Eorm 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file

Form 990 (see instructions). All other organizations with gross receipts less than \$200,000

and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-1150

2010

Open to Public Inspection

For the 2010 calendar year, or tax year beginning 2010, and ending D Employer identification number В Check if applicable: Address change American Dream Japanese Network Inc. 26-3136301 Name change 2 West 47th St., Suite 700 Telephone number Initial return New York, NY 10036 212-921-8788 Terminated Amended return **Group Exemption** Application pending Number Accounting Method: X Cash Accrual Other (specify) |X| if the organization is not Check > required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Website: ► www.iqvoshu.com Tax-exempt status (ck only one) -|X|501(c)(3) | 501(c) (4947(a)(1) or) ◀ (insert no.) Check | X | if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. 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 (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ...... Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I..... 1 Contributions, gifts, grants, and similar amounts received 2 16,974. Program service revenue including government fees and contracts..... Membership dues and assessments..... 3 4 5a Gross amount from sale of assets other than inventory..... **b** Less: cost or other basis and sales expenses..... 5b 5 c 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000).... 6a **b** Gross income from fundraising events (not including \$ 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 c Less: direct expenses from gaming and fundraising events..... 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)..... 6d7a Gross sales of inventory, less returns and allowances..... c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O)..... 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... 9 9 16,974. 10 Grants and similar amounts paid (list in Schedule O). 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits..... 12 13 Professional fees and other payments to independent contractors..... 6,614. 13 Occupancy, rent, utilities, and maintenance 14 108. Printing, publications, postage, and shipping 15 44. 16 16 15,563. Total expenses. Add lines 10 through 16..... 17 17 22,329. 18 Excess or (deficit) for the year (Subtract line 17 from line 9)..... 18 -5,355. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 3,443. 20 Other changes in net assets or fund balances (explain in Schedule O)..... 20 -1,912. BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

	990-EZ (2010) American Dream		nc.	26	-313	36301 Page 2
Par			estion in this Part II			<u>X</u>
			(/			(B) End of year
22	Cash, savings, and investments					2,209.
23					23	
24	Other assets (describe in Schedule O))		24	
25				3,443	. 25	2,209.
26	Total liabilities (describe in Schedule (O) See Schedule O)			4,121.
	•	·	line 21)	3,443		-1,912.
		As avings, and investments 3,443. 22 and and buildings 23 are rassets (describe in Schedule O) 24 al assets 3,443. 25 al liabilities (describe in Schedule O) See Schedule O 3,443. 25 al liabilities (describe in Schedule O) See Schedule O 3,443. 27 assets or fund balances (line 27 of column (B) must agree with line 21) 3,443. 27 Check if the organization used Schedule O to respond to any question in this Part III.) Check if the organization used Schedule O to respond to any question in this Part III. (Required Solic)(3) as years and schewed in carrying out the organization's exempt purposes. In a clear and concise manner, the services provided, the number of persons benefited, and other relevant information for each solic)(3) are program services provided, the number of persons benefited, and other relevant information for each solic) (a) (a) (a) (b) Title and average hours per week devoted to position as at an and address and deferred compensation (b) (c) (c) (c) (c) (c) (c) (d) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		Expenses		
and the same					ll (Rea	uired for section
What i					ˈ1501 <i>(</i>	c)(3) and 501(c)(4)
Desc	ribe what was achieved in carrying out	the organization's exempt purp	oses. In a clear and co	oncise manner,	orgai	nizations and section (a)(1) trusts; optional
desc	ribe the services provided, the number ram title.	of persons benefited, and othe	r relevant information t	or each		
28	rant tide.				+	
20					1	
					┧	
	(Grants \$) If	this amount includes foreign a	rants chack hore		282	
29	(Grants V	ins amount includes loreign gi	arts, check here		20 a	
29					-	
					-	
	(Orange 6				T 00 -	
20	(Grants \$) IT	tris amount includes foreign gi	rants, check here		29 a	
30					Ⅎ	
					4	
			,,,		ī	
					30 a	
31					,[
						<u> </u>
Par	List of Officers, Directors	, Trustees, and Key Em	ployees. List each one e	ven if not compensate	d. (see t	the instructions for Part IV.)
	Check if the organization used				· · · · · ·	
	(a) Name and address	ner week devoted	(c) Compensation (if	(d) Contribution	S tO one and	(e) Expense account
	(a) Name and address	to position	not para, enter -0-1,			and other anowances
Jur	n Nakanishi	Trustee	0.		0.	0.
250	Gorge Road, #29K	7 0				
Cli	ffside Park, NJ 07010	7				
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	990-EZ (2010) American Dream Japanese Network Inc. 26-313630			age 3
Par	Other Information (Note the statement requirements in the instructions for Part V.) See Sch			
	Check if the organization used Schedule O to respond to any question in this Part V	· · · · · · ·		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
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		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?			X
	If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
ı	Did the organization file Form 1120-POL for this year?	37b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
ı	amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			50
	Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .			
ī				
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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	40 b		X
(Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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	40 e		X
41	List the states with which a copy of this return is filed None			
42	a The organization's books are in care of ► Jun Nakanichi Located at ► 250 Gorge Road, #29K Cliffside Park NJ ZIP + 4 ► 07010			
	Lucated at 250 Golge Road, #25K CIIIISIde Laik No			
I	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	GIOTE DA HEXAL	X
	If 'Yes,' enter the name of the foreign country:	1		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	- []	N/A N/A
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	Yes	
ı	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.	44b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44c		X
	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	44 d	}	}
BAA		rm 990	-EZ	(2010)

