

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012Department of the Treasury
Internal Revenue ServiceUnder 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.

Open to Public Inspection**A For the 2012 calendar year, or tax year beginning****, 2012, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN DREAM JAPANESE NETWORK, INC.		D Employer identification number 26-3136301
	Number and street (or P.O. box, if mail is not delivered to street address) 2 WEST 47TH STREET		E Telephone number (212) 921-8788
	City or town, state or country, and ZIP + 4 NEW YORK NY 10036		F Group Exemption Number
	G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____		
I Website: N/A			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

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 (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **110,936.**

Part I 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 ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	93,311.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,310.
	4	Investment income	4	16,315.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	110,936.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	17,440.
	14	Occupancy, rent, utilities, and maintenance	14	66,008.
	15	Printing, publications, postage, and shipping	15	8,638.
	16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	42,146.
	17	Total expenses. Add lines 10 through 16	17	134,232.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-23,296.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	27,636.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	4,340.

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

Form 990-EZ (2012)

☒

(A) Beginning of year		(B) End of year	
1,282.	22	6,107.	
45,117.	23	38,671.	
11,958.	24	12,558.	
58,357.	25	57,336.	
30,721.	26	52,996.	
27,636.	27	4,340.	

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	<u>The organization did fund-raising for the victims of 3/11 earthquake and Tsunami and radiations from nuclear power plant in Japan and sent monies to appropriate organizations.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28 a	14,091.
29	<u>Coordinated 30 seminars (educational, informational and cultural) to offer useful and beneficial information/knowledge to Japanese business owners and artists who are struggling in the competitive city. 1000 participants.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29 a	27,155.
30	<u>Japanese Arts Matsuri was held to provide an occasion for non-Japanese public to experience unique Japanese culture as traditional Japanese dance, music and food. 3000 paricipans.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30 a	19,776.
31	<u>Other program services (describe in Schedule O) Inter community network.....</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	18,103.
32	<u>Total program service expenses (add lines 28a through 31a)</u>	32	79,125.

7

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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		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)		X
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)?	X	
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	X	
c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?		X
38a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a 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) 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	40b	X
c 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		
e 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	X
41 List the states with which a copy of this return is filed		

42a The organization's books are in care of JUN NAKANISHI Telephone no. (212) 921-8788
 Located at 2 E 47TH ST #700 NEW YORK NY ZIP + 4 10036

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

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

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 **43**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
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	44d	
45a Did the organization have a controlled entity of the organization 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	X

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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
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 paid more than \$100,000	(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here	Signature of officer	Date		07/16/13	
	JUN NAKANISHI		TRUSTEE		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KIL S. JUNG, CPA		07/16/13		P02021951
	Firm's name	Firm's EIN		13-3461360	
	Firm's address	Phone no.			
	16 WEST 32ND STREET SUITE 1104		NEW YORK NY 10001		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

AMERICAN DREAM JAPANESE NETWORK, INC.

Employer identification number

26-3136301

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	2,913.	3,420.	16,974.	116,958.	94,621.	234,886.
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	2,913.	3,420.	16,974.	116,958.	94,621.	234,886.
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						234,886.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	2,913.	3,420.	16,974.	116,958.	94,621.	234,886.
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				12,073.	16,315.	28,388.
c Add lines 10a and 10b				12,073.	16,315.	28,388.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,913.	3,420.	16,974.	129,031.	110,936.	263,274.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶ <input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a **33-1/3% support tests – 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- b **33-1/3% support tests – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

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

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

AMERICAN DREAM JAPANESE NETWORK, INC.

Employer identification number

26-3136301

Pt III, Line 31 Promote inter-community networking and encourage sharing
of experiences and ideas through programs, fund raising,
charity and special events. 12 events were held and
700 people participated.

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

OMB No. 1545-0687

2012Department of the Treasury
Internal Revenue ServiceFor calendar year 2012 or other tax year beginning _____, 2012,
and ending _____, _____

▶ See separate instructions.

