# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

**2018** 

OMB No. 1545-1150

Open to Public

Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

AF	or the	2018 calendar	year, or tax year beginning , 2018, and en	aing			, 20
<b>B</b> 0	heck if ap	oplicable:	C Name of organization		D Emp	loyer identi	fication number
	Address c	change	-313630	)1			
	Name cha	ohone numb	per				
=	nitial retu	L2)265-	-9888				
=	Final retur Amended	up Exemp	tion				
=		on pending	NEW YORK, NY 10019			nber ▶	
_		ting Method:	☐ Cash 🗵 Accrual Other (specify) ▶	Тн	Check	▶ X if th	e organization is <b>not</b>
	/ebsite	•		- 1			Schedule B
		14/11	k only one) — X 501(c)(3) □ 501(c) ( ) ◄ (insert no.) □ 4947(a)(1) or □ 55	-	•		Z, or 990-PF).
			Image: Solution of the composition of		(*		_, ,.
		•	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total	assets		
			500,000 or more, file Form 990 instead of Form 990-EZ			▶ ¢	29,036.
_	art I		, Expenses, and Changes in Net Assets or Fund Balances (se			ctions fo	r Part I)
	AI C I		he organization used Schedule O to respond to any question in this				
_	1		ns, gifts, grants, and similar amounts received			1	28,021.
						2	
	2	_	vice revenue including government fees and contracts			3	1,015.
	3	-	o dues and assessments				
	4	Investment i				4	
	5a		ant from sale of assets other than inventory			-	
	b		r other basis and sales expenses			_	
	6		s) from sale of assets other than inventory (Subtract line 5b from line 5a) I fundraising events:			5c	
ne	а		me from gaming (attach Schedule G if greater than				
Revenue	b	Gross incom	ne from fundraising events (not including \$ of contri	ibution	s		
3eV			ising events reported on line 1) (attach Schedule G if the				
_		sum of such	gross income and contributions exceeds \$15,000)   6b				
	С	Less: direct	expenses from gaming and fundraising events 6c				
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd sub	otract		
		line 6c) .				6d	
	7a	Gross sales	of inventory, less returns and allowances				
	b		f goods sold				
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	-	ue (describe in Schedule O)			8	
	9		<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	29,036.
	10		similar amounts paid (list in Schedule O)			10	
	11		d to or for members			11	
Ś	12		ner compensation, and employee benefits			12	
Expenses	13		I fees and other payments to independent contractors			13	300.
ber	14		rent, utilities, and maintenance			14	5,400.
X	15		plications, postage, and shipping			15	3,100.
	16		nses (describe in Schedule O) See. Line 1			16	9,641.
	17		ses. Add lines 10 through 16			17	15,341.
	18		deficit) for the year (Subtract line 17 from line 9)			18	13,695.
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must			10	10,000.
SS			figure reported on prior year's return)			19	4,478.
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)			20	1,110.
	21	_	or fund balances at end of year. Combine lines 18 through 20			21	18,173.
		INCLUDIO IN L					

Form 990-EZ (2018) Page **2** 

	, ,					
Pa	`	,				_
	Check if the organization used Schedule	O to respond to ar	ny question in this			🗵
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			11,483.	22	15,984.
23	Land and buildings			0.445	23	
24	Other assets (describe in Schedule O)			2,445.	24	2,189.
25 26	Total assets			13,928.	25 26	18,173.
27	Net assets or fund balances (line 27 of column		-	4,478.	27	18,173.
Par		<del></del>			21	10,173.
	Check if the organization used Schedule	•		•		Expenses
What		Promote Chari				uired for section
Desc as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	shments for each of anner, describe the ach program title.	f its three largest pe services provided	program services, d, the number of	,	e)(3) and 501(c)(4) nizations; optional for s.)
28	The organization visited 15 comparour activities. This expands our to the total of 105 organizations	mentor/suporte this year.	er nework			
	(Grants \$ 0. ) If this amount				28a	5,628.
29	The organization held 7 executive 300 paricipants in 2018 for NY you global cooerative knowledge and the state of the stat	ung audiences heir insights	to provide			
	(Grants \$ 0. ) If this amount				29a	5,628.
30	The organization newly created "Business E to local communities, and expand the geo \$2,000 grant from NPO, Japanese Chamber of Commen	ographical area. rce & Industry and N	The organization or the The Organization of the Theorem (Theorem 1997) and the Theorem (Theor	on was awarded tour activities.	00-	2 014
24	(Grants \$ 0. ) If this amount				30a	2,814.
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount	includes foreign gra			31a	
32	Total program service expenses (add lines 28a t				32	14,070.
Par						
	Check if the organization used Schedule			•		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ot	Estimated amount of ther compensation
Hir	ofumi Sakaeda					
	sident	30.00	0.	0		0.
	omi Fujisaki	-				
Tre	asurer	30.00	0.	0		0.
		-				
		-				