Form 990-E	EZ (2010) American Dream Japa	nese Network I	nc.		26-3136	301	Pa	age 4
				, -		L- <u>-</u> -	Yes	No
	y related organization a controlled entity	-		_		330 300 000		X
	he organization receive any payment fron ction 512(b)(13)? If 'Yes,' Form 990 and 9					1001-112-11-11-11-11		X
46 Did to	he organization engage, directly or indirectided in the indirection of the following indirection of the following indirection of the organization	ctly, in political campaig Schedule C, Part t	gn activities	on behalf o	f or in opposition to	46		X
Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	and section 4947(tion 4947(a)(1) nor	(a)(1) none nexempt c	exempt c	haritable trusts only	v. All se	ction ns	
	Check if the organization used Schedul	e O to respond to any o	question in t	his Part VI.	<u></u>	<u></u>	$\overline{}$	
	he organization engage in lobbying activit e organization a school as described in se	•					Yes	X X
	he organization make any transfers to an		_					X
	es,' was the related organization a section	-						
50 Com empl	plete this table for the organization's five loyees) who each received more than \$10		mployees (c from the org	other than og ganization.		s and key lone.'	<i>'</i>	
(a)) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comp	ensation	(d) Contributions to employee benefit plans and deferred compensation	acco	xpense unt and llowances	;
None								
					 			
			·					
			Y					
f Total	I number of other employees paid over \$1	100.000 ▶	L		L			
51 Com	plete this table for the organization's five	highest compensated in	ndependent	contractors	who each received more	e than \$1	00,000	of
com	pensation from the organization. If there i				(b) Type of service	(c) Con	npensation	
None	(A) Tall of a dealers of out independent control	asion para more aran proopers			(a) Type of service	(6) 6611	ipensation	<u></u>
				_				
	I number of other independent contractors	· ·			47/->/1>			
chari	he organization complete Schedule A? Nitable trusts must attach a completed Sch	edule A		ons and 49	4/(a)(1) nonexempt	► X Ye	s [No
Under penalt true, correct,	ies of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office	, including accompanying sche er) is based on all information of	dules and staten of which prepare	nents, and to the r	ne best of my knowledge and beli wledge.	ef, it is		
	Signature of officer							
Sign Here	Jun Nakanishi				Date Trustee			
11010	Type or print name and title.				Truscee			
	Print/Type preparer's name	Preparer's signature		Date	Check if PTI	.N		
Paid	Takeshi Yamaguchi	Takeshi Yamagu	chi		self-employed N/	<u>'A</u>		
Preparer Use Only	Firm's name YAMAGUCHI LION, Firm's address 110 KINDERKAMAC					λ Τ / 7 \		
- ,	Firm's address • 110 KINDERKAMAC EMERSON, NJ 076				Firm's EIN Phone no. (917	N/A 7) 602-	-4843	
May the IF	RS discuss this return with the preparer sl		uctions	· · · · · · · · · · · · · · · · · · ·		►X Ye		No
BAA						Form 99)0-EZ ((2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

26-3136301 American Dream Japanese Network Inc. Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type II c Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... 11 g (i) A family member of a person described in (i) above?.... 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above?..... h Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of support (described on lines 1-9 above or IRC section (see instructions)) organization in column (i) listed in your governing document? the organization in column (i) of your support? organization in column (i) organized in the U.S.? Yes No Yes No Yes (A) (B) (C) (D) **(E)** Total