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) AMERICAN DREAM JAPANESE NETWORK, INC. Number, street, and room or suite number. If a P.O. box, see instructions. 2 WEST 47TH STREET 700 City or town State ZIP code NEW YORK NY 10036	D Employer identification number (Employees' trust, see instructions.) 26-3136301 E Unrelated business activity codes (see instructions.) 900002
C Book value of all assets at end of year 57,336.	F Group exemption number (See instructions.) ▶ G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity.▶ **RENTAL****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No

If 'Yes,' enter the name and identifying number of the parent corporation

J The books are in care of ▶ **JUN NAKANISHI** Telephone number ▶ **(212) 921-8788****Part I Unrelated Trade or Business Income****(A) Income****(B) Expenses****(C) Net**

1 a Gross receipts or sales ...	1			
b Less returns and allowances ... c Balance ▶	1 c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D)	4 a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b			
c Capital loss deduction for trusts	4 c			
5 Income (loss) from partnerships and S corporations (attach statement)	5			
6 Rent income (Schedule C)	6	16,315.	16,502.	-187.
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	16,315.	16,502.	-187.

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

(except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach statement)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach statement)	28	
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-187.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-187.
33 Specific deduction (generally \$1,000, but see line 33 instructions for exceptions.)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-187.

Part III Tax Computation

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

Part IV Tax and Payments

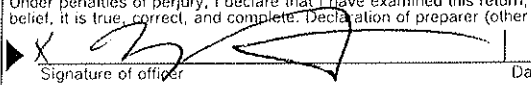
40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40 a	
b Other credits (see instructions)	40 b	
c General business credit. Attach Form 3800 (see instructions)	40 c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40 d	
e Total credits. Add lines 40a through 40d	40 e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	42	
43 Total tax. Add lines 41 and 42	43	0.
44 a Payments: A 2011 overpayment credited to 2012	44 a	
b 2012 estimated tax payments	44 b	
c Tax deposited with Form 8868	44 c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44 d	
e Backup withholding (see instructions)	44 e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44 f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <u> </u> Total ... 44 g	44 g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

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


1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes', the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes', enter the name of the foreign country here <u> </u>	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... If 'Yes', see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year <u> </u> \$		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ☐

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	 Signature of officer	<u>7/16/13</u> Date	<u>Trustee</u> Title

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/type preparer's name	Preparer's signature 	Date <u>07/05/13</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P02021951</u>
	Firm's name	<u>KIL S. JUNG, CPA</u>		Firm's EIN	<u>13-3461360</u>
	Firm's address	<u>16 WEST 32ND STREET SUITE 1104</u>		Phone no.	<u>(212) 714-1772</u>
		<u>NEW YORK NY 10001</u>			

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

1 Description of property

(1) OFFICE SPACE

(2)

(3)

(4)

2 Rent received or accrued

(a) From personal property
(if the percentage of rent for personal
property is more than 10% but not
more than 50%)(b) From real and personal property
(if the percentage of rent for personal
property exceeds 50% or if the rent is
based on profit or income)3(a) Deductions directly connected with
the income in columns 2(a) and 2(b)
(attach statement)

(1) 16,315. 16,502.

(2)

(3)

(4)

Total Total 16,315.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter
here and on page 1, Part I, line 6, column (A) ▶

16,315.

(b) Total deductions. Enter
here and on page 1, Part
I, line 6, column (B) ▶

16,502.

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

1 Description of debt-financed property

2 Gross income from
or allocable to debt-
financed property3 Deductions directly connected with or allocable to
debt-financed property(a) Straight line
depreciation (attach stmt)(b) Other deductions
(attach statement)

(1)

(2)

(3)

(4)

4 Amount of average
acquisition debt on or
allocable to debt-financed
property (attach statement)5 Average adjusted basis of
or allocable to debt-financed
property (attach statement)6 Column 4
divided by
column 57 Gross income
reportable (column 2 x
column 6)8 Allocable deductions
(column 6 x total of
columns 3(a) and 3(b))

(1) %

(2) %

(3) %

(4) %

Enter here and on page 1, Enter here and on page 1,
Part I, line 7, column (A). Part I, line 7, column (B).

