

# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20**

<b>B</b>	Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> JAPAN AMERICA SOCIETY OF SO. CALIFORNIA <b>Doing Business As</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 345 S. FIGUEROA STREET M-1 City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90071-1004 <b>F Name and address of principal officer: DOUGLAS ERBER</b> 345 S. FIGUEROA ST., STE M-1 LOS ANGELES, CA 90071	<b>D Employer identification number</b> 95-2021853 <b>E Telephone number</b> (213) 627-6217 <b>G Gross receipts \$</b> 2,001,549. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> ▶ WWW.JAS-SOCAL.ORG	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1959 <b>M State of legal domicile:</b> CA	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: TO BUILD ECONOMIC, CULTURAL, GOVERNMENTAL AND PERSONAL RELATIONSHIPS BETWEEN THE PEOPLE OF JAPAN AND AMERICA.		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	35.
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	35.
<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	4.
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	3.
<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	569,250.	1,880,925.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,597.	1,231.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-133,112.	-46,330.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	438,735.	1,835,826.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	780,000.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	299,259.	267,883.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 33,599.	0	0
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	140,629.	151,798.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	439,888.	1,199,681.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-1,153.	636,145.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	323,633.	915,154.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.	16,117.	8,763.
		307,516.	906,391.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer _____ Date _____ Type or print name and title _____	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name REGINA L. PRINCE Preparer's signature Date 11/13/12 Check if self-employed <input type="checkbox"/> PTIN P00576936 Firm's name ▶ KPMG LLP EIN ▶ 13-5565207 Firm's address ▶ 355 S. GRAND AVE., SUITE 2000 LOS ANGELES, CA 90071 Phone no. ▶ 213-972-4000	

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

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

1 Briefly describe the organization's mission:

SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 800,926. including grants of \$ 780,000. ) (Revenue \$ 0 )

ATTACHMENT 1

4b (Code: ) (Expenses \$ 49,112. including grants of \$ 0 ) (Revenue \$ 0 )

ATTACHMENT 2

4c (Code: ) (Expenses \$ 42,551. including grants of \$ 0 ) (Revenue \$ 0 )

ATTACHMENT 3

4d Other program services (Describe in Schedule O.) ATTACHMENT 4  
(Expenses \$ 233,036. including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 1,125,625.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (35), 1b (35), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DOUGLAS ERBER 345 SOUTH FIGUEROA ST, STE M-1 LA, CA 90071-1004 213-627-6217

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD P. BAKER DIRECTOR	1.00	X					0	0	0	
(2) ROBERT BRASCH DIRECTOR	2.00	X					0	0	0	
(3) R. THOMAS DECKER DIRECTOR	2.00	X					0	0	0	
(4) KEITH B. ELMER DIRECTOR	1.00	X					0	0	0	
(5) WERNER ESCHER DIRECTOR	1.00	X					0	0	0	
(6) MICHAEL J. FEYDER DIRECTOR	2.00	X					0	0	0	
(7) RUSSELL L. HANLIN DIRECTOR	1.00	X					0	0	0	
(8) NANCY WOO HIROMOTO CHAIRMAN	3.00	X		X			0	0	0	
(9) CHRIS T. INOUE DIRECTOR	1.00	X					0	0	0	
(10) JONATHAN KAJI DIRECTOR	1.00	X					0	0	0	
(11) KAPPEI MORISHITA DIRECTOR	2.00	X					0	0	0	
(12) EDWARD A. PERRON DIRECTOR	2.00	X					0	0	0	
(13) JOSEPH C. PORTILLO SECRETARY	2.00	X		X			0	0	0	
(14) YOSHIHIRO SANO DIRECTOR	1.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MARK K. SULLIVAN DIRECTOR	1.00	X					0	0	0	
16) YUKUO TAKENAKA DIRECTOR	1.00	X					0	0	0	
17) TRACEY DOI DIRECTOR	2.00	X					0	0	0	
18) TAKASHI OHDE DIRECTOR	2.00	X					0	0	0	
19) BRIAN K. PECK DIRECTOR	2.00	X					0	0	0	
20) TERUO TABUCHI CO-VICE CHAIRMAN	2.00	X		X			0	0	0	
21) YU TANABE DIRECTOR	2.00	X					0	0	0	
22) SHIRO TOMEOKI DIRECTOR	2.00	X					0	0	0	
23) VIVIEN USUI DIRECTOR	1.00	X					0	0	0	
24) MARK E. BUCHMAN DIRECTOR	2.00	X					0	0	0	
25) GLEN I. HAMAKAWA TREASURER	2.00	X		X			0	0	0	
<b>1b Sub-total</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							116,950.	0	19,238.	
<b>d Total (add lines 1b and 1c)</b>							116,950.	0	19,238.	