Part '	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the appropriation appears in any simplificant activity and available year arted to the IDCO If "Vee " available		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		×
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	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 $\ldots \ldots \ldots \ldots \ldots \ldots$	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ HITOMI FUJISAKI Telephone no. ▶ (212		5-98	88
b	Located at ► 1650 BROADWAY SUITE 307, NEW YORK NY ZIP + 4 ► 1000 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	L 9	Vac	NIO
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	No ×
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	<b>▶</b> □
11-	Did the experiencian maintain any dense advised funds during the complete West Town CCC		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		×

								Y	es	NO
46		ne organization engage, directly or in								
		ndidates for public office? If "Yes," o	<u> </u>	Part I				46		X
Part '		Section 501(c)(3) Organization		-+: 47 40ll	50 d				Page 1	_
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49b and	52, and cor	npiete tne	e table	es tor	lines	S
		Check if the organization used Sc	hadula O ta raspand	to any augation in t	hio Dort VI					
		Check if the organization used Sc	nedule O to respond	to any question in t	.IIIS Fait VI				es l	No
47	Did th	ne organization engage in lobbying	activities or have a s	section 501(h) election	on in effect o	luring the	tax 「		<b>C</b> 3	140
••		If "Yes," complete Schedule C, Par						47		×
48	•	organization a school as described in					-	48		×
49a		ne organization make any transfers t					-	19a		×
b		s," was the related organization a se	•	•			-	19b		
50		plete this table for the organization's							and	key
		oyees) who each received more than								-
			(b) Average	(c) Reportable	(d) Health I		(a) Fati			4 of
	(a)	Name and title of each employee	hours per week	compensation	contributions to benefit plans, a			mated a		
			devoted to position	(Forms W-2/1099-MISC)	compen	sation				
None										
	<del></del>		<b>A</b> 400 000							
		number of other employees paid ov								
51	Comp \$100	plete this table for the organization 000 of compensation from the orga	's five highest compe	ensated independent one enter "None"	contractors	who each	recei	ved m	ore 1	har
				THORE THORE.						
	(a)	Name and business address of each independ	dent contractor	(b) Type of sen	vice	(c)	Compe	nsation		
None										
d	Total	number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>					
52	Did t	he organization complete Schedu	ule A? Note: All se	ction 501(c)(3) orga	ınizations m	ust attach	ı a			
	comp	leted Schedule A					.▶⋉	Yes [	N	0
		of perjury, I declare that I have examined this					owledge	e and be	elief, it	is
true, cor	rect, and	d complete. Declaration of preparer (other that	n officer) is based on all info	rmation of which preparer	has any knowled	lge.				
O-		<b>-</b>				08/2019	ı			
Sign		Signature of officer	ICTDENIII		Date					
Here		SAKAEDA HIROFUMI, PRE	PIDENI							
		Type or print name and title	Duan augusttt		nt n			FINI		
Paid		Print/Type preparer's name	Preparer's signature		ate 5 / 0.0 / 0.0 1.0	Check X	if	ΓΙΝ \ 1 7 1 7	021	
Prep	arer	KIL S. JUNG, CPA	KIL S. JUNG,	CPA 0	5/08/2019				93 <u>1</u>	
Use (	Only	Firm's name ► KIL S. JUNG, (		NIEW WORK NY	10001	's EIN ▶13			770	
May +b	o IDC	Firm's address ▶ 16 WEST 32ND S			10001 Phor	ne no. (2)	12)7	-	/72 □ N/	
iviav ii	0.7	COSCUSS THIS FEITHER WITH THE DIEDATE								

# Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

# Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

**Continuation Statement** 

Description	Amount
Advertising	2,835.
Office	336.
Seminar	2,431.
Dues and Subscriptions	1,463.
Insurance	2,391.
Program Expense	135.
Filing Fee	50.
Total	9,641.

