other					
			b	Less cost or other basis and sales expenses	12,697,171	959,304		
			c	Gain or (loss)	-221,566	-402		
d	Net gain or (loss) ▶	-221,968			-221,968			
8a	Gross income from fundraising events (not including \$ <u>45,277</u> of contributions reported on line 1c) See Part IV, line 18 a	5,355						
b	Less direct expenses b	16,161						
c	Net income or (loss) from fundraising events ▶	-10,806			-10,806			
9a	Gross income from gaming activities See Part IV, line 19 a							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities ▶							
10a	Gross sales of inventory, less returns and allowances a							
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory ▶							
	Miscellaneous Revenue	Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶							
12	Total revenue. See Instructions ▶		2,349,991	141,129	0	377,646		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,046,877	4,046,877		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	113,956	113,956		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	281,408		281,408	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	124,817		124,817	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,785		6,785	
9	Other employee benefits	10,147		10,147	
10	Payroll taxes	31,308		31,308	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	60,843		60,843	
12	Advertising and promotion	10,219		10,219	
13	Office expenses	33,322		33,322	
14	Information technology	18,420		18,420	
15	Royalties				
16	Occupancy	14,220		14,220	
17	Travel	8,868		8,868	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,434		10,434	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,795		3,795	
23	Insurance	5,725		5,725	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	INVESTMENT EXPENSES	72,724		72,724	
b	LICENSES & FEES	3,345		3,345	
c	MISCELLANEOUS	2,918		2,918	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,860,131	4,160,833	699,298	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	250	1	250
	2 Savings and temporary cash investments	3,163,953	2	2,622,115
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	24,272	4	13,802
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,350	9	4,350
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	48,055		
	b Less accumulated depreciation	40,042		
		11,750	10c	8,013
	11 Investments—publicly traded securities	26,660,769	11	29,483,000
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	3,422,204	13	2,421,003
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,306,019	15	4,212,556	
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,593,567	16	38,765,089	
Liabilities	17 Accounts payable and accrued expenses	17,229	17	67,647
	18 Grants payable	66,800	18	56,536
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	13,505,028	25	14,910,724
	26 Total liabilities. Add lines 17 through 25	13,589,057	26	15,034,907
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,114,814	27	21,561,164
	28 Temporarily restricted net assets	1,889,696	28	2,169,018
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	24,004,510	33	23,730,182	
34 Total liabilities and net assets/fund balances	37,593,567	34	38,765,089	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Oregon Jewish Community Foundation

Employer identification number

93-1019725

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 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **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).**
- 7 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,326,279	6,942,564	4,557,864	5,156,606	1,831,216	20,814,529
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	2,326,279	6,942,564	4,557,864	5,156,606	1,831,216	20,814,529
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,132,524
6 Public Support. Subtract line 5 from line 4						14,682,005

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,326,279	660,321	4,557,864	5,156,606	1,831,216	20,814,529
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	512,479	660,321	861,261	589,197	610,420	3,233,678
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						24,048,207
12 Gross receipts from related activities, etc (See instructions)					12	870,577

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	61 050 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	59 370 %

16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. 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 organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV 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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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—2008. 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

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

Additional Data

Software ID:
Software Version:
EIN: 93-1019725
Name: Oregon Jewish Community Foundation

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STANLEY BLAUER PAST PRESIDENT	1 00	X						0	0	0
IRWIN HOLZMAN PAST PRESIDENT	1 00	X						0	0	0
HENRY BLAUER PAST PRESIDENT	1 00	X						0	0	0
STAN GEFFEN PAST PRESIDENT	1 00	X						0	0	0
JIM MEYER PAST PRESIDENT	1 00	X						0	0	0
HAROLD POLLIN PAST PRESIDENT	1 00	X						0	0	0
JACK SCHWARTZ Secretary	1 00	X		X				0	0	0
ELIZABETH MENASHE Trustee	1 00	X						0	0	0
MILT CARL Trustee	1 00	X						0	0	0
MARK ROSENBAUM Trustee	1 00	X						0	0	0
JONATHAN LEVY Trustee	1 00	X						0	0	0
STEVE LAVESON Vice President	1 00	X		X				0	0	0
SHARON MORELL TRUStee	1 00	X						0	0	0
ERIC ROSENFELD PRESIDENT	1 00	X		X				0	0	0
JERRY STERN TRUStee	1 00	X						0	0	0
MIKE TANNENBAUM TRUStee	1 00	X						0	0	0
SHARON UNGERLEIDER TRUStee	1 00	X						0	0	0
STEVE GRADOW TRUSTEE	1 00	X						0	0	0
BEN ISENBERG TRUSTEE	1 00	X						0	0	0
ROY ABRAMOWITZ TREASURER	1 00	X		X				0	0	0
WARREN ROSENFELD TRUStee	1 00	X						0	0	0
BRIAN SUHER Trustee	1 00		X					0	0	0
LANCE STEINBERG TRUStee	1 00		X					0	0	0
ROB SHLACHTER TRUStee	1 00		X					0	0	0
KATHY CHUSID TRUSTEE	1 00		X					0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN MOSS Executive Director	40 00			X				125,384	0	14,532
JULIE DIAMOND INTERIM EXEC DIRECTOR	40 00			X				87,085	0	10,813

