## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or the	e 2009	calen	dar year, or tax year beginning , 2009, and ending				, 20	
<b>B</b> c	heck if app	plicable:	Please	C Name of organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA	D	Employer ide	ntification	number	
	Addre: chang		use IRS label or	Doing Business As		95-20218	853		
	7	change	print or	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite E	Telephone nur	nber		
	Initial	· 1	type. See	345 S. FIGUEROA STREET M-1		(213) 627	-6217		
	Termir	- 1	Specific	City or town, state or country, and ZIP + 4		(210) 027			
	Amen		Instruc- tions.	LOS ANGELES, CA 90071-1004	ء ا	Gross receipts	¢	1 17	1 010
	return Applic	Į.		ame and address of principal officer: DOUGLAS ERBER	_	(a) Is this a group		<u> </u>	1,018.
	pendir	ng				affiliates?	ŀ	Ye	
				S. FIGUEROA ST., STE M-1 LOS ANGELES, CA 90071	н	(b) Are all affiliates	s included?	Ye	s No
<u> </u>	Tax-ex	empt sta	atus:	X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach	a list. (see ins	structions)	
J	Websi	te: 🕨	WWW.	JAS-SOCAL.ORG	Н	(c) Group exemption	on number	<b></b>	
K	Туре о	f organiz	zation:	X Corporation Trust Association Other ▶ L Year of	formation	: 1959 <b>M</b> S	tate of lega	ıl domicil	e: CA
Pa	ırt I	Sun	nmary			<u>'</u>			
	T .	Driofly	dooorik	the erganization's mission or most significant activities:					
	l '	T∩ P	aescrit	oe the organization's mission or most significant activities:  ECONOMIC, CULTURAL, GOVERNMENTAL AND PERSONAL RE	 T.				
e				THE PEOPLE OF JAPAN AND AMERICA.					
Jan		DEIM		THE FEOFILE OF OAFAN AND AMERICA.					
Governance	_								
Š	2	Check			25% of its	s assets.	1		
ಶ	3	Numbe	er of vo	ting members of the governing body (Part VI, line 1a)			3		37
es	4	Numbe	er of inc	dependent voting members of the governing body (Part VI, line 1b)			4		37
Activities	5	Total n	umber	of employees (Part V, line 2a)			5		5
ct				of volunteers (estimate if necessary)			6		5
_				nrelated business revenue from Part VIII, line 12, column (C)			7a		0
		_		business taxable income from Form 990-T, line 34					0
_	b	ivet uii	reialeu	business taxable income noni Form 990-1, line 34	<del></del>	Prior Year		Current	
Revenue				(D) (A) (D)					
	8	Contrib	oution a	and grants (Part VIII, line 1h)	1⊢—	519,613	_	1,01	9,429.
	9	Progra	m serv	ice revenue (Part VIII, line 2g)			0.		0
Se.	10	IIIvesu	Hellt III	Conne (Fart Vin, Column (A), lines 3, 4, and 7d)	J	1,099	€.		2,746.
_	11	Other r	revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-110,128	} .	-39	1,666.
				- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		410,584	1.	63	0,509.
	13	Grants	and si	milar amounts paid (Part IX, column (A), lines 1-3)		(	0.		0
				to or for members (Part IX, column (A), line 4)	'	(	0.		0
	4.5			r compensation, employee benefits (Part IX, column (A), lines 5-10)	•	294,251		3.0	5,058.
Expenses	16 -						0.		0
)en	io a	T-4-16	51011a1 1	undraising fees (Part IX, column (A), line 11e)	•		J •		0
X	1 D			ing expenses, Part IX, column (D), line 25)  38,121.	-	000 604		1.0	0 400
				es (Part IX, column (A), lines 11a-11d, 11f-24f)	.	203,694	_		9,422.
	18	Total e	xpense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		497,945	).	47	4,480.
		Reven	ue less	expenses. Subtract line 18 from line 12		-87 <b>,</b> 361		15	6 <b>,</b> 029.
Net Assets or Fund Balances					Beg	ginning of Yea	r	End of	Year
sets	20	Total a	ssets (	Part X, line 16)	_	246,334	1.	39	6,711.
Ass	21			s (Part X, line 26)		93,694	1.	8	8,042.
E.E	22	Net as:	sets or	fund balances. Subtract line 21 from line 20		152,640	).	30	8,669.
					-	, ,			
Pa	ırt II	Under	penalti	e Block es of perjury, I declare that I have examined this return, including accompanying schedul	les and s	tatements, and	to the bes	t of my	knowled
		and b	elief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based on a	all informa	ation of which	preparer h	as any	knowledge
S	ign								
	lere	3	Signatur	e of officer		Date			
		:	Tyne or	print name and title					
_		_	ype or		ok if	Drone	ror's identif	vina num	hor
Paid	1		rer's	Date Che self-	ck if -		rer's identify nstructions)	ying num	pei
	oarer's	signat	,	emp	oloyed	<u> </u>			
-	Only	Firm's	name (demploye	or yours KPMG LLP	E	IN ►	13-55	56520	7
Joe	Jilly		ss, and z		Р	hone no.	213-9	972-4	000
May	the IF	RS disc	uss this	s return with the preparer shown above? (See instructions)			Х	Yes	No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \*

Form **990** (2009)

Pa	rt III Statement of Progr	ram Service Accomplis	shments			
1	Briefly describe the organization					
	TO BUILD ECONOMIC, BETWEEN THE PEOPLE			PERSONAL RELAT	IONSHIPS	
	DEIMEEN IUE LEOLIE	OF JAPAN AND A	MERICA.			
	Did the organization under the prior Form 990 or 990-E If "Yes," describe these new Did the organization cease	EZ? v services on Schedule	O.		Yes	s X No
·	services?  If "Yes," describe these char					No X
4		c)(4) organizations and	d section 4947(a)(1)	trusts are required	rogram services by expenses. to report the amount of grants a ported.	nd
4a	(Code:) (Expe	enses\$368,294.		* \$	) (Revenue \$	)
4b	(Code: ) (Expe	enses\$	including grants o	f \$	) (Revenue \$	)
			_	· · ·		
_	<u> </u>		tank dia amang at a f	Φ	\	
4c	(Code:) (Expe	nses \$	including grants of	Φ	) (Revenue \$	)
4d	Other program services. (De	escribe in Schedule O.)				
	(Expenses \$	including grants of \$	}	) (Revenue \$	)	
<u>4e</u>	Total program service expe	enses > 3	68,294.			000 (0000)
					Form	<b>990</b> (2009)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Χ
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	J		
U	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
		_		V
-	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	40		3.7
40.4	complete Schedule D, Parts XI, XII, and XIII.	12		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			
4.0	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	Х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Form **990** (2009)

#### Part IV **Checklist of Required Schedules** (continued) Did the organization report more than \$5,000 of grants and other assistance to governments and organizations Χ 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25 24a Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ..... 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 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 25b Χ 990-EZ? If "Yes," complete Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II, Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? Χ 27 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): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV...... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 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 direct or indirect owner? If "Yes," complete Schedule L. 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.............. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38

Form **990** (2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ū	gaming (gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D		20	21	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
•	instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	2-		v
	this return?	3a		X
	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)?	4a		X
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7с	Х	
٨	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
e		7e		Х
	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
		7g		21
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<i>'</i> 9		
"		7h		Х
0	required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/ 11		21
8				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		
•	organization, have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	0.0		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2009)

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

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 37			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
·u	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	- 1.0		
U	the year by the following:			
•	The governing body?	8a	Х	
a	Each committee with authority to act on behalf of the governing body?	8b	Х	
O D	· · · · · · · · · · · · · · · · · · ·	- 0.5		
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9a		X
		Ja		21
	tion B. Policies (This Section B requests information about policies not required by the Internal enue Code.)			
Nevi	ende Gode.j		Yes	No
40	Describes and all other level describes the control of the Control	10a		Х
10 a	Does the organization have local chapters, branches, or affiliates?	IUa		21
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
4.4	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44	Х	
	form?	11	Λ	
11 A	3	40	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		3.7	
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	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?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_CA/			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			
. •	<u>ava</u> ilable for public inspection. Indicate how you make these available. Check all that apply.	,		
	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			
13	policy, and financial statements available to the public.			
20				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ JAPAN AMERICA SOCIETY OF SO CA 345 SOUTH FIGUEROA ST, STE M-1 LA,	CA 9	0071	_
	213-627-6217			

