Form	990-EZ	
1 01111		

### Short Form

OMB No. 1545-0047

2019

**Open to Public** 

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

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

► Do not enter social security numbers on this form, as it may be made public.

Inspection Department of the Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 C Name of organization D Employer identification number B Check if applicable: 26-3136301 AMERICAN DREAM JAPANESE NETWORK, INC. Address change Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 5704 WOODSIDE AVENUE 201 (917)327 - 9781Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return WOODSIDE, NY 11377 Number **>** Application pending × Accrual Other (specify) ► Cash H Check ► X if the organization is **not G** Accounting Method: required to attach Schedule B I Website:► N/A (Form 990, 990-EZ, or 990-PF). **J** Tax-exempt status (check only one) - **X** 501(c)(3) ) < (insert no.) 4947(a)(1) or 527 501(c) ( **K** Form of organization: **X** Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets \$ 11,887. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I X 1 1 10,688. 2 Program service revenue including government fees and contracts 2 1,199. . . . . . 3 3 . . . . Investment income 4 4 5a Gross amount from sale of assets other than inventory 5a . . . . b Less: cost or other basis and sales expenses . . . . . . . . . . . . 5b С Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . 5c 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than а Revenue 6a Gross income from fundraising events (not including \$ b of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b Less: direct expenses from gaming and fundraising events . . . 6c С Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract d line 6c) . 6d Gross sales of inventory, less returns and allowances . . . . 7a 7a Less: cost of goods sold 7b h Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c С 8 8 9 9 11,887. 10 Grants and similar amounts paid (list in Schedule O) . . . . 10 11 11 12 12 Salaries, other compensation, and employee benefits . . . . . . Expenses 13 Professional fees and other payments to independent contractors . . . . . . 13 300. 14 Occupancy, rent, utilities, and maintenance . . . . . . . . . . . . 14 4,950. 15 Printing, publications, postage, and shipping . . . . . . . . . . . 15 . . 16 16 6,290. 17 17 11,540. 347. Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . . . . . . . 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 18,173. 20 20 18,520. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. BAA Form 990-EZ (2019) REV 10/27/20 PRO

Form	990-EZ (2019)					Page <b>2</b>
Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part II....		X
	•	·		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			15,984.	22	17,362.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			2,189.	24	1,946.
25	Total assets			1	25	19,308.
26	<b>Total liabilities</b> (describe in Schedule O)				26	788.
27	Net assets or fund balances (line 27 of column				27	18,520.
Par						
	Check if the organization used Schedule			· ·		Expenses
Wha	t is the organization's primary exempt purpose?				(Requ	uired for section
						c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplis neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the			orgar other	nizations; optional for rs.)
28	The organization visited 5 compan:	ies in Tri Sta	ate areas to i	.ntroduce		
	our activities. This expands our r					
	to a total of 110 organizations un					
			nts, check here .	▶ □	28a	4,152.
29	The organization held 4 executive				200	1,152.
23	seminars with start-up entreprener					
	Seminars with start up entreprenet	LIS WICH 240 h				
	(Cranta ¢	includes foreign are	nto chool horo	·····	00-	4 1 5 0
20	(Grants \$ 0. ) If this amount				29a	4,152.
30	The organization newly created "Bus					
	activities. The volunteer network	<del>-</del>	than 15 local	locations		
	to assist our New York activities			·····		0.056
	(Grants \$ 0.) If this amount				30a	2,076.
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreian ara	nts, check here	🕨 🗌	31a	
	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	10,380.
32 Par	t IV List of Officers, Directors, Trustees, and Key	hrough 31a)	n one even if not comp	►		
		hrough 31a)	n one even if not comp ny question in this I	► pensated—see the in Part IV	struc	
	t IV List of Officers, Directors, Trustees, and Key	hrough 31a)	n one even if not comp	►	istruc  ee (e) I	tions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	hrough 31a) <b>Employees</b> (list each O to respond to ar (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	oensated—see the in Part IV     (d) Health benefits, contributions to employe benefit plans, and	istruc  ee (e) I	tions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) <b>Employees</b> (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Deensated—see the in Part IV     (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of ther compensation
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Form 99	90-EZ (2019)		Р	age 3
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No ×
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)?	35a		×
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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	36		×
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> Did the organization file <b>Form 1120-POL</b> 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		×
b 39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9			
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		×
c d	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			
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 ► KAZUYA KIMIJIMATelephone no. ► (917Located at ► 5704 WOODSIDE AVENUE, WOODSIDE NYZIP + 4 ► 1137		7-97	81
b	Located at $\blacktriangleright$ 5704 WOODSIDE AVENUE, WOODSIDE NY ZIP + 4 $\triangleright$ 1137 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	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 and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
с	Did the organization receive any payments for indoor tanning services during the year?	44b 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		×