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) TERRY S. HARA CO-VICE CHAIRMAN	2.00	X		X				0	0	0
27) JOEL D. LITTLEFORD DIRECTOR	2.00	X						0	0	0
28) MASAMICHI (MITCH) YASUDA DIRECTOR	1.00	X						0	0	0
29) TOBY MALLEN DIRECTOR	2.00	X						0	0	0
30) HIROTAKA HATTORI DIRECTOR	1.00	X						0	0	0
31) YOSHIHIKO KOZU DIRECTOR	1.00	X						0	0	0
32) MAKOTO MATSUKI DIRECTOR	1.00	X						0	0	0
33) PERRY MORETH DIRECTOR	2.00	X						0	0	0
34) KATSUYA TAKAMIYA DIRECTOR	2.00	X						0	0	0
35) NORMAN A. FUTAMI COUNSEL	3.00	X		X				0	0	0
36) DOUGLAS G. ERBER PRESIDENT	65.00			X				116,950.	0	19,238.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	146,500.			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	224,202.			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	1,510,223.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		41,039.			
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,880,925.			
<b>Program Service Revenue</b>	<b>2a</b> _____		<b>Business Code</b>			
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total.</b> Add lines 2a-2f . . . . .			0		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ATTACHMENT 5		1,231.			1,231.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents . . . . .	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . .		0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .					
	<b>c</b> Gain or (loss) . . . . .					
	<b>d</b> Net gain or (loss) . . . . .		0			
	<b>8a</b> Gross income from fundraising events (not including \$ 224,202. of contributions reported on line 1c). See Part IV, line 18 . . . . .	ATCH 6 a	115,440.			
	<b>b</b> Less: direct expenses . . . . .	b	163,926.			
	<b>c</b> Net income or (loss) from fundraising events . . . . .	ATCH 7	-48,486.			-48,486.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	a	3,810.			
<b>b</b> Less: direct expenses . . . . .	b	1,797.				
<b>c</b> Net income or (loss) from gaming activities . . . . .		2,013.			3,213.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a					
<b>b</b> Less: cost of goods sold . . . . .	b					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> MEMBERSHIP PROCESSING FEES		900099	120.			120.
<b>b</b> MISCELLANEOUS REVENUE		900099	23.			23.
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			143.			
<b>12 Total revenue.</b> See instructions . . . . .			1,835,826.			-43,899.

**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).

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	780,000.	780,000.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	116,950.	101,748.	7,017.	8,185.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	102,002.	81,600.	10,202.	10,200.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	32,982.	26,386.	3,298.	3,298.
10 Payroll taxes . . . . .	15,949.	12,760.	1,595.	1,594.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	1,616.		1,616.	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other . . . . .	1,925.	500.	625.	800.
12 Advertising and promotion . . . . .	197.	197.		
13 Office expenses . . . . .	20,492.	11,800.	7,304.	1,388.
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	47,764.	38,211.	4,776.	4,777.
17 Travel . . . . .	4,951.	3,961.	495.	495.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	2,500.	2,125.	375.	
22 Depreciation, depletion, and amortization . . . . .	371.		371.	
23 Insurance . . . . .	4,596.	3,676.	460.	460.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ASSOCIATION FEES -----	657.	219.	219.	219.
b BANK/CREDIT CARD SERVICE FEE -----	9,412.	6,118.	1,647.	1,647.
c OTHER EVENT EXPENSES -----	49,686.	49,686.		
d MISCELLANEOUS -----	7,631.	6,638.	457.	536.
e All other expenses -----				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,199,681.	1,125,625.	40,457.	33,599.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	102.	<b>1</b>	102.
	<b>2</b> Savings and temporary cash investments	315,202.	<b>2</b>	907,156.
	<b>3</b> Pledges and grants receivable, net	4,808.	<b>3</b>	1,735.
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 53,647.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 52,806.	201.	<b>10c</b> 841.
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	3,320.	<b>15</b>	5,320.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	323,633.	<b>16</b>	915,154.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	13,618.	<b>17</b>	5,274.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,499.	<b>25</b>	3,489.
	<b>26 Total liabilities.</b> Add lines 17 through 25	16,117.	<b>26</b>	8,763.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	291,847.	<b>27</b>	321,147.
	<b>28</b> Temporarily restricted net assets	15,669.	<b>28</b>	585,244.
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	307,516.	<b>33</b>	906,391.	
<b>34</b> Total liabilities and net assets/fund balances	323,633.	<b>34</b>	915,154.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,835,826.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,199,681.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	636,145.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	307,516.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-37,270.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	906,391.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?		X
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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?		X
<b>3b</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		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