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

<b>(A)</b> Name and Title	(B) Average	(C) Position (check all that apply)					lv)	( <b>D</b> ) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated	
Name and Time	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
DONALD P BAKER											
DIRECTOR	2.00	Х						0.	0.	0.	
ROBERT BRASCH											
CHAIRMAN	2.00	Х		Χ				0.	0.	0.	
GEORGE A BRUMDER											
DIRECTOR	1.00	Х						0.	0.	0.	
R THOMAS DECKER											
DIRECTOR	2.00	Х						0.	0.	0.	
KEITH B ELMER											
DIRECTOR	2.00	Х						0.	0.	0.	
WERNER ESCHER											
DIRECTOR	1.00	Х						0.	0.	0.	
MICHAEL FEYDER											
DIRECTOR	2.00	Х						0.	0.	0.	
NORMAN A FUTAMI											
COUNSEL	2.00	Х		Χ				0.	0.	0.	
RUSSELL HANLIN											
DIRECTOR	2.00	Х						0.	0.	0.	
NANCY WOO HIROMOTO											
CO-VICE CHAIRMAN	2.00	Х		Χ				0.	0.	0.	
CHRIS INOUYE											
DIRECTOR	1.00	Х						0.	0.	0.	
JONATHAN KAJI											
DIRECTOR	2.00	Х						0.	0.	0.	
KAPPEI MORISHITA											
CO VICE CHAIRMAN	2.00	Х		Χ				0.	0.	0.	
EDWARD PERRON											
DIRECTOR	2.00	Х						0.	0.	0.	
JOSEPH C PORTILLO											
SECRETARY	2.00	Х		Χ				0.	0.	0.	
YOSHIHIRO SANO											
DIRECTOR	1.00	Х						0.	0.	0.	

Form **990** (2009)

JSA

Part VII Section A. Officers, Directors, Tru	ustees, Key Employees, and Highest Compensated Employees(continued)									
(A)	(B)		1		C)		- 0	(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	n Institutional trustee			Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARK SULLIVAN										
DIRECTOR	2.00	Х						0.	0.	0.
YUKUO TAKENAKA										
DIRECTOR	1.00	Х						0.	0.	0.
TRACEY DOI										
DIRECTOR	2.00	Х						0.	0.	0.
MARK E. BUCHMAN										
DIRECTOR	2.00	X						0.	0.	0.
GLEN I. HAMAKAWA										
TREASURER	2.00	Х		Χ				0.	0.	0.
TERRY S. HARA										
DIRECTOR	2.00	X						0.	0.	0.
HIROTAKA HATTORI										
DIRECTOR	1.00	X						0.	0.	0.
SHIGERU KIMURA										
DIRECTOR	1.00	X						0.	0.	0.
JERRY J. KOYANAGI										
DIRECTOR	2.00	X						0.	0.	0.
JOEL D. LITTLEFORD										
DIRECTOR	2.00	X						0.	0.	0.
TOBY ROSE MALLEN										
DIRECTOR	2.00	X						0.	0.	0.
MAKOTO MATSUKI										
DIRECTOR	1.00	X						0.	0.	0.
TAKASHI OHDE										
DIRECTOR	1.00	Х						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2							<u> </u>	121,100.	0.	18,798.
Total number of individuals (including but not lim reportable compensation from the organization	ited to thos	se liste		bov	e) w	/ho re	ceiv	ed more than \$100	,000 in	
										Vac No

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	Χ
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? If "Yes," complete Schedule J for such		
	individual	4	Χ
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for		
	services rendered to the organization? If "Yes," complete Schedule J for such person	5	Χ

## **Section B. Independent Contractors**

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

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

Form **990** (2009)

Form 990 (2009)

'art	: VIII	Statement of Revenue		95-2021853		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
ß	1a	Federated campaigns 1a				
Ĭ,	b	Membership dues         1b         123,009	5.			
am	С	Fundraising events 1c 226,329	5.			
and other similar amounts	d	Related organizations				
sim	е	Government grants (contributions) 1e				
her	f	All other contributions, gifts, grants,				
d		and similar amounts not included above . 1f 670,099				
au	g h	Noncash contributions included in lines 1a-1f: \$ 328,423  Total. Add lines 1a-1f				
e		Business Co.				
Program Service Revenue	2a					
&	b					
/ice	С					
Ser	d					
аш	е					
og	f	All other program service revenue				
<u>-</u>	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	_			2,74
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties (i) Real (ii) Persona				
	0 -					
	6a	Gross Rents				
	b c	Less: rental expenses Rental income or (loss)				
	d	Net rental income or (loss)	0.			
	70	Gross amount from sales of (i) Securities (ii) Other				
	7a	assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses				
		Gain or (loss)				
	d	Net gain or (loss)	0.			
ne	8a	Gross income from fundraising				
en		events (not including \$226,325. ATCH 5				
Ş 		of contributions reported on line 1c).				
<u> </u>		See Part IV, line 18				
Other Revenue	b C	Less: direct expenses				-340,02
٥	9a	Gross income from gaming activities.	-340,023.			-340,02
	Ja	See Part IV, line 19	50.			
	b	Less: direct expenses b 120,6				
	c	Net income or (loss) from gaming activities <u>ATCH 7</u>				-52,27
	10a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold b				
L	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Co	de			
-	11a	MISC. INCOME 900099	633.			63
	b					
	С					
	d	All other revenue				
- 1	е	Total. Add lines 11a-11d	633.			

Form **990** (2009)