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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

Name of the organization Oregon Jewish Community Foundation

Employer identification number 93-1019725

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	7,018,786	4,343,332			
b Contributions	128,642	3,615,817			
c Investment earnings or losses	1,054,744	-580,394			
d Grants or scholarships	195,822	299,613			
e Other expenditures for facilities and programs					
f Administrative expenses	120,286	60,356			
g End of year balance	7,886,064	7,018,786			

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 100.000 %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		48,055	40,042	8,013
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				8,013

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,349,991
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,860,131
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,510,140
4	Net unrealized gains (losses) on investments	4	1,723,008
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	512,804
9	Total adjustments (net) Add lines 4 - 8	9	2,235,812
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-274,328

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,663,891
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,723,008
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	590,892
e	Add lines 2a through 2d	2e	2,313,900
3	Subtract line 2e from line 1	3	2,349,991
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	2,349,991

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,938,220
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	78,089
e	Add lines 2a through 2d	2e	78,089
3	Subtract line 2e from line 1	3	4,860,131
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	4,860,131

Part XIV Supplemental Information

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

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Oregon Jewish Community Foundation

Employer identification number 93-1019725

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region. Includes entry for Central America and the Caribbean with 155,264 in total expenditures.

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>OJCYF DINNER</u> (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	50,632			50,632
	2 Less Charitable contributions	45,277			45,277
	3 Gross income (line 1 minus line 2)	5,355			5,355
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	1,000			1,000
	7 Food and beverages	7,843			7,843
	8 Entertainment				
	9 Other direct expenses	7,318			7,318
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				16,161
11 Net income summary Combine lines 3, column d, and line 10. ▶				-10,806	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," Explain _____			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," Explain _____			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

Schedule I (Form 990)

OMB No 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Oregon Jewish Community Foundation

Employer identification number 93-1019725

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table

Software ID:
Software Version:
EIN: 93-1019725
Name: Oregon Jewish Community Foundation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NFTY in Israelc/o URJ Kutz Campus 46 Bowen Road Warwick, RI 10990	13-1663143	501(c)(3)	5,125				GENERAL DONATION
BBYO 6651 SW Capitol Hwy Portland, OR 97219	31-1794932	501(c)(3)	5,200				GENERAL DONATION
JEWISH THEATER COLLABORATIVE 2510 SE 51st Avenue Portland, OR 97206	93-0619733	501(c)(3)	5,850				GENERAL DONATION
METROPOLITAN JEWISH DAY SCHOOL 15749 NE 4th Street Bellevue, WA 98008	91-1085790	501(c)(3)	6,000				GENERAL DONATION
MAIMONIDES JEWISH DAY SCHOOL 6612 SW Capitol Hwy Portland, OR 97219	47-0914054	501(c)(3)	6,310				GENERAL DONATION
Hillel University of Oregon 1059 Hilyard St Eugene, OR 97401	93-6037440	501(c)(3)	6,440				GENERAL DONATION
OHSU Foundation 1121 SW Salmon St S 200 Portland, OR 97205	23-7083114	501(c)(3)	7,652				GENERAL DONATION
KAWAIHAE CANOE CLUB PO Box 1087 Kamuela, HI 96743	99-0317603	501(c)(3)	9,000				GENERAL DONATION
Oregon Food Bank PO Box 55370 Portland, OR 97238	93-0785786	501(c)(3)	9,300				GENERAL DONATION
Beit Haverim South Metro Jewish Congregation PO Box 311 Lake Oswego, OR 97034	93-1096684	501(c)(3)	9,950				GENERAL DONATION