<b>Name of the organization</b> JAPAN AMERICA SOCIETY OF SO. CALIFORNIA	<b>Employer identification number</b> 95-2021853
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (76.82%); 15 Public support percentage from 2010 Schedule A, Part II, line 14 (78.05%); 16a 33 1/3% support test - 2011; 16b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; 17b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2011, 2010. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2011, 2010. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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



**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
OTHER INCOME	764.	784.	633.	544.	143.	2,868.
GROSS FUNDRAISING REVENUE	165,851.	150,451.	79,860.	223,910.	115,440.	735,512.
GROSS GAMING REVENUE			68,350.		3,810.	72,160.
<b>TOTALS</b>	<u>166,615.</u>	<u>151,235.</u>	<u>148,843.</u>	<u>224,454.</u>	<u>119,393.</u>	<u>810,540.</u>

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2011**

<b>Name of the organization</b> JAPAN AMERICA SOCIETY OF SO. CALIFORNIA	<b>Employer identification number</b> 95-2021853
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) ( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 205,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 43,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 181,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 51,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 2,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

Employer identification number

95-2021853

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	FOOD AND BEVERAGE _____ _____ _____	\$ 51,900.	4/2/2011
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA	Employer identification number 95-2021853
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

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

Table with 3 columns: Line number, Description, Amount. Includes rows for reporting on collections of art, historical treasures, and similar assets.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2011

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.0000 %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	3,471.
(3) EVENT DEPOSITS	18.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,489.

2. FIN 48 (ASC 740) 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,835,826.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,199,681.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	636,145.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-37,270.
9	Total adjustments (net). Add lines 4 through 8	9	-37,270.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	598,875.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,074,113.
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	73,161.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	165,126.
e	Add lines 2a through 2d	2e	238,287.
3	Subtract line 2e from line 1	3	1,835,826.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,835,826.

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

1	Total expenses and losses per audited financial statements	1	1,475,238.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	73,161.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	202,396.
e	Add lines 2a through 2d	2e	275,557.
3	Subtract line 2e from line 1	3	1,199,681.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,199,681.

**Part XIV Supplemental Information**

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

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SEE PAGE 5

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**Part XIV Supplemental Information** (continued)

## ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE JASSC ENDOWMENT FUND WAS ESTABLISHED TO BENEFIT THE NEEDS OF THE CORPORATION. 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 WITH THE APPROVAL OF THE BOARD OF DIRECTORS.

## REVENUE ON BOOKS BUT NOT ON RETURN

FORM 990, SCHEDULE D, LINE 2D

SPECIAL EVENT EXPENSES NET ON FORM 990	\$ 165,126
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## EXPENSE ON BOOKS BUT NOT ON RETURN

FORM 990, SCHEDULE D, LINE 2D

SPECIAL EVENT EXPENSES NET ON FORM 990	\$ 165,126
--	------------

BAD DEBT EXPENSE	\$ 37,270
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TOTAL	\$ 202,396
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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

95-2021853

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			GRANTMAKING	N/A	780,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					780,000.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					780,000.

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

Schedule F (Form 990) 2011

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	DISASTER REL	250,000.	BANK WIRE		N/A	N/A
(2)			EAST ASIA/PACIFIC	DISASTER REL	250,000.	BANK WIRE		N/A	N/A
(3)			EAST ASIA/PACIFIC	DISASTER REL	250,000.	BANK WIRE		N/A	N/A
(4)			EAST ASIA/PACIFIC	DISASTER REL	30,000.	BANK WIRE		N/A	N/A
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .  4 .