## 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).

	_			column (A) but are not required to complete columns (B), (C)						
organizations in the U.S. See Part IV, line 21		not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 a	1	Grants and other assistance to governments and								
the U.S. See Part IV, line 22 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		organizations in the U.S. See Part IV, line 21	0.							
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2	Grants and other assistance to individuals in								
organizations, and individuals outside the U.S. Seo Part IV, lines 15 and 16 8 0.  4 Benefits paid to or for members 0.  5 Compensation of current officers, directors, trustees, and key employees		the U.S. See Part IV, line 22	0.							
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 6 Compensation not included above, to disqualified persons (as defined under section 4988(n)(1)) and persons described in section 4988(n)(1)) and section 4988(n)(1) and section 4988(n) and sectio	3	Grants and other assistance to governments,								
Compensation of current officers, directors, trustees, and key employees										
S Compensation of current officers, directors, trustees, and key employees and key employees section 4058(f)(1) and persons (as defined under section 4958(f)(3)(8) 0.  7 Other salaries and wages 130,922. 110,401. 8,738. 11,78: 10,000 0.  9 Other salaries and wages 24,211. 28,395. 2,395. 3,42: 11,78: 1										
trustees, and key employees	4	Benefits paid to or for members	0.							
6 Compensation not included above, to disqualified persons (as defined under section 4586(f(1)) and persons (as defined under section 4586(f(1)) and persons described in section 4958(f(1)) and persons described in section 4958(f(1)) and section 401(k) and section 401(k) and section 403(b) employer contributions (include section 401(k) and section	5									
persons (as defined under section 4958(p(x)) and persons described in section 4958(p(x)) and persons described in section 4958(p(x)) and section 4958(p(x)) and section 4958(p(x)) and section 4958(p(x)) and section 401(p(x)) and section 401(p		trustees, and key employees	121,100.	99,310.	9,680.	12,110.				
persons described in section 4988(c)(3)(B) 0 130,922 110,401 8,738 11,78:  8 Pension plan contributions (include section 401(k) and section 401(k) employer contributions) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6									
7 Other salaries and wages										
8 Pension plan contributions (include section 401(k) and section 402(b) employer contributions) 9 Other employee benefits 34,211. 28,395. 2,395. 3,42: 10 Payroll taxes 11 Fees for services (non-employees): 8 Management 0.		persons described in section 4958(c)(3)(B)								
and section 403(b) employer contributions) .	7	Other salaries and wages	130,922.	110,401.	8,738.	11,783.				
9 Other employee benefits 34,211. 28,395. 2,395. 3,42: 10 Payroll taxes 18,825. 15,625. 1,318. 1,88: 1 Fees for services (non-employees): a Management 0. b Legal 0. c Accounting 1,864. 0. d Lobbying 0. e Professional fundralising services. See Part IV. line 17 0. g Other 7 10 0. g Other 7 775. 250. 125. 400 12 Advertising and promotion 851. 851. 1 13 Office expenses 3,3685. 28,632. 3,369. 1,68. 1 16 Occupancy 48,135. 39,952. 3,369. 4,81. 1 17 Travel 7,084. 5,880. 495. 70: 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 0. 10 Interest 0. 11 Payments to affiliates ATCH, 8, 2,500. 2,125. 375. 220. 125. 420. 125. 420. 125. 125. 125. 125. 125. 125. 125. 125	8	, , , , , , , , , , , , , , , , , , , ,								
10 Payroll taxes										
11 Fees for services (non-employees): a Management b Legal	9			-		3,421.				
a Management 0. b Legal 0	10	Payroll taxes	18,825.	15,625.	1,318.	1,882.				
b Legal	11	Fees for services (non-employees):								
c Accounting         1,864.         1,864.           d Lobbying         0.           e Professional fundraising services. See Part IV. line 17 flivestment management fees         0.           g Other         775.         250.         125.         40.           12 Advertising and promotion         851.         851.         40.           13 Office expenses         33,685.         28,632.         3,369.         1,68.           14 Information technology         0.         0.         0.         0.         1.68.           15 Royalties.         0.         0.         0.         0.         1.68.         1.68.           16 Occupancy         48,135.         39,952.         3,369.         4,81.         1.70. </th <td>а</td> <td>Management</td> <td></td> <td></td> <td></td> <td></td>	а	Management								
d Lobbying		5								
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other					1,864.					
f Investment management fees	d	Lobbying								
g Other										
12       Advertising and promotion       851.       851.         13       Office expenses       33,685.       28,632.       3,369.       1,68.         14       Information technology       0.	f									
13 Office expenses	g				125.	400.				
14 Information technology	12									
15 Royalties	13	Office expenses		28,632.	3,369.	1,684.				
16 Occupancy	14	9,								
17 Travel       7,084       5,880       495       70         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       0	15	Royalties								
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings	16									
for any federal, state, or local public officials       0.         19 Conferences, conventions, and meetings       0.         20 Interest       0.         21 Payments to affiliates       ATCH 8.       2,500.       2,125.       375.         22 Depreciation, depletion, and amortization       2,543.       2,543.         23 Insurance       5,364.       4,452.       483.       42         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.)       797.       798.         a ASSOCIATION FEES       1,595.       797.       798.         b BANK/CREDIT CARD SERVICES FE       8,159.       6,772.       653.       73.         c BAD DEBT EXPENSE       31,550.       31,550.       31,550.       31,550.       31,550.       31,550.       31,550.       31,550.       35.       35.       368,294.       68,065.       38,12.       38,12.       368,294.       68,065.       38,12.       368,294.       68,065.       38,12.       368,294.       68,065.       38,12.	17	Travel	7,084.	5,880.	495.	709.				
19 Conferences, conventions, and meetings       0.         20 Interest       0.         21 Payments to affiliates       ATCH. 8.       2,500.       2,125.       375.         22 Depreciation, depletion, and amortization       2,543.       2,543.         23 Insurance       5,364.       4,452.       483.       42         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.)       797.       798.         a ASSOCIATION_FEES       1,595.       797.       798.         b BANK/CRDIT_CARD_SERVICES FE       8,159.       6,772.       653.       73.         c BAD_DEBT_EXPENSE       31,550.       31,550.       31,550.       31,550.       31,550.       310.       15.       22,220.       22,220.       68,065.       38,125.       25       701 functional expenses. Add lines 1 through 24f       474,480.       368,294.       68,065.       38,125.         26 Joint Costs. Check here       If following SOP 98-2. Complete this line only if the       474,480.       368,294.       68,065.       38,125.	18									
1		F								
21 Payments to affiliates       ATCH 8.       2,500.       2,125.       375.         22 Depreciation, depletion, and amortization       2,543.       2,543.       2,543.         23 Insurance       5,364.       4,452.       483.       42.         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.)       797.       798.         a ASSOCIATION FEES       1,595.       797.       798.         b BANK/CREDIT CARD SERVICES FE       8,159.       6,772.       653.       73.         c BAD DEBT EXPENSE       31,550.       31,550.       31,550.       31,550.       15.         d MISCELLANEOUS       3,097.       2,632.       310.       15.       22,220.       22,	19	Conferences, conventions, and meetings								
22 Depreciation, depletion, and amortization       2,543.         23 Insurance       5,364.       4,452.       483.       42.         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.)       797.       798.         a ASSOCIATION FEES       1,595.       797.       798.         b BANK/CREDIT CARD SERVICES FE       8,159.       6,772.       653.       73.         c BAD DEBT EXPENSE       31,550.       31,550.       31,550.       31,550.       15.         d MISCELLIANEOUS       3,097.       2,632.       310.       15.       15.         e OTHER PROGRAM EXPENSE       22,220.       22,220.       22,220.       22,220.       22,220.       22,220.       38,12.       368,294.       68,065.       38,12.         26 Joint Costs. Check here	20			0 105	0.00					
23 Insurance 5,364. 4,452. 483. 422  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 ASSOCIATION_FEES 1,595. 797. 798.  b BANK/CREDIT_CARD_SERVICES_FE 8,159. 6,772. 653. 73.  c BAD_DEBT_EXPENSE 31,550. 31,550.  d MISCELLANEOUS 3,097. 2,632. 310. 15.  e OTHER_PROGRAM_EXPENSE 22,220. 22,220.  f All other expenses  25 Total functional expenses. Add lines 1 through 24f 474,480. 368,294. 68,065. 38,123.  26 Joint Costs. Check here ▶ If following SOP 98-2. Complete this line only if the	21	· ·		2,125.						
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.) 797. 798.   25 BANK/CREDIT_CARD_SERVICES_FE 8,159. 6,772. 653. 73				4 450		400				
covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a ASSOCIATION FEES 1,595. 797. 798.  b BANK/CREDIT CARD SERVICES FE 8,159. 6,772. 653. 73.  c BAD DEBT EXPENSE 31,550. 31,550.  d MISCELLANEOUS 3,097. 2,632. 310. 150.  e OTHER PROGRAM EXPENSE 22,220. 22,220.  f All other expenses			5,364.	4,452.	483.	429.				
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a ASSOCIATION FEES 1,595. 797. 798. b BANK/CREDIT CARD SERVICES FE 8,159. 6,772. 653. 73. c BAD DEBT EXPENSE 31,550. 31,550. d MISCELLANEOUS 3,097. 2,632. 310. 15. e OTHER PROGRAM EXPENSE 22,220. 22,220. f All other expenses 22,220. 474,480. 368,294. 68,065. 38,123.  25 Total functional expenses. Add lines 1 through 24f 474,480. 368,294. 68,065. 38,123.  26 Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the	24									
5% of total expenses shown on line 25 below.)  a ASSOCIATION_FEES  b BANK/CREDIT_CARD_SERVICES_FE  c BAD_DEBT_EXPENSE  d MISCELLANEOUS  e OTHER_PROGRAM_EXPENSE  22,220.  f All other expenses  25 Total functional expenses. Add lines 1 through 24f  26 Joint Costs. Check here ▶ ☐ If following SOP_98-2. Complete this line only if the										
a ASSOCIATION FEES b BANK/CREDIT CARD SERVICES FE c BAD DEBT EXPENSE d MISCELLANEOUS e OTHER PROGRAM EXPENSE f All other expenses  25 Total functional expenses. Add lines 1 through 24f  26 Joint Costs. Check here  If following SOP 98-2. Complete this line only if the										
b BANK/CREDIT CARD SERVICES FE       8,159.       6,772.       653.       73.         c BAD DEBT EXPENSE       31,550.       31,550.         d MISCELLANEOUS       3,097.       2,632.       310.       15.         e OTHER PROGRAM EXPENSE       22,220.       22,220.       22,220.         f All other expenses       474,480.       368,294.       68,065.       38,123.         26 Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the       If following the       16,772.       653.       73.		'	1 505	7.07	700					
c BAD DEBT EXPENSE       31,550.         d MISCELLANEOUS       3,097.       2,632.       310.       15.         e OTHER PROGRAM EXPENSE       22,220.       22,220.       22,220.         f All other expenses       474,480.       368,294.       68,065.       38,123.         26 Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the       If following the       16 following the						724				
d MISCELLANEOUS 3,097. 2,632. 310. 150 e OTHER PROGRAM EXPENSE 22,220. 22,220.  f All other expenses  25 Total functional expenses. Add lines 1 through 24f 474,480. 368,294. 68,065. 38,120 26 Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the				0,112.		/34.				
e OTHER PROGRAM EXPENSE 22,220. 22,220.  f All other expenses		MICCELLANDON		2 (22		1				
f All other expenses		F			310.	155.				
Total functional expenses. Add lines 1 through 24f 474,480. 368,294. 68,065. 38,122  26 Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the			22,220.	22,220.						
26 Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the			474 400	200 204	60 065	20 101				
SOP 98-2. Complete this line only if the			4/4,480.	308,294.	08,005.	38,121.				
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and								