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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to it 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	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see ins	structions)				
13	First five years. If the Form 990 organization, check this box and						
	tion C. Computation of Pu						
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •				<u> </u>
15	Public support percentage from	2009 Schedule A,	Part II, line 14	• • • • • • • • • • • • • • • • • • • •			%_
	a 33-1/3% support test — 2010. If and stop here. The organization	qualifies as a pu	blicly supported o	rganization			▶ [_]
	33-1/3% support test — 2009. If and stop here. The organization	qualifies as a pui	blicly supported o	rganization			▶∐
17 <i>a</i>	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance:	s' test, check this	box and stop he	re. Explain in Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance: test. The organiz	s' test, check this ation qualifies as	box and stop he a publicly suppo	re. Explain in Part rted organization	IV how the ▶ □
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a	i, or 17b, check th	nis box and see ins	tructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees	ĺ					
	and membership fees received. (Do not include any 'unusual grants.')			2,913.	3,420.	16,974.	23,307.
2	Gross receipts from admis-				5,1201		
	sions, merchandise sold or services performed, or facilities		}			Í	
	furnished in any activity that is						
	related to the organization's tax-exempt purpose					ĺ	0.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.		ĺ				0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						0.
	facilities furnished by a		}			ļ	
	governmental unit to the organization without charge		{			}	0.
	Total. Add lines 1 through 5	0.	0.	2,913.	3,420.	16,974.	23,307.
7 a	Amounts included on lines 1, 2, and 3 received from	ļ					
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2	1			}	[
	and 3 received from other than disqualified persons that	}	Ì		})	
	exceed the greater of \$5,000 or 1% of the amount on line 13				į į		
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0,
8	Public support (Subtract line 7c from line 6.)						23,307.
Sec	tion B. Total Support	ing panggang managang panggang an ing managang panggang panggang panggang panggang panggang panggang panggang	Recommendate of the Marie Con Conference and Section	Source (America) and a professional facilities (figure)		5 (14) [256] _ [1666] - [2666] [15] Aug [15] . [11] [20] [10]	
Calon	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Carcii	, , , , , , ,						
9	Amounts from line 6	0.	0.	2,913.	3,420.	16,974.	23,307.
9	Amounts from line 6 Gross income from interest.				3,420.	16,974.	
9	Amounts from line 6				3,420.	16,974.	
9 10 a	Amounts from line 6				3,420.	16,974.	23,307.
9 10 a	Amounts from line 6				3,420.	16,974.	
9 10 a	Amounts from line 6				3,420.	16,974.	23,307.
9 10 a	Amounts from line 6	0.	0.	2,913.			23,307. 0.
9 10 a	Amounts from line 6				3,420.	16,974.	23,307.
9 10 a	Amounts from line 6	0.	0.	2,913.			23,307. 0.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	2,913.			23,307. 0.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	2,913.			0. 0. 0.
9 10 a b	Amounts from line 6	0.	0.	2,913.			23,307. 0. 0. 0.
9 10 a 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.	0.	2,913.	0.	0.	23,307. 0. 0. 0. 0.
9 10 a b 11 12	Amounts from line 6	0.	0.	2,913.	ő. 3,420.	0.	0. 0. 0. 0. 0. 23,307.
9 10 a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	0. is for the organizastop here	0. 0. ation's first, secon	2,913.	ő. 3,420.	0.	0. 0. 0. 0. 0. 23,307.
9 10 a 11 12 13 14 Sec	Amounts from line 6	0. is for the organize stop here	0. 0. ation's first, secon	2,913. 0. 2,913. d, third, fourth, o	3,420.	0. 16,974. a section 501(c)(3	0. 0. 0. 0. 0. 23,307. 3) ► [X]
9 10 a 11 12 13 14 Sec 15	Amounts from line 6	0. is for the organiza stop hereblic Support P	0. ation's first, seconercentage of (f) divided by lin	2,913. 0. 2,913. d, third, fourth, out the 13, column (f))	0. 3,420. or fifth tax year as	16, 974. a section 501(c)(3	0. 0. 0. 0. 23,307. 8)
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Schedule A	(Form 9	990 or 9	90-F7) 2	2010	Ameri	can l	Dream	Japa	nese	Netv	work	Inc.		26-33	L36301		_Page 4
Schedule A Part IV	Suppl Part II (See i	ement , line nstruc	al Info 17a or tions).	rmatio	on. Cor and Pa	nplete rt III,	this pline 12	art to . Also	provid	de the	e expl his pa	anation art for a	ns requany ad	uired b ditiona	y Part I inforr	II, line nation.	10;
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
American Dream Japanese Network Inc.	26-3136301
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
The organization is for primary exemption purpose.	
To_promote, further and support selected charitable activities	through grants
funding and financial assistance to various individuals, instit	utions and
organizations dedicated to the aid and assistance of Japanese-	American communities
in New York.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ontracts
(a) Did the organization, during the year, receive any funds,	directly_or
indirectly, to pay premiums on a personal benefit contract?	
(b) Did the organization, during the year, pay premiums, direc	ctly or
indirectly, on a personal benefit contract?	N o
	_

2010	Schedule O - Supplemental Information	Page 2
	American Dream Japanese Network Inc.	26-313630°
Form 990-EZ, Pa Other Expenses	art I, Line 16	
Insurance Office Expens Program Expen	ses nse - JAM2010 nce Expense Total \$	1,000. 1,089. 2,211. 9,047. 2,216. 15,563.
Form 990-EZ, Pa Total Liabilities	art II, Line 26	
Account Payal	Beginning	Ending 4,121. 4,121.