3 Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, PART I, LINE 2

MONITORING OF FUNDS

THE JAPAN AMERICA SOCIETY OF SOUTHERN CALIFORNIA (JASSC) REVIEWED A LIST OF RECOGNIZED JAPANESE NPOS AND NGOS WITH GOOD TRACK RECORDS AND STRONG BACKGROUNDS WITH IMMEDIATE AND LONG-TERM DISASTER RELIEF BY RESEARCHING JAPANESE LANGUAGE WEBSITES. THE BOARD OF DIRECTORS WILL CONDUCT FURTHER DUE DILIGENCE IN THE SELECTION OF THIRD PARTY ORGANIZATIONS FOR WHICH TO DISBURSE THE RELIEF FUNDS.

JASSC ESTABLISHED THE 2011 JAPAN RELIEF FUND COMMITTEE, WHICH IS RESPONSIBLE FOR THE ADMINISTRATION OF THE 2011 JAPAN RELIEF FUND, INCLUDING INVESTIGATING AND VETTING AGENCIES IN JAPAN PROVIDING DISASTER AND HUMANITARIAN RELIEF TO VICTIMS OF THE 2011 TOHOKU DISASTER AND CONFIRMING THAT ALL QUALIFYING AGENCIES HAVE DEMONSTRATED THEIR EXPERIENCE IN PROVIDING THE MAXIMUM IMPACT, BOTH IN TERMS OF IMMEDIATE RELIEF NEEDS AND THE LONGER TERM RECOVERY PROCESS.

JASSC'S 2011 JAPAN RELIEF FUND COMMITTEE TOOK GREAT CARE AND CONDUCTED EXTENSIVE DUE DILIGENCE TO RESEARCH ALL THE POSSIBLE NPO/NGOS IN JAPAN THAT CAN PROVIDE BOTH IMMEDIATE HUMANITARIAN RELIEF AND LONG-TERM RECOVERY OF THE AFFECTED AREAS IN TOHOKU. THE ORGANIZATIONS THAT HAVE RECEIVED FUNDS HAVE ALL BEEN PRESENTED FOR REVIEW AND A FORMAL VOTE OF APPROVAL BY THE BOARD OF DIRECTORS, WHICH HAS STRICTLY FOLLOWED THE PRINCIPLES AND GUIDELINES OF INTERNATIONAL CHARITY OUTLINED BY THE IRS AND THE U.S. TREASURY.

THE ORGANIZATIONS IN JAPAN THAT HAVE RECEIVED FUNDS FROM THE 2011 JAPAN RELIEF FUND CONSTANTLY UPDATE THEIR WEBSITES, AT LEAST ON A QUARTERLY



**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

BASIS, WHICH EXPLAINS HOW THE FUNDS THAT THEY RECEIVED ARE BEING EXPENSED. THE 2011 JAPAN RELIEF FUND COMMITTEE MONITORS THOSE ORGANIZATIONS' WEBSITES TO MONITOR HOW THE FUNDS RECEIVED FROM THE 2011 JAPAN RELIEF FUND ARE BEING USED.

AS AN ADDITIONAL MONITORING EFFORT, IN SEPTEMBER 2011 AND AGAIN IN MARCH 2012, JASSC'S PRESIDENT TRAVELED TO JAPAN TO OBSERVE THE PERFORMANCE OF THE GRANTEE ORGANIZATIONS' CHARITABLE ACTIVITIES IN JAPAN TO ENSURE COMPLIANCE WITH EXPENDITURE RESPONSIBILITY RULES UNDER THE TAX LAW. WE ARE PLEASED TO REPORT THE FOUR GRANTEE ORGANIZATIONS THAT EACH RECEIVED A TRANCHE FROM THE 2011 JAPAN RELIEF FUND PROVIDED FIRST-HAND REPORTS AND UPDATES ON HOW THE FUNDS HAVE BEEN, AND CONTINUE TO BE, USED FOR BOTH IMMEDIATE RELIEF AND LONG-TERM RECOVERY IN THE AFFECTED AREAS.

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

Employer identification number

95-2021853

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**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**

**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.

	(i) Name and address 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) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		DINNER/GALA (event type)	GOLF TOURNAMEN (event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	266,840.	72,802.		339,642.
	<b>2</b> Less: Charitable contributions . . . . .	189,340.	34,862.		224,202.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	77,500.	37,940.		115,440.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	20,695.	19,145.		39,840.
	<b>6</b> Rent/facility costs . . . . .	51,900.	19,610.		71,510.
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	34,560.	18,016.		52,576.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 163,926.)
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . .				-48,486.