JSA 9E1052 1.000

# Form 990 (2009) Part X Balance Sheet

[Pa	ırt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	125,807.	1	102.
	2	Savings and temporary cash investments	82,905.	2	383,741.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	29,684.	4	7,473.
	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	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or 10a 52,637.			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	4,643.	10c	2,100.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,295.	15	3,295.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	246,334.	16	396,711.
	17	Accounts payable and accrued expenses	1,000.		4,580.
	18	Grants payable		18	
	19	Deferred revenue	85,000.	19	80,000.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
jab		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	7.604	24	2 460
	25	Other liabilities. Complete Part X of Schedule D	7,694.		3,462.
	26	Total liabilities. Add lines 17 through 25	93,694.	26	88,042.
"		Organizations that follow SFAS 117, check here Lines 27 through 29, and lines 33 and 34.			
ces	27		126 071	07	202 000
lan	27		136,971.		293,000.
Ba	28 29	Temporarily restricted net assets	15,669.	28	15,669.
pu	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here		29	
Net Assets or Fund Balances		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	152,640.	33	308,669.
_	34	Total liabilities and net assets/fund balances	246,334.	34	396,711.

Form **990** (2009)

Page 12 Form 990 (2009)

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 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?	2c		
	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 separate 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?	3a		X
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.	3b		
		Form	990	(2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of	the organization	n						Employe	r identificat	tion number
JAPAN	AMERICA S	SOCIETY OF S	SO. CALIFORNIA						95-20	21853
Part I	Reason fo	or Public Chari	<b>ity Status</b> (All organi	izations m	ust compl	ete this p	oart.) Se	e instruc	tions.	
The org	anization is no	t a private founda	ation because it is: (For	lines 1 thro	ough 11, ch	eck only c	ne box.)			
1			ches, or association of			sectio	n 170(b)(	1)(A)(i).		
2	5		on 170(b)(1)(A)(ii). (At							
3	A hospital o	r a cooperative h	ospital service organiza	ation descril	bed in se	ction 170	(b)(1)(A)(	iii).		
4	A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	-	ame, city, and sta								
5	section 170	(b)(1)(A)(iv). (Co	• •		-		-		ernmental	unit described in
6	₹	_	ernment or government						6 4	
7 X	-		lly receives a substan	-	its support	rom a (	governme	entai unit	or from t	ne general public
	7		1)(A)(vi). (Complete F	-	manlata Dam	4 11 \				
8 —	₹	-	in section 170(b)(1)(		-	-		tiana m		n face and areas
9	-		lly receives: (1) more							-
	-		ted to its exempt fun		-		-			
		-	ment income and un				-		511 tax)	from businesses
40	, · · · · · · · · · · · · · · · · · · ·	_	after June 30, 1975.					-		
10		_	nd operated exclusively			-				4 41
11	, ,	•	and operated exclusion	-						•
			ublicly supported orga					-	-	
			at describes the type of		e III - Func					rpe III - Other
_	<b>a</b> Typ	_	Type II			•	J			•
е		-	ertify that the organiz				-			·
	-		on managers and oth	er man on	e or more	publicly :	supported	ı organiza	ations de	scribed in section
	. , . ,	r section 509(a)(2	∠). ⊢a written determinat	ion from t	ha IDC tha	at it ia a	Tuna I I	Fuma II a	. Tuma III	aa.a.utin.a
f	_			lion nom i	ine iko ina	al Il IS a	Type I,	rype II, o	т туре пт	supporting
	_	, check this box		ad any aift		ion from a	ny of the			
g	_		he organization accept	eu any giit	or contribut	.1011 110111 8	iny or the			
	following pe		or indirectly controls	oithar al	one or tog	othor wit	h norcon	o docorib	od in (ii)	Yes No
			or indirectly controls		_	ether with	i person	is describ	eu III (II)	11g(i) X
		_	erning body of the supperson described in (i) at		IIIIZaliOII?					11g(ii) X
			of a person described in		hovo?					11g(iii) X
h		-	tion about the supporte							119(111)
					. ,	(v) Did v	ou potifu	(,;) [	o tho	(vii) Amount of
	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9				ou notify ization in	organizat	s the ion in col.	(vii) Amount of support
			above or IRC section	governing	document?		of your		zed in the	
			(see instructions))	Yes	No	Yes	oort?	Yes	S.? No	
				103	110	103	110	103	110	
Total										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	402,860.	443,384.	669,654.	519,613.	1,019,429.	3,054,940.
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	402,860.	443,384.	669,654.	519,613.	1,019,429.	3,054,940.
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)						859,357.
6	Public support. Subtract line 5 from line 4.						2,195,583.
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	, , , , , ,	( )	` ,		, ,	. ,	
7 8	Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	402,860.	443,384.	669,654.	519,613.	1,019,429.	3,054,940.
	sources	273.	358.	682.	1,099.	2,746.	5,158.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	1,004.	1,424.	764.	784.	633.	4,609.
11	Total support. Add lines 7 through 10						3,064,707.
12	Gross receipts from related activities, etc. (se	ee instructions)				12	979,129.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup		_			T I	
14	Public support percentage for 2009 (line		•	column (f))		14	71.64 %
15	Public support percentage from 2008 So					15	88.05 <b>%</b>
16a	33 1/3 % support test - 2009. If the o	•					
	this box and <b>stop here</b> . The organization						
b	33 1/3 % support test - 2008. If the c						
	check this box and <b>stop here</b> . The orga						
17a	10%-facts-and-circumstances test - 2	_					
	or more, and if the organization me			•		•	•
	Part IV how the organization meets t						
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization				•	•	. , _
18	supported organization	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						<u></u>

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 95-2021853 Page **3** 

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support			,			
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(,,	(1)	(4)		(4)	()
•	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		<u> </u>				
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support				1		
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
13	(Explain in Part IV.)  Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tax vear	as a section 501	(c)(3)
	organization, check this box and <b>stop here</b> .	-			-		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8, co	•		(f))		15	%
16	Public support percentage from 2008 Schedu	( )	,	`''		16	%
	tion D. Computation of Investment					* 1	
17	Investment income percentage for 2009 (lin			3, column (f))		17	%
18	Investment income percentage from 2008 S		,			18	<u> </u>
	33 1/3 % support tests - 2009. If the org						
	17 is not more than 33 1/3 %, check th						
b	33 1/3 % support tests - 2008. If the orga			•			
_	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•				<u> </u>

95-2021853

Page 4

Schedule A (Form 990 or 990-EZ) 2009

Part IV 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

r artii, iirio rra o	i irb, oi i ditiii,	1110 12. 1 10110	o arry ourior add	illonai imomia		0110	
					ATTACHMENT 1		
SCHEDULE A, PART II - OTHER INCOME							
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL	
OTHER INCOME	1,004.	1,424.	764.	784.	633.	4,609.	
TOTALS	1,004.	1,424.	764.	784.	633.	4,609.	