Totals ▶

Total dividends-received deductions included in column 8 ▶

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)1 Name of controlled
organization2 Employer
identification
number

Exempt Controlled Organizations

3 Net unrelated
income (loss) (see
instructions)4 Total of specified
payments made5 Part of column 4
that is included in
the controlling
organization's gross
income6 Deductions directly
connected with
income in column 5

(1)

(2)

(3)

(4)

Nonexempt Controlled Organizations

7 Taxable Income

8 Net unrelated
income (loss) (see
instructions)9 Total of specified
payments made10 Part of column 9 that is
included in the controlling
organization's gross income11 Deductions directly
connected with income in
column 10

(1)

(2)

(3)

(4)

Add columns 5 and 10. Enter
here and on page 1, Part I, line
8, column (A).Add columns 6 and 11. Enter
here and on page 1, line
8, column (B).

Totals

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

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

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

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

Schedule J – Advertising Income (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

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

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

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

Depreciation and Amortization
(Including Information on Listed Property)**2012**Attachment
Sequence No. **179**

Name(s) shown on return

AMERICAN DREAM JAPANESE NETWORK, INC.

Identifying number

26-3136301

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		45,117.	7.0 yrs	HY	200 DB	6,446.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	6,446.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25								
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28								
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29								

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Donation	14,091.
Insurance	1,832.
Event expenses	19,777.
Depreciation	6,446.
Total	42,146.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
SECURITY DEPOSIT	11,958.	12,558.
Total	11,958.	12,558.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE	17,621.	30,096.
PAYABLE TO OFFICERS	12,500.	21,800.
SECURITY DEPOSIT RECEIVED	600.	1,100.
Total	30,721.	52,996.

Supporting Statement of:

Form 990-T, p3/Schedule C, Column 3-1

Description	Amount
RENT	16,440.
UTILITIES	62.
Total	<u>16,502.</u>

**CT-13**

New York State Department of Taxation and Finance

**Unrelated Business Income
Tax Return**Amended
return ☐

Tax Law - Article 13

All filers enter tax period:

beginning

ending

If you claim an
overpayment, mark
an X in the box ☐

Employer identification number 26-3136301	File number	Business telephone number (212) 921-8788	
Legal name of corporation AMERICAN DREAM JAPANESE NETWORK, INC.		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation NY	Date received (for Tax Department use only)
Number and street or PO box 2 W 47TH STREET #700		Date of incorporation 1/2/2008	
City NEW YORK	State NY	ZIP code 10036	Foreign corporations: date began business in NYS
NAICS business code number (from federal return)	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.	
Principal unrelated business activity Rental		Audit (for Tax Department use only)	

Have you filed New York State Form CT-247, *Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization*? Yes ☒ No ☐Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) ☐Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return
(see section Who must file Form CT-13 in the instructions) ☐

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax	Payment enclosed
Attach your payment here. Detach all check stubs. (See instructions for details.)	250

Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	-187
2 New York State Article 13 and Article 23 tax deducted on federal return	2	
3 Additions required for shareholders of federal S corporations (see instructions)	3	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5 Other additions (see instructions) • IRC section 199 deduction:	5	
6 Add lines 1 through 5	6	-187
7 Other income (see instructions)	7	
8 Federal S corporation shareholder subtractions (see instructions)	8	
9 Other subtractions (see instructions)	9	
10 Total subtractions (add lines 7, 8, and 9)	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	-187
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13 Taxable income (subtract line 12 from line 11)	13	-187
14 Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed)	14	
15 Tax based on income (multiply line 14 by 9% (.09))	15	
16 Minimum tax	16	250 00
17 Tax (line 15 or line 16, whichever is larger)	17	250
18 Total prepayments from line 46	18	
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20 Interest on late payment (see instructions)	20	
21 Late filing and late payment penalties (see instructions)	21	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	250
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24 Amount of overpayment on line 23 to be credited to next year	24	
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

400001120094



AMERICAN DREAM JAPANESE NETWORK, INC 26-3136301

Have you been audited by the Internal Revenue Service in the past 5 years? Yes ☐ No ☒ If Yes, list years: _____Federal return was filed on: 990-T ☒ Other: ☐ Attach a complete copy of your federal return.**Schedule A – Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