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b 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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	4 .	4,800 .	RETAIL VALUE
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		135 .	RETAIL VALUE
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
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 contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .	X	10 .	2,050 .	RETAIL VALUE
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		123 .	34,054 .	
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

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

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SCHEDULE M, PART I, COLUMN B

THE NUMBER OF CONTRIBUTIONS WAS DETERMINED BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
SPORTS & CONCERT TICKETS	X	21.	5,887.	RETAIL VALUE
TRAVEL	X	1.	2,800.	RETAIL VALUE
MERCHANDISE	X	17.	4,268.	RETAIL VALUE
ELECTRONICS	X	52.	13,885.	RETAIL VALUE
GIFT CERTIFICATES	X	2.	200.	RETAIL VALUE
LIQUOR/WINE	X	29.	5,414.	RETAIL VALUE
TIRES	X	1.	1,600.	RETAIL VALUE
TOTALS		<u>123.</u>	<u>34,054.</u>	

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

JAPAN AMERICA SOCIETY OF SO. CALIFORNIA

Employer identification number

95-2021853

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

THE JAPAN AMERICA SOCIETY OF SOUTHERN CALIFORNIA 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 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.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

THE LARGEST PROGRAM IN THIS CATEGORY IS THE HITACHI JAPANESE KITE WORKSHOPS. SINCE ITS INCEPTION IN 2001, EVERY FALL SEMESTER, THE JAPAN AMERICA SOCIETY OF SOUTHERN CALIFORNIA ORGANIZES AND COORDINATES ITS HITACHI JAPANESE KITE WORKSHOPS FOR UNDERSERVED SCHOOLCHILDREN IN THE



Name of the organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA	Employer identification number 95-2021853
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GREATER LOS ANGELES REGION. THESE WORKSHOPS ARE MADE POSSIBLE BY THE GENEROUS GRANTS FROM HITACHI, LTD.

THE WORKSHOPS ARE CONDUCTED BY JAPANESE KITE MASTER MIKIO TOKI, AND WHEN AVAILABLE, ONE OR MORE ADDITIONAL JAPANESE KITE MASTERS. THESE ARE "HANDS-ON," IN-CLASSROOM EXPERIENCES THAT INTRODUCE JAPAN AND JAPANESE CULTURE THROUGH THE BUILDING OF A SMALL, TRADITIONAL JAPANESE KITE MADE OF BAMBOO AND WASHI (JAPANESE PAPER).

IN 2011, OVER 1,000 STUDENTS PARTICIPATED IN THE WORKSHOPS FROM 12 DIFFERENT SCHOOLS. TO DATE, NEARLY 7,000 UNDERSERVED STUDENTS HAVE BENEFITED FROM THIS PROGRAM. THROUGH THE HITACHI JAPANESE KITE WORKSHOPS, SCHOOL CHILDREN WITH THE GREATEST NEED ARE PROVIDED A POSITIVE INTRODUCTION TO JAPANESE CULTURE. THE WORKSHOPS ALSO HELP DEVELOP EACH CHILD'S CREATIVITY, AS WELL AS PROMOTE AN "I CAN DO IT!" ATTITUDE AFTER THEY SUCCESSFULLY BUILD AND FLY THEIR FIRST KITE. FURTHERMORE, THE WORKSHOPS HAVE A PROFOUND AND LASTING INFLUENCE; TEACHERS REPORT THAT DURING END-OF-SCHOOL-YEAR REVIEWS, A MAJORITY OF STUDENTS CITE THE HITACHI JAPANESE KITE WORKSHOP AS THEIR FAVORITE EDUCATIONAL EXPERIENCE OF THE YEAR.

OTHER PROGRAMS IN THIS CATEGORY INCLUDE BREAKFAST AND LUNCHEON SEMINARS, BUSINESS NETWORKING MIXERS, WEEKEND FAMILY EVENTS, AND PROGRAMS THAT HIGHLIGHT CULTURE, ART, BUSINESS AND ECONOMY.

GOVERNING BODY AND MANAGEMENT

FORM 990, PART VI, SECTION A, LINE 7A

Name of the organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA	Employer identification number 95-2021853
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ELECTION OF GOVERNING BODY ALL MEMBERS MAY VOTE TO ELECT THE GOVERNING BODY.

REVIEW OF FORM 990

FORM 990, PART VI, SECTION B, LINE 11A

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 CHAIR OF THE AUDIT COMMITTEE REPORTS BACK TO THE BOARD, ON BEHALF OF THE AUDIT COMMITTEE, REGARDING ITS 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.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

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

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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 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.