### Schedule B

(Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** ► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number JAPAN AMERICA SOCIETY OF SO. CALIFORNIA 95-2021853

Organization type (check one)	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	vered by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or see contributor. Complete Parts I and II.
Special Rules	
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under d 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and
the year, aggregate c	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ontributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or , or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
the year, contribution aggregate to more the year for an exclusived applies to this organization.	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during s for use exclusively for religious, charitable, etc., purposes, but these contributions did not an \$1,000. If this box is checked, enter here the total contributions that were received during the ly religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule exation because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but it <b>mus</b>	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, t answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page\_\_\_\_ of \_\_\_\_ of **Part I** 

Name of organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

Employer identification number 95-2021853

Part I Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$82,700.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ 6,948.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_		<b>\$</b> 18,692.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		<b>\$</b> 43,200.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$1,040.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution

Page\_\_\_\_ of \_\_\_ of Part I

Name of organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

Employer identification number 95-2021853

rt I Contributors	(see instructions)
-------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		- \$\$102,251.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$20,150.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$\$50,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		(c) Aggregate contributions	(d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.		Aggregate contributions	Person Payroll Noncash  (Complete Part II if there is
No. 10	Name, address, and ZIP + 4  (b)	Aggregate contributions  - \$ 50,600.  - (c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 10 (a) No.	Name, address, and ZIP + 4  (b)	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page\_\_\_\_ of \_\_\_\_ of **Part I** 

Name of organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

Employer identification number 95-2021853

Part I Contributors (s	see instructions)
------------------------	-------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$1,200.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Page\_\_\_\_ of \_\_\_ of Part II

Name of organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

Employer identification number

95-2021853

## Part II Noncash Property (see instructions)

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2_	40" FLAT PANEL TV, 52" IMMERSIVE SOUND LCD TV, 40" 151 SERIES IMMERSIVE SOUND TV, & 3 DOZEN TITLIST PRO V1 GOLF BALLS		VARIOUS
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3_	TWO PREMIUM LAUREL CLASS TICKETS FROM LOS ANGELES TO TAIPEI PLUS ONE SOUTHEAST ASIA DESTINATION.		06/15/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	5 AIRLINE TICKETS: LA TO JAPAN, 2 NIGHTS AT NIKKO TOKYO, 2 NIGHTS AT NIKKO PRINCE KYOTO, 200 50TH ANNIVERSARY BAGS		VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5_	FOUR TICKETS FOR SEATS BEHIND THE LAKERS BENCH		09/14/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6_	EIGHT ROUND-TRIP BUSINESS CLASS TICKETS FROM LOS ANGELES TO JAPAN		VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7_	TOYOTA GRAND PRIX TICKETS, PACE CAR RIDE, LONG BEACH SYMPHONY ORCHESTRA TICKETS, LA CLIPPERS TICKERS, 2009 LEXUS LUXURY AUTOMOBILE		VARIOUS

JSA 9E1254 1.000

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

2009

Open to Rublic

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name	e of the organization			Employer identification number
JAE	PAN AMERICA SOCIETY OF SO. CALIFORNI	A		95-2021853
Pai	Organizations Maintaining Donor Adv the organization answered "Yes" to Fore	ised Funds or Othe m 990, Part IV, line 6	r Similar Funds	or AccountsComplete if
	-	(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv	isors in writing that the	assets held in don	or advised
	funds are the organization's property, subject to the	organization's exclusive	e legal control?	Yes No
6	Did the organization inform all grantees, donors, and			
	used only for charitable purposes and not for the ber			
	purpose conferring impermissible private benefit?			Yes No
Pai				orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o	-		
	Preservation of land for public use (e.g., recreation Protection of natural habitat	ition or pleasure)		of an historically important land area of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held	d a qualified conservation	on contribution in th	ne form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Year
а	Total number of conservation easements			_ 2a
b	Total acreage restricted by conservation easements			_ 2b
С	Number of conservation easements on a certified his	storic structure included	in (a)	_ 2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06		_   2d
3	Number of conservation easements modified, transfer			
•	the tax year ▶	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a 2, o.ga <u>a</u> ag
4	Number of states where property subject to conserva	ation easement is locate	ed <b>&gt;</b>	
5	Does the organization have a written policy regarding			lling of
5	violations, and enforcement of the conservation ease		-	······································
6	Staff and volunteer hours devoted to monitoring, insp			
•	b	occuring, arra criticioning c	onconvation caccin	ionio daring ine year
7	Amount of expenses incurred in monitoring, inspectir	ng and enforcing conse	ervation easements	s during the year
•	<b>\\$</b>	ig, and omoromig conce		daming the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the re	equirements of sec	tion
•	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	• •	•	
9	In Part XIV, describe how the organization reports co			
5	balance sheet, and include, if applicable, the text of t			
	the organization's accounting for conservation easen	· ·	nization s imanciai	statements that describes
Pai	t III Organizations Maintaining Collections		reasures, or Otl	ner Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, F	Part IV, line 8.	
1a	If the organization elected, as permitted under S	FAS 116, not to repo	ort in its revenue	statement and balance sheet works of
	art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fil	ld for public exhibition	<ul> <li>education, or re</li> </ul>	search in furtherance of public service.
b	If the organization elected, as permitted under S			
	historical treasures, or other similar assets held provide the following amounts relating to these iter	for public exhibition,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
_	following amounts required to be reported under S	FAS116 relating to th	ese items:	
а	Revenues included in Form 990, Part VIII, line 1			<b>&gt;</b> \$
b	Assets included in Form 990, Part X			<b>▶</b> \$

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

Schedule D (Form 990) 2009

95-2021853 Schedule D (Form 990) 2009 Page 2

Par	t III Organizations Maintaini	ng Collections	of Art, Histo	orica	Treasure	s, or	Other Similar A	ssets(c	ontinued	)
•	Hatta da a carataga da caratag		0			6.11.	to de de la companya de la		6.11	
3	Using the organization's acquisition,		ther records,	chec	k any of the	follow	ing that are a sign	ificant us	se of its	
	collection items (check all that apply	<b>')</b> :		_		. 1				
a										
b	Scholarly research	C	е		Other					
C	Preservation for future ger			i						
4	Provide a description of the organiza	ation's collections	and explain	now ti	ney turtner t	ne org	ganization's exemp	ot purpos	e in	
-	Part XIV.	!! . !								
5	During the year, did the organization							Г	¬.,	□
	assets to be sold to raise funds rath								Yes	No
Par	Escrow and Custodial A IV, line 9, or reported an					ansv	vered res to r		J, Part	
				,						
1a	Is the organization an agent, trustee			-				Г	¬ <sub>V</sub>	
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in	Part XI v and com	piete the folio	owing	table:		Λ			
_	Designing belongs					4	An	nount		
C C	Beginning balance					1c				
u	Distributions during the year					1d				
f.	Ending balance					1e 1f				
2a	Did the organization include an amo					$\overline{}$			Yes	No
	If "Yes," explain the arrangement in		, rant X, iiile	<b>2</b> 1:					163	140
Par			ition answe	red "	Yes" to Fo	rm 90	0 Part IV line 1	10		
ı aı	Endownient i diids. Con	(a) Current Year	(b) Prior ye		(c) Two ye				(e) Four ye	ears back
1a	Beginning of year balance	65,455.		,839.	(-) )-		(2)		(-)	
b	Contributions	191,650.		,700.						
С	Net investment earnings, gains,	191,030.	22,	, 700.						
	and losses	2,617.		916.						
d	Grants or scholarships	2,017.		910.						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	259,722.	65	,455.						
2	Provide the estimated percentage o									
а	Board designated or quasi-endowm									
b	Permanent endowment   0.0	0000 %								
С	Term endowment ► 0.0000	%								
3a	Are there endowment funds not in the	ne pos session of	the organiza	tion th	at are held	and a	dministered for the	<b>;</b>		
	organization by:								Ye	es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related orga	anizati ons listed as	s required on	Sche	dule R? .				3b	
4	Describe in Part XIV the intended us	ses of t he organiza	ation's endov	vment	funds.					
Par	t VI Investments - Land, Bui	Idings, and Equ	ipment.See	Forr	n 990, Par	t X, li	ne 10.			
	Description of investment		or other basis estment)	(b	) Cost or other basis (other)		(c) Accumulated depreciation	(d	l) Book value	•
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other		5		52,6		50 <b>,</b> 537.		2	,100.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	rm 990, Part	X, col	umn (B), line	e 10(c	:).) ▶		2	,100.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 95-2021853 Page **3** 

