

**Short Form**  
**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)

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **2009**, and ending \_\_\_\_\_,

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

**C** Please use IRS label or print or type. See Specific Instructions.  
 American Dream Japanese Network Inc.  
 1650 Broadway Ste 307  
 New York, NY 10019

**D** Employer identification number  
 26-3136301

**E** Telephone number  
 917-796-4592

**F** Group Exemption Number..... ▶

**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.igyoshu.com

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 3,420.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received.....																										
	2	Program service revenue including government fees and contracts.....																										
	3	Membership dues and assessments.....																										
	4	Investment income.....																										
	5a	Gross amount from sale of assets other than inventory.....																										
	5b	Less: cost or other basis and sales expenses.....																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a).....																										
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here..... <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1).....																										
	6b	Less: direct expenses other than fundraising expenses.....																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....																											
7a	Gross sales of inventory, less returns and allowances.....																											
7b	Less: cost of goods sold.....																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....																											
8	Other revenue (describe ▶ _____).....																											
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... ▶ <u>3,420.</u>																											
EXPENSES	10	Grants and similar amounts paid (attach schedule).....																										
	11	Benefits paid to or for members.....																										
	12	Salaries, other compensation, and employee benefits.....																										
	13	Professional fees and other payments to independent contractors..... <u>55.</u>																										
	14	Occupancy, rent, utilities, and maintenance.....																										
	15	Printing, publications, postage, and shipping.....																										
	16	Other expenses (describe ▶ <u>See Statement 1</u> ).....																										
	17	<b>Total expenses.</b> Add lines 10 through 16..... ▶ <u>1,377.</u>																										
18	Excess or (deficit) for the year (Subtract line 17 from line 9)..... <u>2,043.</u>																											
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....																										
	20	Other changes in net assets or fund balances (attach explanation).....																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶ <u>3,443.</u>																										

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments.....	<u>1,400.</u>	<u>3,443.</u>
23	Land and buildings.....		
24	Other assets (describe ▶ _____).....		
25	<b>Total assets</b> .....	<u>1,400.</u>	<u>3,443.</u>
26	<b>Total liabilities</b> (describe ▶ _____).....	<u>0.</u>	<u>0.</u>
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).....	<u>1,400.</u>	<u>3,443.</u>

**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.** Form **990-EZ** (2009)



**Part V Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 3

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b>	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0.		
<b>37b</b>	Did the organization file Form 1120-POL for this year?		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>38b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>39a</b>	Initiation fees and capital contributions included on line 9. N/A		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities. N/A		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
<b>40b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If 'Yes,' complete Schedule L, Part I.		X
<b>40c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.		
<b>40d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
<b>40e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
<b>41</b>	List the states with which a copy of this return is filed <b>None</b>		

**42a** The organization's books are in care of Takeshi Yamaguchi Telephone no. 917-602-4843  
 Located at 215 MacIntyre Lane Allendale NJ ZIP + 4 07401

		Yes	No
<b>42b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: . . .		X
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: . . .		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000. . . . . ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

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.

**Sign Here**

Signature of officer: Jun Nakanishi Date: \_\_\_\_\_  
 Type or print name and title: Trustee

**Paid Preparer's Use Only**

Preparer's signature: Takeshi Yamaguchi Date: \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: YAMAGUCHI LION, LLP  
110 KINDERKAMACK RD  
EMERSON, NJ 07630-1854  
 Check if self-employed:  Preparer's Identifying Number (See instructions): N/A  
 EIN: N/A  
 Phone no.: (917) 602-4843

May the IRS discuss this return with the preparer shown above? See instructions. . . . . ▶  Yes  No



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .						
<b>4 Total.</b> Add lines 1-through 3. . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). . . . .						
<b>11 Total support.</b> Add lines 7 through 10. . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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. . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f). . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14. . . . .	<b>15</b>	%
<b>16a 33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

BAA

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
6 <b>Total.</b> Add lines 1 through 5. . . . .						
7a Amounts included on lines 1, 2, 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year. . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
c Add lines 10a and 10b. . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (add lns 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 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.





American Dream Japanese Network Inc.

26-3136301

**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Bank charge.....	\$	45.
Microphone, projector.....		1,000.
Raffle merchandize.....		66.
Server maintenace.....		211.
Total	\$	<u>1,322.</u>

**Statement 2**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

To promote, further and support selected charitable activities through grants funding and financial assistance to variou individuals, institutions and organizations dedicated to the aid and assistance of Japanese-American communitis in New York.