DETERMINATION OF COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15A

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 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. THE FINANCE COMMITTEE ALSO REVIEWS, ANALYSES AND PROVIDES BENCHMARKING DATA FOR THE TOTAL

Name of the organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA	Employer identification number 95-2021853
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COMPENSATION AND BENEFITS PACKAGES OF OTHER 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 INCLUDING THE TERMS OF THE TRANSACTION AND DATE APPROVED, THE MEMBERS OF THE COMMITTEE PRESENT FOR DELIBERATORS AND WHO VOTES, AND THE DESCRIPTION OF THE COMPARABILITY DATA AND HOW OBTAINED. THESE PROCEDURES ARE CARRIED OUT ANNUALLY AND WERE PERFORMED. THE PRESIDENT'S 2011 COMPENSATION WAS APPROVED AT A BOARD MEETING ON DECEMBER 10, 2010, WITH NO CHANGES TO HIS 2011 ANNUAL BASE COMPENSATION.

FORM 990, PART VI, SECTION B, LINE 15B

THE ORGANIZATION DOES NOT HAVE OTHER PAID OFFICERS OR KEY EMPLOYEES.

DOCUMENTS AVAILABLE TO PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

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.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS

Name of the organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA	Employer identification number 95-2021853
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BAD DEBT EXPENSE \$ 37,270

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ATTACHMENT 1

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FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE 2011 JAPAN RELIEF FUND (2011 JRF) IS A DISASTER RELIEF AND RECOVERY FUND TO AID THE VICTIMS OF THE GREAT EAST JAPAN EARTHQUAKE AND RESULTING TSUNAMI WAVES. IT WAS CREATED BY THE JAPAN AMERICA SOCIETY OF SOUTHERN CALIFORNIA (JASSC) ON MARCH 11, 2011 AND JASSC ESTABLISHED A 2011 JRF COMMITTEE WHICH IS RESPONSIBLE FOR ITS ADMINISTRATION. JASSC HELD 12 SEPARATE EVENTS TO RAISE AWARENESS AND CONTRIBUTIONS FOR THE 2011 JRF. ALL DONATIONS WILL GO DIRECTLY TO ORGANIZATIONS IN JAPAN CONTRIBUTING TO THE RELIEF AND RECOVERY EFFORT THAT HAVE PROVEN TRACK RECORDS OF IMMEDIATE HUMANITARIAN RELIEF AND LONG TERM RECOVERY OF DESTROYED AREAS. JASSC IS ABSORBING THE ADMINISTRATIVE AND OVERHEAD COSTS OF ESTABLISHING THE 2011 JAPAN RELIEF FUND AND PROCESSING DONATIONS.

ON MAY 16, 2011, JASSC ANNOUNCED THREE JAPANESE NONPROFIT ORGANIZATIONS THAT WILL RECEIVE A TOTAL OF \$750,000 IN THE FIRST INSTALLMENT OF FUNDING FROM THE 2011 JAPAN RELIEF FUND FOR RELIEF AND RECOVERY WORK IN NORTHEASTERN JAPAN. THE THREE - JAPANESE RED CROSS SOCIETY, SAVE THE CHILDREN JAPAN, AND SEIKEIJUKU TOHOKU EARTHQUAKE FUND - ARE INVOLVED IN IMMEDIATE RELIEF EFFORTS TO HELP VICTIMS OF THE EARTHQUAKE AND TSUNAMI THAT STRUCK JAPAN ON MARCH 11, 2011.

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ATTACHMENT 1 (CONT'D)

ON SEPTEMBER 20, 2011, JASSC'S BOARD OF DIRECTORS APPROVED A \$30,000 TRANCHE FROM THE 2011 JAPAN RELIEF FUND TO "ADOPT" FUKUSHIMA AIKUEN, A CHILDREN'S HOME (ORPHANAGE) IN FUKUSHIMA, JAPAN. IT IS HOME TO 91 CHILDREN, AGES TWO TO EIGHTEEN, ALL OF WHOM ARE AFFECTED DAILY BY THE NUCLEAR RADIATION CRISIS. THE FUNDS WILL SUPPORT EDUCATIONAL PROGRAMS FOR THE CHILDREN AND WILL BE DELIVERED THROUGH SMILES & DREAMS: TOHOKU KIDS SUPPORT PROJECT THAT IS MANAGED BY LIVING DREAMS JAPAN, A RECOGNIZED JAPANESE NPO THAT SUPPORTS CHILDREN'S HOMES IN JAPAN.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THE JAPAN AMERICA KITE FESTIVAL® IS AN ANNUAL EVENT HELD IN EARLY FALL, AND TAKES PLACE NEXT TO THE SEAL BEACH PIER, IN SEAL BEACH, CALIFORNIA. IT IS THE LARGEST KITE FESTIVAL IN SOUTHERN CALIFORNIA AND ONE OF THE MOST "FAMILY FRIENDLY" KITE FESTIVALS WORLDWIDE.