	A New York State	B Everywhere
Average value of:		
26 Real estate owned (see instructions)	26	
27 Gross rents (attach list; see instructions)	27	
28 Inventories owned	28	
29 Other tangible personal property owned (see instructions)	29	
30 Total (add lines 26 through 29)	30	
31 Percentage in New York State (divide line 30, column A, by line 30, column B)	31	%

Receipts in the regular course of business from:

32 Sales of tangible personal property shipped to points within New York State	32	
33 All sales of tangible personal property	33	
34 Services performed	34	
35 Rentals of property	35	
36 Other business receipts	36	
37 Total (add lines 32 through 36)	37	
38 Percentage in New York State (divide line 37, column A, by line 37, column B)	38	%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39	
40 Percentage in New York State (divide line 39, column A, by line 39, column B)	40	%
41 Total of New York State percentages (add lines 31, 38, and 40)	41	%
42 Business allocation percentage (divide line 41 by three or by the number of percentages)	42	%

Composition of prepayments claimed on line 18*

	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5	43	
44a Second installment from Form CT-400	44a	
44b Third installment from Form CT-400	44b	
44c Fourth installment from Form CT-400	44c	
45 Amount of overpayment credited from prior years	45	
46 Total prepayments (add lines 43 through 45; enter here and on line 18)	46	

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination ☐ If marked, enter date of determination: • _____

Net operating loss (NOL) carryback... ☐ Capital loss carryback ☐

Federal return filed Form 1139 • ☐ Amended Form 990-T ☐



AMERICAN DREAM JAPANESE NETWORK, INC 26-3136301

Third – party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)		Designee's phone number ()	
	Designee's e-mail address				PIN ()
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.					
Authorized person	Printed name of authorized person JUN NAKANISHI		Signature of authorized person <i>[Signature]</i>		Official title Trustee
	E-mail address of authorized person		Telephone number ()		Date 7/6/2013
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) KIC S JUNGI CPA		Firm's EIN 13-3461360		Preparer's PTIN or SSN
	Signature of individual preparing this return <i>[Signature]</i>		Address 16 W 32nd St Ste 1104		City New York
	E-mail address of individual preparing this return		Preparer's NYTPRN		State NY
				ZIP code 10011	Date

See instructions for where to file.



Form CHAR500 <small>This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)</small>	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2012 Open to Public Inspection
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1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) _____ / 2012 and ending (mm/dd/yyyy) _____			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <div style="border: 1px solid black; padding: 5px; text-align: center;"> AMERICAN DREAM JAPANESE NETWORK, INC </div>		d. Fed. employer ID no. (EIN) (##-####-####) <div style="border: 1px solid black; padding: 2px; text-align: center;"> 26-3136301 </div>
	e. NY State registration no. (##-##-###) 		f. Telephone number <div style="border: 1px solid black; padding: 2px; text-align: center;"> 212-921-8788 </div>
	Number and street (or P.O. box if mail not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;"> 2 W 47th Street 700 </div>		g. Email <div style="border: 1px solid black; padding: 2px;"> aghyt@earthlink.net </div>
	City or town, state or country and zip + 4 <div style="border: 1px solid black; padding: 2px;"> NEW YORK NY 10036 </div>		

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer		JUN NAKANISHI	Trustee
	Signature	Printed Name	Title
b. Chief Financial Officer or Treas.		Hirofumi Sakaoda	Trustee
	Signature	Printed Name	Title
			Date
			Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <u>and</u> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee \$ <u>10</u> b. EPTL filing fee \$ <u>25</u> c. Total fee \$ <u>35</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments →→→
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AMERICAN DREAM JAPANESE NETWORK, INC 26-3136301

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser ☐
Fund raising counsel ☐
Commercial co-venturer ☐

2. Name of FRP:

Number and street (or P.O. box if mail is not delivered to street address):

City or town, state or country and zip + 4:

3. FRP telephone number:

4. Services provided by FRP (provide description):

5. Compensation arrangement with FRP (provide description):

6. Dates of contract through
(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the Executive Law?

)

AMERICAN DREAM JAPANESE NETWORK, INC 26-3136301

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

☐ IRS Form 990

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

☒ IRS Form 990-EZ

☒ All required schedules (including Schedule B)