Form 9	0-EZ (2019)		Page 4
		Ye	s No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition		
	to candidates for public office? If "Yes," complete Schedule C, Part I	6	×
Part	VI Section 501(c)(3) Organizations Only		<u> </u>
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables	s for li	nes
	50 and 51.		
	Check if the examination used Schedule O to reproduce any question in this Part VI		

	Check if the organization used Schedule O to respond to any question in this Part VI	· ·	• •	
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax			
	year? If "Yes," complete Schedule C, Part II	47		×
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		×
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		×
b	If "Yes," was the related organization a section 527 organization?	49b		

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(b) Type of service	(c) Compensation
None		
d Total number of other independent contractors each receiving	over \$100,000 ►	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

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.

			09/2	28/2020		
Sign	Signature of officer		Date			
Here	SAKAEDA HIROFUMI, PRES	IDENT				
	Type or print name and title					
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if PTIN		
Preparer	KIL S JUNG	KIL S JUNG	08/04/2021			
Use Only						
	Firm's address ▶ 16 WEST 32ND ST	REET SUITE 406, NEW YORK, 1	NY 10001 Phone	eno. (212)714-1772		
May the IRS	discuss this return with the preparer s	shown above? See instructions		🕨 🗙 Yes 🗌 No		

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

Line 16: Other Expenses Continuation S	
Description	Amount
Advertising	1,050.
Seminar	1,105.
Dues and Subscriptions	1,530.
Insurance	2,415.
Filing Fee	50.
Travel	30.
Interest	110.
Total	6,290.

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

SCH	EDUL	ΕA
(Form	990 or	· 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047 2019

**Open to Public** 

Department of the Treasury
Intornal Povonuo Sonvico

(D)

(E) Total 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.

Interna	Revenue Service	► Go	to www.irs.gov/Fo	orm990 for instructions a	and the lat	est inform	ation.	Inspection
Name	of the organization						Employer identification	number
		JAPANESE NE					26-3136301	
Par				organizations must			,	ns.
	•	•		s: (For lines 1 through			,	
1								
2								
3 4				panization described in conjunction with a hosp				(iiii) Enter the
4		ame, city, and stat						
5	•			college or university	owned o	r operate	d by a government	al unit described in
		(b)(1)(A)(iv). (Com		, ,				
6	🗌 A federal, st	ate, or local gover	nment or govern	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7				tantial part of its sup				the general public
	described ir	section 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8		-		)(1)(A)(vi). (Complete				
9				d in section 170(b)(1)				
	or university university:	or a non-land-gra	nt college of agr	iculture (see instructio	ons). Ente	er the nam	ie, city, and state of	the college or
10	-	tion that normally	receives: (1) mor	e than 331/3% of its si	ipport fro	om contril	outions, membershi	o fees, and gross
	receipts fror	n activities related	to its exempt fu	nctions-subject to c	ertain exc	ceptions,	and (2) no more that	n 331/3% of its
	support from	n gross investmen the organization a	t income and uni fter June 30, 197	related business taxal 75. See <b>section 509(</b> a	ole incom <b>a)(2)</b> , (Cor	ie (less se nolete Pa	ection 511 tax) from	businesses
11				sively to test for public				
12	_ 0	0		sively for the benefit o	2			ry out the purposes
				ns described in secti				
	Check the b	ox in lines 12a thro	ough 12d that des	scribes the type of sup	porting c	organizatio	on and complete line	es 12e, 12f, and 12g.
а				l, supervised, or contr				
		•	• •	regularly appoint or e			he directors or trust	ees of the
			-	ete Part IV, Sections				
b				sed or controlled in co				
		•		rganization vested in V, Sections A and C.		persons	that control or mana	age the supported
с	_ <b>_</b>		-	ting organization oper		onnection	with and functions	ally integrated with
U				ons). You must comp				any integrated with,
d		-		pporting organization				orted organization(s)
				nization generally mu				
	requirem	nent (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е	Check the check the check the check the check of the c	nis box if the organ	ization received	a written determinatio	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
		, ,	51	tionally integrated sup	oporting	organizati	on.	
f		ber of supported of	•					
g			1	oorted organization(s).	1			( ) ) ) ) (
	(i) Name of support	ted organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(A)								
(B)								
(_)								
(C)								