INITIATED IN 1996 BY UP, UP & AWAY KITES AND UP, UP & AWAY KITE CLUB IN SEAL BEACH, THE FESTIVAL WAS JOINED BY THE JAPAN AMERICA SOCIETY OF SOUTHERN CALIFORNIA IN 2000, WHEN THE FESTIVAL ALSO TOOK ON ITS CURRENT, TRADEMARKED NAME.

TODAY, THE JAPAN AMERICA KITE FESTIVAL® ATTRACTS OVER 12,000 VISITORS AND IT IS DEDICATED TO EDUCATING THE GENERAL PUBLIC ABOUT THE JOY OF KITE FLYING, THE VARIETY AND STYLES OF KITES, WITH A GROWING FOCUS ON JAPANESE KITES AND TRADITIONAL JAPANESE KITE

Name of the organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA	Employer identification number 95-2021853
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ATTACHMENT 2 (CONT'D)

MAKING.

THE FESTIVAL INCLUDES JAPANESE AND INTERNATIONAL KITES OF ALL SIZES AND TYPES, AS WELL AS KITE WORKSHOP AND GAMES FOR CHILDREN, JAPANESE FOOD & CULTURAL BOOTHS, GIANT SHOW KITES, TAIKO DRUM PERFORMANCE, KITE CANDY DROPS FOR KIDS, KITE BATTLES AND STUNT KITE DEMONSTRATIONS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

"JAPAN MATTERS" FEATURED A PANEL OF EXPERTS WHO SHARED PERSPECTIVES ON THE RESEARCH PROJECT, "JAPAN MATTERS FOR AMERICA / AMERICA MATTERS FOR JAPAN," WHICH IS A COMPREHENSIVE AND MULTI-ACTIVITY EFFORT TO DEMONSTRATE AND TRACK JAPAN'S IMPORTANCE TO THE U.S. AND THE U.S. IMPORTANCE TO JAPAN. THIS RESEARCH PROJECT IS PRODUCED IN COLLABORATION BETWEEN THE EAST-WEST CENTER IN WASHINGTON, D.C. AND THE SASAKAWA PEACE FOUNDATION, WITH ADDITIONAL DATA AND ANALYSIS PROVIDED BY THE JAPAN CENTER FOR INTERNATIONAL EXCHANGE.

AS JAPAN IS SOUTHERN CALIFORNIA'S LARGEST DIRECT INVESTOR AND PLAYS A VITAL ROLE IN OUR REGIONAL AND NATIONAL ECONOMIES, THE SIX-PERSON PANEL INCLUDED A CHIEF ECONOMIST, A U.S. BUSINESS PERSON WHO IS THE CEO OF A COMPANY THAT DOES BUSINESS WITH JAPAN, AND A JAPANESE CORPORATE BUSINESS LEADER FROM SOUTHERN CALIFORNIA.

Name of the organization JAPAN AMERICA SOCIETY OF SO. CALIFORNIA	Employer identification number 95-2021853
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ATTACHMENT 3 (CONT'D)ATTACHMENT 4FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HITACHI JAPANESE KITE WORKSHOPS	0	233,036.	0
TOTALS	<u>0</u>	<u>233,036.</u>	<u>0</u>

ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	49.			49.
ENDOWMENT INTEREST	1,182.			1,182.
TOTALS	<u>1,231.</u>			<u>1,231.</u>

ATTACHMENT 6FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DINNER/GALA	189,340.
GOLF/TENNIS TOURNAMENT	34,862.
TOTAL	<u>224,202.</u>



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ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
DINNER/GALA	77,500.	107,155.	-29,655.
GOLF/TENNIS TOURNAMENT	37,940.	56,771.	-18,831.
TOTALS	<u>115,440.</u>	<u>163,926.</u>	<u>-48,486.</u>