



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-T**

**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No 1545-0687

**2008**

Open to Public Inspection  
for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning \_\_\_\_\_, 2008, and  
ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions

**A**  Check box if address changed

Name of organization (  Check box if name changed and see instructions )

**D Employer identification number**  
(Employees trust see instructions for Block D on page 9)

**B Exempt under section**  
 501(c)(3)  220(e)  530(a)  
 408A  529(a)

Print or Type

THE JAMES IRVINE FOUNDATION

Number, street, and room or suite no If a P O box, see page 9 of instructions

575 MARKET STREET, SUITE 3400

City or town, state, and ZIP code

SAN FRANCISCO, CA 94105

94-1236937

**E Unrelated business activity codes**  
(See instructions for Block E on page 9)

900000

**C** Book value of all assets at end of year

**F** Group exemption number (See instructions for Block F on page 9) ▶

1584897008.

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity ▶ INVESTMENT IN PARTNERSHIPS

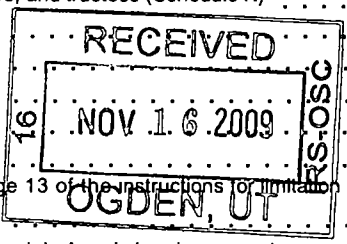
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶

**J** The books are in care of ▶ JOHN R. JENKS, CIO/TREASURER Telephone number ▶ 415-777-2244

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-2,661,473.	STMT 1
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 11 of the instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	-2,661,473.	-2,661,473.

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	NONE
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a	
23	Depletion	22 b	NONE
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule)	27	
29	Total deductions. Add lines 14 through 28	28	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	NONE
31	Net operating loss deduction (limited to the amount on line 30)	30	-2,661,473.
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	31	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32	
34	Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	33	1,000.
		34	NONE



SCANNED DEC 09 2009

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15.
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16
37 Proxy tax. See page 16 of the instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)
41 Subtract line 40e from line 39
42 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
43 Total tax. Add lines 41 and 42
44 Payments A 2007 overpayment credited to 2008
45 Total payments. Add lines 44a through 44f
46 Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want Credited to 2009 estimated tax NONE Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs (attach schedule)
4b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2.
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge
Sign Here Signature of officer Date Title

Paid Preparer's Use Only Preparer's signature Date Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no

SAN FRANCISCO, CA 94105

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS  
 =====

AQUA INTERNATIONAL PARTNERS	-87,339.
AXIOM ASIA PRIVATE CAPITAL FUND I, LP	-3,755.
COLISEUM CAPITAL PARTNERS, LP	-1,099.
ENERGY CAPITAL PARTNERS I-A, LP	-146,049.
FR X ONSHORE, LP	51,240.
FX XI-E ONSHORE AIV, LP	22,856.
FIRST RESERVE XI, LP	-597,898.
H&F CAYMAN AIV I, LP	-42,923.
HFCP VI DOMESTIC AIV, LP	-10,071.
HFCP VI AIV, LP	-9,433.
H&F GALAXY AIV, LP	7,625.
JP MORGAN ALTERNATIVE PROPERTY FUND DOMESTIC I, LP	51,057.
OCH-ZIFF REAL ESTATE TE FUND, LP	-612,733.
SAGEVIEW CAPITAL PARTNERS (B), LP	100.
SEQUOIA CAPITAL GROWTH FUND III, LP	-17,278.
SEQUOIA CAPITAL INDIA GROWTH FUND I, LP	-12.
SHV SPECIAL PURPOSE, LP	159,601.
STARWOOD GLOBAL OPPORTUNITY FUND VII-A, LP	-1,187,103.
STARWOOD INTERNATIONAL OPPORTUNITY FUND VIII-2, LP	-236,644.
TCW ENERGY XIV-A, LP	-1,367.
VENTURE INVESTMENT ASSOCIATES II, LP	-248.
	-----
INCOME (LOSS) FROM PARTNERSHIPS	-2,661,473.
	=====

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Includes a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income, 5 Gross income from activity, 6 Expenses attributable, 7 Excess exempt expenses. Includes a Totals row.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Includes a Total row.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 19)

1 Description of property

Table with 4 rows for property description (1-4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and (3a) Deductions directly connected with the income.

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) . . . . .

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . . .

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10.

Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

The James Irvine Foundation  
 Charitable Contribution Carryforwards to 2008  
 Form 990T, 12/31/2008

94-1236937

Form 990T, Line 20, Charitable Contribution Deduction

Total Contributions in 2008	67,282,426
10% Taxable Income Limit	-
Charitable Contributions Carryover from 2008	<u>67,282,426</u>

Charitable Contribution Deduction Allowed 2008 Form 990T, Line 20	<u>-</u>
--	----------

	<u>Generated</u>	<u>Utilized</u>	<u>Remaining</u>
2005	510,110	195,656	314,454
2006	-	-	-
2007	78,278,316	17,533	78,260,783
2008	67,282,426	-	67,282,426
Contribution Carryover as of 12/31/2008			<u>145,857,663</u>

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>THE JAMES IRVINE FOUNDATION</b>	Employer identification number <b>94-1236937</b>
	Number, street, and room or suite no If a P O box, see instructions <b>575 MARKET STREET, SUITE 3400</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>SAN FRANCISCO, CA 94105</b>	

**Check type of return to be filed (file a separate application for each return):**

- |                                      |  |                                    |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)     | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ JOHN R. JENKS, CIO/TREASURER

Telephone No ▶ 415 777-2244 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/16, 2009, to file the exempt organization return for the organization named above The extension is for the organization's return for.

- ▶  calendar year 2008 or
- ▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>3a</b>	\$	NONE
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	NONE
<b>c Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$	NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**



The James Irvine Foundation  
Net Operating Loss Carryforwards to 2008  
Form 990T, 12/31/2008

94-1236937

Form 990T, Line 31, Net Operation Loss Deduction

	<u>NOL Carryover From Previous Year</u>	<u>Generated</u>	<u>Utilized</u>	<u>NOL Carryover to Following Year</u>
2006	-	(1,798,035)	-	(1,798,035)
2007	(1,798,035)	-	157,802	(1,640,233)
2008	(1,640,233)	(2,661,473)	-	(4,301,706)
NOL Carryover as of 12/31/2008				<span style="border: 1px solid black;">(4,301,706)</span>