 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

					r		
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
3							
	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	Public support. Subtract line 5 from line 4						L
-	on B. Total Support						
-	dar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(4) 2010	(10) 2010	(0) 2017		(0, 2010	
							+
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						<b> </b>
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						1
	loss from the sale of capital assets						
	(Explain in Part VI.)						
44							<u> </u>
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	(soo instructio				10	
	•					12	
13	<b>First five years.</b> If the Form 990 is for the	•					
0	organization, check this box and <b>stop he</b>						🟲 📋
	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6					14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test-2019. If the organi						·
	box and <b>stop here.</b> The organization qual	lifies as a publ	icly supported	organization			🕨 🗖
b	331/3% support test-2018. If the organized	zation did not	check a box o	n line 13 or 16	Sa, and line 15	is 331/3% or r	nore, check
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test-20	)19. If the ora:	anization did n	ot check a bo	x on line 13_1	6a. or 16b. ar	nd line 14 is
a	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						
	0						
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization n				•		
	supported organization						🕨 🗖
18	Private foundation. If the organization die	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	l see
	instructions						🕨 🗖
							90 or 990-EZ) 2019

#### 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	on A. Public Support				1	/	
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")	17,222.	30,034.	70,734.	29,036.	19,308.	166,334.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	17,222.	30,034.	70,734.	29,036.	19,308.	166,334.
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						
0							166,334.
Secti	on B. Total Support						100,331.
	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	17,222.	30,034.	70,734.	29,036.	19,308.	166,334.
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.
с	Add lines 10a and 10b	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						
	loss from the sale of capital assets						
10	(Explain in Part VI.)						
13	and 12.)	17,222.	30,034.		29,036.	10 200	166 224
14	<b>First five years.</b> If the Form 990 is for the			70,734.		19,308.	$\frac{166,334.}{0,501(c)(3)}$
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8	, ,,,		, , , , , , , , , , , , , , , , , , , ,		15	100 %
16	Public support percentage from 2018 Sch	nedule A, Part I	II, line 15 .			16	100 %
	on D. Computation of Investment In		-				
17	Investment income percentage for 2019 (			-		17	0 %
18	Investment income percentage from <b>2018</b>					18	0 %
19a	$33^{1}/_{3}\%$ support tests – 2019. If the organ 17 is not more than $33^{1}/_{3}\%$ , check this box						· · · · ·
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % support tests – 2018. If the organiz		-			-	
U	line 18 is not more than $33^{1/3}$ %, check this l						
20	Private foundation. If the organization di		-				
	REV 10/27/20 PRO Schedule A (Form 990 or 990-EZ) 2019						

#### 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.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (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.*
- **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 **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** 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 **Part VI** 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.
- 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 **Part VI**, 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in **Part VI.**
- 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).*
- 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).*
- **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 Part VI.*
- **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 Part VI.*
- **c** 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 Part VI.*
- **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.* 
  - **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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- 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 Part VI identify those supported organizations and explain 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.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

\_

1	Check here if the organization	satisfied the Integ	ral Part Test as a	qualifying true	st on Nov. 20, 1970 (explair	i in Part VI). <b>S</b>	See
	instructions. All other Type III	non-functionally ir	ntegrated suppor	ting organizati	ions must complete Sectior	ns A through B	Ε.

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		
<b>4</b> Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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)
1 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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		
2 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	6		
emergency temporary reduction (see instructions).	0		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

-	V Type III Non-Functionally Integrated 509(a)	) Supporting Organi	zations (continued)	Page <b>(</b>
Part		a supporting Organi		
Sect	ion 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	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
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 <b>Part VI</b> ). See instructions.			
7	Total annual distributions. 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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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)

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.
 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 \$1,050
Description: Seminar \$1,105
Description: Dues and Subscriptions \$1,530
Description: Insurance \$2,415
Description: Filing Fee \$50
Description: Travel \$30
Description: Interest \$110
Pt II, Line 24:
Description: Prepaid expenses Beginning of Year: \$2,189 End of Year: \$1,946
Pt II, Line 26:
Description: Accrued Expenses Beginning of Year: 0 End of Year: \$788

Department of the Treasury

Internal Revenue Service

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

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

	-	-	_	-	-
For calendar year 2019.	or fiscal	vear h	peginning		

al year beginning \_\_\_\_\_, 2019, and ending

2019

Employer identification number

26-3136301

Name of exempt organizati	on

AMERICAN DREAM JAPANESE NETWORK, INC.

Name and title of officer SAKAEDA HIROFUMI, PRESIDENT

Part I 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.

1a	Form 990 check here ► □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .		1b	
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)		2b	11,887.
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)		3b	
4a	Form 990-PF check here <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)		4b	
5a	Form 8868 check here <b>b</b> Balance Due (Form 8868, line 3c)		5b	

#### 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 2019 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
	ERO firm name	Enter five numbers, but do not enter all zeros					

on the organization's tax year 2019 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 2019 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 ► 09 / 28 / 2020
Part III Certification and Authentication	
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	2 6 1 6 7 4 1 2 3 4 5 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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 ►

Date ► 08/04/2021

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

For Paperwork Reduction Act Notice, see back of form. BAA

Form 8879-EO (2019)