Part VII	Investments - Other Securities. See	Form 990, Part X, lin	e 12.	. 3
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mar	tion: ket value
Financial de	erivatives	_		
Closely-held	d equity interests			
		_		
		_		
		_		
		-		
		_		
		_		
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII	Investments - Program Related. See	:	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mar	tion: ket value
			,	
		<b>&gt;</b>		
Part IX	Other Assets. See Form 990, Part X,			T
		(a) Description		(b) Book value
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part			
1.	(a) Description of liability	(b) Amount		
Federal inc	ome taxes			
LONG TE	RM DEFERRED RENT	3,462		
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.)	3,462		

**2.** FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

PAGE 25

95-2021853 Schedule D (Form 990) 2009

_	e D (Form 990) 2009 93-2021633	Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemer	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	<u>.                                      </u>
5	Donated services and use of facilities5	<b>;</b>
6	Investment expenses 6	<b>;</b>
7	Prior period adjustments 7	,
8	Other (Describe in Part XIV.)	B
9	Total adjustments (net). Add lines 4 through 8	)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	0
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments 2a	
b	Donated services and use of facilities 2b	1
C	Recoveries of prior year grants 2c	1
d	Other (Describe in Part XIV.)	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a		-
b	(2.55)	40
c		4c 5
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
•	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	
1	Total expenses and losses per audited financial statements	1
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	-
С	Other losses 2c	-
d	Other (Describe in Part XIV.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_
b	Other (Describe in Part XIV.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIV Supplemental Information	
and 2l	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, p; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also count to provide any additional information.	
OPP.	DACE F	
SEE_	PAGE 5	

Schedule D (Form 990) 2009 95-2021853 Page **5** 

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE JASSC ENDOWMENT FUND WAS ESTABLISHED TO BENEFIT THE NEEDS OF THE FOUNDATION. THE PRINCIPAL IN THE ENDOWMENT FUND SHALL BE HELD AND INVESTED WITH ALL INCOME GENERATED USED IN ACCORDANCE WITH THE FUND GUIDELINES AS DETERMINED BY THE FUND'S TRUSTEES. THE JASSC ENDOWMENT FUND CURRENTLY CONSISTS OF TWO FUNDS: THE GENERAL FUND AND THE SCHOLARSHIP FUND.

THE GENERAL FUND IS AN UNRESTRICTED FUND USED TO SUPPORT THE FOUNDATION'S PURPOSES, INCLUDING GENERAL EXPENSES RELATED TO MANAGEMENT OF THE PROGRAMS AND OPERATIONS OF THE FOUNDATION AND OVERHEAD EXPENSES.

THE SUB-FUND IS A RESTRICTED SCHOLARSHIP FUND CREATED TO FUND SCHOLARSHIPS AND SCHOLARSHIP PROGRAMS BENEFITING INDIVIDUALS SELECTED THROUGH THE USE OF OBJECTIVE STANDARDS WHICH HAVE BEEN ADOPTED BY THE FOUNDATION'S BOARD OF DIRECTORS.

Schedule D (Form 990) 2009

### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

2009
Open To Public Inspection

Indicate whether the organization raised funds through any of the following activities. Check all that apply.    A	Name of the organization					Employer identification	
Form 990-EZ filers are not required to complete this part.    Indicate whether the organization raised funds through any of the following activities. Check all that apply.   a   Mail solicitations   e   Solicitation of non-government grants						1	
a   Mail solicitations   e   Solicitation of non-government grants   b   Internet and email solicitations   f   Solicitation of government grants   c   Phone solicitations   g   Special fundraising events   d   In-person solicitations   g   Special fundraising events   or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?   Yes   N b   If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.    One of individual or entity (fundraiser)   (ii) Activity   (iii) Did fundraiser have causely or control of contributions?   (iv) Amount paid to (or retained by) fundraiser listed in (or retained by) fundraiser listed in (or retained by) organization	Form 990-EZ filers are not re	equired to comp	lete this pa	art.			17.
b   Internet and email solicitations   g   Special fundraising events   d   In-person solicitations   G   Special fundraising services?   Yes   N   b   If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.    G   Special fundraiser   G   Sp		d funds through ar	_	•			
c Phone solicitations g Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Ves N b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.  (ii) Name of individual (iii) Did fundraiser have or entity (fundraiser) (iv) Amount paid to or entity (fundraiser) (iv) Amount pai	<del></del>	е					
d		f					
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?    Yes   No	c Phone solicitations	g	Spec	ial fundrai	sing events		
or key employees listed in Form 990, Part Vīl) or entity in connection with professional fundraising services?    Yes   No   No   No   No   No   No   No   N	d In-person solicitations						
to be compensated at least \$5,000 by the organization.  (i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser listed in col. (i)  (vi) Amount paid to (or retained by) fundraiser listed in col. (i)  (vi) Amount paid to (or retained by) fundraiser listed in col. (i)  (vi) Amount paid to (or retained by) fundraiser listed in col. (i)  (vii) Amount paid to (or retained by) fundraiser listed in col. (i)  (vii) Amount paid to (or retained by) fundraiser listed in col. (i)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (viii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (ii)  (vii) Amount paid to (or retained by) fundraiser listed in col. (iii)  (viii) Amount paid to (or retained by) fundraiser listed in col. (viii) Amount paid to (or retained by) fundraiser listed in col. (viii) Amount paid to (or retained by) fundraiser listed in col. (viii) Amount paid to (or retaine							Yes No
custody or control of contributions? from activity (rentained by) fundraiser isled in col. (i)  Yes No  No  Total			ndraisers) p	oursuant to	agreements unde	er which the fundrai	ser is
Total		(ii) Activity	custody or	control of		(or retained by) fundraiser listed in	
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from			Yes	No			
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from							
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from							
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from							
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from							
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from							
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from							
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from							
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from							
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from							
	Total						
		on is registered	or licensed	d to solici	it funds or has	been notified it is	s exempt from