**Statement 3**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

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

For calendar year 2009 or other tax year beginning and ending , 2009,

2009

Department of the Treasury Internal Revenue Service (77)

See separate instructions.

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

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. Raffle

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of. Takeshi Yamaguchi Telephone number. 917-602-4843

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here . See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000)..... \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34..... **35c** 0.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041)..... **36**  
**37 Proxy tax.** See instructions..... **37**  
**38 Alternative minimum tax.**..... **38**  
**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies..... **39** 0.

**Part IV Tax and Payments**

**40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).... **40 a**  
**b** Other credits (see instructions)..... **40 b**  
**c** General business credit. Attach Form 3800..... **40 c**  
**d** Credit for prior year minimum tax (attach Form 8801 or 8827)..... **40 d**  
**e Total credits.** Add lines 40a through 40d..... **40 e** 0.  
**41** Subtract line 40e from line 39..... **41** 0.  
**42** Other taxes. Check if from:  Form 4255  Form 8611.  Form 8697  Form 8866  
 Other (attach schedule)..... **42**  
**43 Total tax.** Add lines 41 and 42..... **43** 0.  
**44 a** Payments: A 2008 overpayment credited to 2009..... **44 a**  
**b** 2009 estimated tax payments..... **44 b**  
**c** Tax deposited with Form 8868..... **44 c**  
**d** Foreign organizations: Tax paid or withheld at source (see instructions)..... **44 d**  
**e** Backup withholding (see instructions)..... **44 e**  
**f** Other credits and payments:  Form 2439  Form 4136  Other \_\_\_\_\_ Total... **44 f**  
**45 Total payments.** Add lines 44a through 44f..... **45** 0.  
**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached.....  **46**  
**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed..... **47**  
**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid..... **48**  
**49** Enter the amount of line 48 you want: **Credited to 2010 estimated tax**  **Refunded**  **49**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions.)

**1** At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here..... **Yes** **No**  
 \_\_\_\_\_   X  
**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file..... **Yes** **No**  
 \_\_\_\_\_   X  
**3** Enter the amount of tax-exempt interest received or accrued during the tax year  \$ \_\_\_\_\_ 0. **Yes** **No**

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

<b>1</b> Inventory at beginning of year.....	<b>1</b>	<b>6</b> Inventory at end of year.....	<b>6</b>
<b>2</b> Purchases.....	<b>2</b>	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2.....	<b>7</b>
<b>3</b> Cost of labor.....	<b>3</b>		
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>		
<b>b</b> Other costs (attach sch)	<b>4b</b>		
<b>5</b> <b>Total.</b> Add lines 1 through 4b.....	<b>5</b>	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	<b>Yes</b> <b>No</b>

**Sign Here**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **Trustee**  
 May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

**Paid Preparer's Use Only**  
 Preparer's signature: **Takeshi Yamaguchi** Date: \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP code: **YAMAGUCHI LION, LLP**  
**110 KINDERKAMACK RD**  
**EMERSON, NJ 07630-1854**  
 Check if self-employed:  Preparer's SSN or PTIN: **P00740706**  
 EIN: **20-5781775**  
 Phone no.: **(917) 602-4843**

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	(2)	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)				
(2)				
(3)				
(4)				
Total		Total		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B). . . . . ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A). . . . . ▶				

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8. . . . . ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals . . . . . ▶					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....				

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, column (A).		Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....						

**Schedule J – Advertising Income** (See instructions.)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b> .....						
Enter here and on page 1, Part I, line 11, column (A).		Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II</b> (lines 1-5) .....						

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14. ....			

**2009**

**New York Filing Instructions**

American Dream Japanese Network Inc.

26-3136301

**FORM TO FILE:**

Form CT-13 - 2009 New York Unrelated Business Income Tax Return

**SIGNATURE:**

Sign and date Form CT-13.

**PAYMENT:**

There is a balance due of \$250 which is payable by May 17, 2010. Attach a check or money order for the full amount payable to "New York State Corporation Tax," and write the Federal employer identification number, the tax period to which it applies, and "Form CT-13" on it.

**WHEN TO FILE:**

On or before May 17, 2010.

**WHERE TO FILE:**

NYS Corporation Tax  
Processing Unit  
P.O. Box 22038  
Albany, NY 12201-2038