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHSU CANCER INSTITUTE 3181 SW Sam Jackson Park CR-1 Portland, OR 97239	23-7083114	501(c)(3)	20,000				GENERAL DONATION
PORTLAND ART MUSEUM 1219 SW Park AV Portland, OR 97205	93-0391604	501(c)(3)	20,250				GENERAL DONATION
Greater Portland Hillel 209 SW Oak Street S 500 Portland, OR 97204	80-0221753	501(c)(3)	20,695				GENERAL DONATION
COMMUNITY ENDOWMENT FUND 610 SW Broadway 407 Portland, OR 97205	93-1019725	501(c)(3)	21,651				GENERAL DONATION
Congregation Shaarie Torah 920 NW 25th Ave Portland, OR 97210	93-0437943	501(c)(3)	21,974				GENERAL DONATION
PORTLAND CENTER STAGE 128 NW 11th Ave Portland, OR 97209	93-1134865	501(c)(3)	22,000				GENERAL DONATION
PORTLAND KOLLEL 6688 SW Capitol Hwy Portland, OR 97219	91-1473080	501(c)(3)	23,608				GENERAL DONATION
Oregon Symphony Association 921 SW Washington Ste 200 Pittock Building Portland, OR 97205	93-0446527	501(c)(3)	24,500				GENERAL DONATION
OHSU CENTER FOR ETHICS 3181 SW Sam Jackson Park Rd Portland, OR 97239	23-7083114	501(c)(3)	25,000				GENERAL DONATION
UNITED WAY OF THE COLUMBIA WILLAMETTE 619 SW 11th 300 Portland, OR 97205	93-0582124	501(c)(3)	25,750				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catlin Gabel School 8825 SW Barnes Rd Portland, OR 97225	93-0386804	501(c)(3)	30,500				GENERAL DONATION
PORTLAND SCHOOLS FOUNDATION 905 NW 12th Avenue Portland, OR 97209	93-1149789	501(c)(3)	35,000				GENERAL DONATION
REED COLLEGE 3203 SE Woodstock Portland, OR 97202	93-6031917	501(c)(3)	36,750				GENERAL DONATION
GOOD SAMARITAN FOUNDATION 1015 NW 22nd Ave Portland, OR 97208	23-7017276	501(c)(3)	38,000				GENERAL DONATION
Jewish Family Service 8804 Balboa Ave Turk Family Center San Diego, CA 92123	95-1644024	501(c)(3)	40,000				GENERAL DONATION
OREGON COMMUNITY FOUNDATION 1221 SW Yamhill 100 Portland, OR 97205	23-7315673	501(c)(3)	50,000				GENERAL DONATION
Portland State University Foundation PO Box 243 Portland, OR 97207	93-0619733	501(c)(3)	63,965				GENERAL DONATION
B'nai B'rith Men's Camp Association 2211 NW Front Ave Portland, OR 97209	91-1842787	501(c)(3)	64,549				GENERAL DONATION
Tobacco-Free Coalition of Oregon PO Box 11231 Portland, OR 97211	35-2231450	501(c)(3)	79,000				GENERAL DONATION
Jewish Family & Child Service 1130 SW Morrison Ste 316 Portland, OR 97205	93-0386851	501(c)(3)	92,224				GENERAL DONATION

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

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

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Oregon Jewish Community Foundation

Employer identification number

93-1019725

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Includes rows for Art, Books, Cars, Securities, etc.

29 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

Table with 2 columns: 29, 29

Table with 3 columns: Question, Yes, No. Includes questions 30a, 31, 32a, 33 regarding property holding, gift acceptance, and reporting.

Part II

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

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	TOTAL NUMBER OF CONTRIBUTIONS IS REPORTED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Oregon Jewish Community Foundation

Employer identification number

93-1019725

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

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Oregon Jewish Community Foundation

Employer identification number

93-1019725

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE LEONARD & LOIS SCHNITZER CHARITABLE FOUNDATION 1211 SW 5TH AVE STE 2250 PORTLAND, OR 97051 93-1232435 arthur krchevsky memorial scholarship fund	TO SUPPORT THE OREGON JEWISH COMMUNITY FOUNDATION	OR	501(C)(3)	LINE 11A	N/A
po box 3168 PORTLAND, OR 97208 93-6307981	TO SUPPORT THE OREGON JEWISH COMMUNITY FOUNDATION	OR	501(C)(3)	LINE 11A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
-------------------------------------------------------	-------------------------	--------------------------------------------------	----------------------------------	--------------------------------------------------	------------------------------	------------------------------------	-----------------------------

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to other organization(s)	Yes	
c Gift, grant, or capital contribution from other organization(s)		No
d Loans or loan guarantees to or for other organization(s)		No
e Loans or loan guarantees by other organization(s)		No
f Sale of assets to other organization(s)		No
g Purchase of assets from other organization(s)		No
h Exchange of assets		No
i Lease of facilities, equipment, or other assets to other organization(s)		No
j Lease of facilities, equipment, or other assets from other organization(s)		No
k Performance of services or membership or fundraising solicitations for other organization(s)		No
l Performance of services or membership or fundraising solicitations by other organization(s)		No
m Sharing of facilities, equipment, mailing lists, or other assets		No
n Sharing of paid employees		No
o Reimbursement paid to other organization for expenses		No
p Reimbursement paid by other organization for expenses		No
q Other transfer of cash or property to other organization(s)		No
r Other transfer of cash or property from other organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	arthur krichevsky memorial scholarship fund	B	66,826
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No