Schedule G (Form 990 or 990-EZ) 2009

Page 2 **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. Part II

			(a) Event #1 DINNER/GALA	(b) Event #2 TOURNAMENT	(c) Other Events	(add col.		
an.			(event type)	(event type)	(total number)	cc	ol. <b>(c)</b> )	
Revenue	1		212,515.	85,310.	8,360.		306	<u>, 185</u> .
Ř		Less: Charitable contributions	164,115.	62,210.			226	<u>,</u> 325.
	3	Gross income (line 1 minus line 2)	48,400.	23,100.	8,360.		79	<u>,860</u> .
	4	Cash prizes						
	5	Noncash prizes	130,763.	90,257.	5,650.		226	<u>, 670</u> .
nses	6	Rent/facility costs	5,789.	26,112.	5,625.		37	<u>, 526</u> .
Direct Expenses	7	Food and beverages	64,492.				64	<u>, 492</u> .
Direc	8	Entertainment	3,058.				3	<u>,</u> 058.
	9	Other direct expenses	61,785.	26,312.	42.		88	<u>, 139</u> .
	10	Direct expense summary. Add lines 4 t	• , ,			(	419,8	
Pa		Net income summary. Combine line 3, <b>Gaming.</b> Complete if the orga		(ac" to Form 000 Par		rtod mor	-340,	,025.
1 4		than \$15,000 on Form 990-E	Z, line 6a.	es 10 1 01111 990, Fai	Try, line 19, or repor	Lea more	· 	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total col. (a) thr	gaming ough co	(add l. <b>(c)</b> )
Rev	1	Gross revenue			68,350.		68	<u>,</u> 350.
ses	2	Cash prizes			3,000.		3	<u>, 000</u> .
Direct Expenses	3	Noncash prizes			101,751.		101	<u>, 751</u> .
Direct E	4	Rent/facility costs						
	5	Other direct expenses			15 <b>,</b> 873.		15	<b>,</b> 873.
		Volunteer labor	Yes%	Yes%	X Yes 5.0000 % No			
	7	Direct expense summary. Add lines 2 t	through 5 in column (d)			(	120,	624 <b>.)</b>
	_	Not a series in a series of a series		7				074
_	8	Net gaming income summary. Combin	e line 1, column d, and ill	ne /	<b>&gt;</b>		Yes	, 274 No
9		inter the state(s) in which the organization in the organization licensed to operate ga				9a	37	
		"No," explain:						
10 a	_ a V	Vere any of the organization's gaming lic				   10a		X
		"Yes," explain:						
11		oes the organization operate gaming ac					X	
12	ls	s the organization a grantor, beneficiary or ormed to administer charitable gaming?	or trustee of a trust or a r	nember of a partnership				X

			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in:  The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name   GIFFORD SANETO	1 1		
	Address > 345 S. FIGUEROA ST., STE M-1 LOS ANGELES, CA 90071			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			7.7
	revenue?  If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party  If "Yes," enter name and address of the third party:  Name   Address   Gaming manager information:  Name   KAORI AMANO  Gaming manager compensation   Description of services provided   DIRECTOR OF PROGRAMS	15a		X
	Director/officer  X Employee  Independent contractor			
17 a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year.	17a		X

Schedule G (Form 990 or 990-EZ) 2009

### **SCHEDULE J-2** (Form 990)

## **Continuation Sheet for Form 990**

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employer identification number Name of the Organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA 95-2021853

<b>(A)</b> Name and title	(B) Average hours	(C) ours Position (check all that apply)						( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F) Estimated
Nume and the	per week	or director		Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
TOSHIKI OKA								_	_	
DIRECTOR	1.00	Х						0.	0.	0
BRIAN PECK	1 00								_	
DIRECTOR	1.00	Х						0.	0.	0
TERUO TABUCHI										0
DIRECTOR	2.00	Х						0.	0.	0
KATSUYA TAKAMIYA DIRECTOR	1.00	X						0.	0.	0
YU TANABE										
DIRECTOR	2.00	X						0.	0.	0
SHIRO TOMEOKI										
DIRECTOR	1.00	X						0.	0.	0
VIVIEN USUI										
DIRECTOR	2.00	X						0.	0.	0
MASAMICHI "MITCH" YASUDA										
DIRECTOR	1.00	X						0.	0.	0
DOUGLAS ERBER										
PRESIDENT	40.00			Х				121,100.	0.	18,798.

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

Schedule J-2 (Form 990) 2009

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2009

Open To Public
Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization

JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

Employer identification number

95-2021853

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art	Х	1	500.	MARKET VALUE
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles	Х	1	97,251.	MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC,				
••	or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation				
10	contribution-Historic				
	structures				
14	Qualified conservation				
17	contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles	X	31	5,590.	MARKET VALUE
19		X	800	1,940.	MARKET VALUE
20	Food inventory			1/310.	THINKET VILLOE
21					
	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts		153.	223,140.	
25	Other ►( _ATCH 2)		155.	223,140.	
26	Other ►()				_
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received by t				<b>29</b> 0
	which the organization completed Fo	orm 8283, Pa	art IV, Donee Acknowledgem	ent	
					Yes No
30 a	During the year, did the organizat				
	it must hold for at least three yea				
	used for exempt purposes for the el	_	period?		30a X
b	If "Yes," describe the arrangement in				
31	Does the organization have a			-	
	contributions?				
32 a	Does the organization hire or use	e third parti	es or related organizations	s to solicit, process, or	sell noncash
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization did not report re	evenues in c	column (c) for a type of prop	perty for which column (a	) is checked,
	describe in Part II.				

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

Schedule M (Form 990) 2009

Schedule M (Form 990) 2009 95-2021853 Page **2** 

Part II	Supplementa 32b, and 33.	I Informat Also comp	t <b>ion.</b> Comp lete this p	olete this part to pro art for any additional	ovide the information reinformation.	equired by Part I, lines 30b,
					ATTAC	HMENT 2
SCHEDULE	M, PART I	- OTHER	NONCASH	CONTRIBUTIONS		
DESCRIPT	ION	(A)	CHECK_	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF  DETERMINING
TRAVEL			X	15	147,599.	MARKET VALUE
ENTERTAI	NMENT		X	42	25 <b>,</b> 126.	MARKET VALUE
MERCHAND	ISE		X	79	27 <b>,</b> 785.	MARKET VALUE
SERVICE_	PACKAGES		X	17_	22 <b>,</b> 630.	MARKET VALUE
TOTALS			_ =	153.	223,140.	- <del>-</del>

# SCHEDULE O (Form 990)

## **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

Department of the Treasury
Internal Revenue Service

Name of the organization

JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

Employer identification number

95-2021853 ATTACHMENT 3

PART VI SECTION A GOVERNING BODY AND MANAGEMENT

LINE 4 CHANGES TO ORGANIZATIONAL DOCUMENTS

DURING THE YEAR ENDED DECEMBER 31, 2009, JAPAN AMERICA SOCIETY OF SOUTHERN CALIFORNIA AMENDED ITS BYLAWS TO ESTABLISH AN AUDIT COMMITTEE

LINE 6 MEMBERS

AND A FINANCE COMMITTEE.

THE ORGANIZATION'S MEMBERSHIP IS OPEN TO THE GENERAL PUBLIC AND CURRENTLY INCLUDES 120 CORPORATE MEMBERS AND NEARLY 2,000 INDIVIDUAL MEMBERS.

LINE 7A ELECTION OF GOVERNING BODY

ALL MEMBERS MAY ELECT THE GOVERNING BODY.

LINE 7B DECISIONS OF GOVERNING BODY

CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS.

PART VI SECTION B POLICIES

LINE 11A REVIEW OF FORM 990

THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE. JAPAN AMERICA SOCIETY'S OFFICE MANAGER WORKS CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM WHICH PREPARES THE RETURN. THE DRAFT IS PROVIDED TO THE AUDIT COMMITTEE FOR CAREFUL REVIEW. THE TREASURER REPORTS BACK TO THE BOARD, ON BEHALF OF THE AUDIT COMMITTEE, REGARDING ITS

Schedule O (Form 990) 2009 Page 2

Name of the organization  ${\tt JAPAN\ AMERICA\ SOCIETY\ OF\ SO.\ CALIFORNIA}$ 

Employer identification number

95-2021853

ATTACHMENT 3 (CONT'D)

OVERSIGHT OF THE FORM 990 AND THE FINAL DRAFT IS PROVIDED TO THE ENTIRE VOTING BOARD BEFORE THE RETURN IS FILED. THE PRESIDENT OF THE ORGANIZATION THEN SIGNS THE RETURN.

LINE 12C CONFLICT OF INTEREST POLICY

THE AUDIT COMMITTEE OF THE BOARD IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS. PURSUANT TO THE CONFLICTS OF INTEREST POLICY, EACH YEAR, EVERY MEMBER OF THE BOARD OF DIRECTORS AND BOARD OF GOVERNORS, AND EACH OF THE OFFICERS AND EMPLOYEES IS REQUIRED TO DISCLOSE, AMONG OTHER THINGS, ANY KNOWN CONFLICT, AND TO SIGN AN ACKNOWLEDGMENT THAT HE OR SHE UNDERSTANDS THE CONFLICT OF INTEREST POLICY. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE AUDIT COMMITTEE AND ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS ARE INFORMED VIA WRITTEN COMMUNICATION.