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

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**Employer identification number** Name of the organization AMERICAN DREAM JAPANESE NETWORK, INC. 26-3136301 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 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🗵 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

(i) Name of supported organization	orted organization (ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions))		listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type III. Type III.

requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7 8	Amounts from line 4						
9	similar sources						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
<u>C1</u> :	organization, check this box and stop he						🟲 📋
<u>Secu</u>	on C. Computation of Public Support  Public support percentage for 2018 (line 6)			1 column (f)		14	%
15	Public support percentage for 2017 (interest					15	
16a	331/3% support test—2018. If the organi						
	box and <b>stop here.</b> The organization qua						
b	<b>33</b> <sup>1</sup> /3% <b>support test—2017.</b> If the organithis box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and <b>stop here</b>	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	e "facts-and-o	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 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.)

Secti	Section A. Public Support								
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees								
•	received. (Do not include any "unusual grants.")	68,303.	17,222.	30,034.	70,734.	29,036.	215,329.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities								
	furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	<b>Total.</b> Add lines 1 through 5	68,303.	17,222.	30,034.	70,734.	29,036.	215,329.		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
_	· ·								
с 8	Add lines 7a and 7b								
·	line 6.)						215,329.		
Secti	on B. Total Support								
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
9	Amounts from line 6	68,303.	17,222.	30,034.	70,734.	29,036.	215,329.		
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	0.	0.	0.	0.		0.		
С	Add lines 10a and 10b	0.	0.	0.	0.		0.		
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								
12	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)	68,303.	17,222.	30,034.	70,734.	29,036.	215,329.		
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			•	ear as a sectio	. , . ,		
Secti	on C. Computation of Public Suppor	t Percentage	<del>)</del>						
15	Public support percentage for 2018 (line 8		•			15	100 %		
16	Public support percentage from 2017 Sch					16	95.04 %		
	on D. Computation of Investment In								
17	Investment income percentage for 2018 (					17	0 %		
18	Investment income percentage from 2017					18	4.96 %		
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organ								
J_	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	_	=	=		-	_		
b	33 <sup>1</sup> /3% support tests—2017. If the organize line 18 is not more than 33 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more than 31 <sup>1</sup> /3%, check this line 18 is not more tha								
20	<b>Private foundation.</b> If the organization di	_	=	•		-			

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	Fo		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	1		
	<del>, , , , , , , , , , , , , , , , , , , </del>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
04		1		
Secti	on D. All Type III Supporting Organizations		Vac	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	nstru	ction	s).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	, -	_	
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (so the interest of the support	see ins		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	Oh		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	sa		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
d				
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

## **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
AMERICAN DREAM JAPANESE NETWORK, INC.	26-3136301
Pt I, Line 16:	
Description: Advertising \$2,835	
Description: Office \$336	
Description: Seminar \$2,431	
Description: Dues and Subscriptions \$1,463	
Description: Insurance \$2,391	
Description: Program Expense \$135	
Description: Filing Fee \$50	
Pt II, Line 24:	
Description: Account Receivable Beginning of Year: \$140 End of	Year: 0
Description: Prepaid expenses Beginning of Year: \$2,305 End of	Year: \$2,189
Pt II, Line 26:	
Description: Account Payable Beginning of Year: \$450 End of Yea	ar: 0
Description: Payable to Officers Beginning of Year: \$9,000 End	of Year: 0

## Form **8879-F**0

## IRS e-file Signature Authorization for an Exempt Organization

or calendar	year 2018	, or fiscal	year beginning	, 2018, and ending	, 20

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization Employer identification number 26-3136301 AMERICAN DREAM JAPANESE NETWORK, INC. Name and title of officer SAKAEDA HIROFUMI, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here ► **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . . . . 2a Form 990-EZ check here ► 🔀 2b 29,036. **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . 3a Form 1120-POL check here ► 3b 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . 4b **5a** Form 8868 check here ▶ ☐ **b Balance Due** (Form 8868, line 3c) . . . . . . . . . . . . Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ Date  $\triangleright 05/08/2019$ Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 6 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ 05/08/2019

> **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So