#### IF A POTENTIAL CONFLICT DOES ARISE:

- 1. THE AUDIT COMMITTEE INVESTIGATES AND DETERMINES IF THERE IS A CONFLICT.
- 2. IN THE EVENT OF A FINDING OF A CONFLICT BY THE AUDIT COMMITTEE, THE AUDIT COMMITTEE SHALL INVESTIGATE ALTERNATIVES TO THE CONFLICT TRANSACTION, AND REPORT ITS RECOMMENDATIONS TO THE ORGANIZATION'S BOARD OF DIRECTORS.
- 3. THE BOARD OF DIRECTORS SHALL DETERMINE, AFTER REASONABLE
  INVESTIGATION OF THE MATERIAL FACTS AND WITHOUT THE VOTE OF APPLICABLE

Schedule O (Form 990) 2009 Page 2

Name of the organization  ${\tt JAPAN\ AMERICA\ SOCIETY\ OF\ SO.\ CALIFORNIA}$ 

Employer identification number

95-2021853

ATTACHMENT 3 (CONT'D)

PERSON INVOLVED IN THE CONFLICT, WHETHER, AMONG OTHER THINGS, THE

CONFLICT TRANSACTION IS FAIR AND REASONABLE AS TO THE ORGANIZATION,

CONSIDERING POSSIBLE ALTERNATIVES. THE APPLICABLE PERSON INVOLVED IN THE

CONFLICT WILL BE ENTITLED TO MAKE A PRESENTATION TO THE BOARD OF

DIRECTORS, BUT CANNOT BE PRESENT AT THE DELIBERATIONS OR VOTE OF THE

BOARD OF DIRECTORS. ONLY UPON A FAVORABLE DETERMINATION BY THE BOARD OF

DIRECTORS SHALL THE CONFLICT TRANSACTION BE DEEMED APPROVED.

LINE 14 DOCUMENT RETENTION AND DESTRUCTION

THE LEGAL COUNSEL FOR THE JAPAN AMERICA SOCIETY IS CURRENTLY DRAFTING A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY. THIS DOCUMENT RETENTION AND DESTRUCTION POLICY WILL BE REVIEWED BY THE BOARD AT ITS NEXT MEETING ON DECEMBER 9, 2010, AND IT IS ANTICIPATED THAT THE BOARD WILL APPROVE THE SAME AT THAT MEETING.

LINES 15A & 15B DETERMINATION OF COMPENSATION

THE JAPAN AMERICA SOCIETY'S FINANCE COMMITTEE, WHICH IS COMPRISED SOLELY OF INDEPENDENT, UNCOMPENSATED DIRECTORS, NONE OF WHOM HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS FOR WHICH IT HAS OVERSIGHT, HAS BEEN DELEGATED AUTHORITY BY THE BOARD TO PROPOSE REASONABLE COMPENSATION PACKAGES FOR EACH KEY EMPLOYEE (INCLUDING THE PRESIDENT). THE FINANCE COMMITTEE DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR KEY EMPLOYEES. THE FINANCE COMMITTEE ALSO

Schedule O (Form 990) 2009

Name of the organization  ${\tt JAPAN\ AMERICA\ SOCIETY\ OF\ SO.\ CALIFORNIA}$ 

Employer identification number 95-2021853

ATTACHMENT 3 (CONT'D)

REVIEWS, ANALYSES AND PROVIDES BENCHMARKING DATA FOR THE TOTAL

COMPENSATION AND BENEFITS PACKAGES OF KEY EMPLOYEES. APPROPRIATE

COMPARABILITY DATA IS OBTAINED FOR TOTAL ECONOMIC BENEFITS PAID BY

SIMILARLY SITUATED NON-PROFIT ORGANIZATIONS FOR SIMILAR RESPONSIBILITIES.

THE FINANCE COMMITTEE REPORTS ITS RECOMMENDATIONS TO THE BOARD OF

DIRECTORS FOR REVIEW AND APPROVAL. ALL DELIBERATIONS AND DECISIONS ARE

DOCUMENTED IN THE COMMITTEE'S MEETING MINUTES. THESE PROCEDURES ARE

CARRIED OUT ANNUALLY.

PART VI SECTION C DISCLOSURE

LINE 19 DOCUMENTS AVAILABLE TO PUBLIC

WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE JAPAN AMERICA SOCIETY'S

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

BE MADE AVAILABLE FOR PUBLIC INSPECTIONS, THE JAPAN AMERICA SOCIETY MAKES

ITS FINANCIAL STATEMENTS AVAILABLE EACH YEAR AT ITS ANNUAL MEMBERS

MEETING AND UPON REQUEST.

ATTACHMENT 4

#### 4A PROGRAM SERVICE

THE JAPAN AMERICA SOCIETY WORKS TO: 1. PROMOTE AMONG THE AMERICAN PEOPLE A MORE ACCURATE KNOWLEDGE OF THE PEOPLE OF JAPAN, THEIR AIMS, CUSTOMS, IDEALS, ARTS AND SCIENCES, INDUSTRIES, ECONOMIC CONDITIONS, AND EDUCATIONAL PROCESS; 2. SERVE THE PEOPLE OF JAPAN AND THE UNITED STATES IN FOSTERING MUTUAL UNDERSTANDING BETWEEN THE TWO NATIONS; 3. SERVE AS AN INFORMATION CENTER IN OBTAINING INFORMATION RELATING TO JAPAN AND THE UNITED STATES FOR

Schedule O (Form 990) 2009 Page 2

Name of the organization

JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

95-2021853

### FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 4 (CONT'D)

ATTACHMENT 5

ATTACHMENT 6

226,325.

INDIVIDUALS AND ORGANIZATIONS; 4. SPONSOR MEETINGS OF

DISTINGUISHED JAPANESE AND AMERICANS FOR THE EXCHANGE OF KNOWLEDGE

AND IDEAS; 5. ASSIST STUDENTS IN OBTAINING PROPER COUNSELING IN

REGARD TO EDUCATIONAL MATTERS; 6. FOSTER EDUCATION ABOUT JAPAN

THROUGH BULLETINS, LECTURES, SPECIAL COURSES, CONFERENCES,

DISCUSSION PANELS, EXHIBITIONS, FILMS AND SCIENTIFIC PURPOSES.

990, PART VIII - EXCLUDED CONTRIBUTIONS	NS
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DESCRIPTION	AMOUNT
DINNER/GALA	164,115.
TOURNAMENT	62,210.

## FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS <u>INCOME</u>	DIRECT EXPENSES	NET INCOME
DINNER/GALA	48,400.	265,887.	-217,487.
TOURNAMENT	23,100.	142,681.	-119,581.
OTHER EVENTS	8,360.	11,317.	-2,957.
TOTALS	79,860.	419,885.	-340,025.

TOTAL

Schedule O (Form 990) 2009 Page 2

Name of the organization Employer identification number 95-2021853 JAPAN AMERICA SOCIETY OF SO. CALIFORNIA ATTACHMENT FORM 990, PART VIII - GAMING ACTIVITIES GROSS DIRECT NET DESCRIPTION INCOME EXPENSES INCOME CENTENNIAL RAFFLE 68,350. 120,624. -52,274. TOTALS 68,350. 120,624. -52,274. ATTACHMENT 8 FORM 990, PART IX - PAYMENTS TO AFFILIATES

(A)

TOTAL

EXPENSES

2,500.

2,500.

(B)

PROGRAM

SERVICE EXP.

2,125.

2,125.

(C)

MANAGEMENT

AND GENERAL

375.

375.

(D)

FUNDRAISING

EXPENSES

DESCRIPTION

TOTALS

NAJAS MEMBERSHIP DUES