☒ IRS Form 990-T

☐ IRS Form 990-PF

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

☐ Audit Report (total support & revenue more than \$250,000)

☒ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)

KIL S. JUNG CPA
16 WEST 32ND STREET SUITE 1104
NEW YORK, NY 10001
212-714-1772

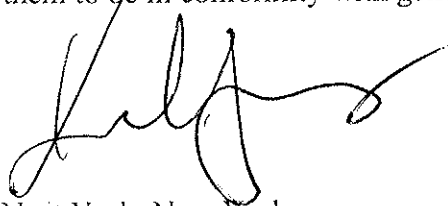
To The Board of Directors and Stockholders of

American Dream Japanese Network, Inc.

I have reviewed the accompanying balance sheet of American Dream Japanese Network, Inc. (a non-profit corporation), as of December 31, 2012 and the related statement of revenue, expenses and changes in fund balances, and cash flows for the year then ended, in accordance with statements established by the American Institute of Certified Public Accountant. All information included in these financial statements is the representation of the management.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted audit standards, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, I do not express such an opinion.

Based on this review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.



New York, New York

July 5, 2013

AMERICAN DREAM JAPANESE NETWORK, INC.
BALANCE SHEET
AS OF DECEMBER 31, 2012

ASSETS

CURRENT ASSETS

CASH	6,107	
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TOTAL CURRENT ASSETS		<u>6,107</u>
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NON CURRENT ASSETS

EQUIPMENT	45,117	
LESS: ACCUMULATED DEPRECIATION	(6,446)	
SECURITY DEPOSIT	<u>12,558</u>	

TOTAL NON CURRENT ASSETS		<u>51,229</u>
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TOTAL ASSETS		<u><u>57,336</u></u>
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LIABILITIES AND FUND BALANCE

LIABILITIES

ACCRUED EXPENSES	30,096	
LOAN FROM OFFICERS	21,800	
SECURITY PAYABLE	<u>1,100</u>	

TOTAL LIABILITIES		<u>52,996</u>
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FUND BALANCE

UNDESIGNATED	<u>4,340</u>	
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TOTAL FUND BALANCE		<u>4,340</u>
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TOTAL LIABILITIES AND FUND BALANCE		<u><u>57,336</u></u>
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AMERICAN DREAM JAPANESE NETWORK, INC.
STATEMENT OF REVENUE, EXPENSES AND CHANGES IN FUND BALANCES
FOR THE YEAR ENDED DECEMBER 31, 2012

REVENUE		
CONTRIBUTION AND GRANTS (NOTE 2)	93,311	
MEMBERSHIP DUES	1,310	
RENTAL INCOME (NOTE 3)	<u>16,315</u>	
TOTAL REVENUE		<u>110,936</u>
EXPENSES		
PROFESSIONAL FEES	17,440	
OCUPANCY	66,008	
OFFICE EXPENSES	8,638	
DONATION	14,091	
INSURANCE	1,832	
EVENT EXPENSES	19,777	
DEPRECIATION	<u>6,446</u>	
TOTAL EXPENSES		<u>134,232</u>
EXCESS OF REVENUE OVER EXPENSES		<u>(23,296)</u>
BEGINNING FUND BALANCE		<u>27,636</u>
ENDING FUND BALANCE		<u>4,340</u>

* SEE ACCOUNTANT'S REVIEW REPORT.

AMERICAN DREAM JAPANESE NETWORK, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED
DECEMBER 31, 2012

CASH FLOWS FROM OPERATING ACTIVITIES		
LOSS FROM OPERATION	(23,296)	
DEPRECIATION ADDBACK	6,446	
INCREASE IN ACCURED EXPENSES	<u>12,475</u>	
TOTAL CASH FLOWS FROM OPERATING ACTIVITIES		<u>(4,375)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
INCREASE IN OFFICERS LOAN	9,300	
INCREASE IN SECURITY PAYABLE	<u>500</u>	
TOTAL CASH FLOWS FROM FINANCING ACTIVITIES		<u>9,800</u>
CASH FLOWS FROM INVESTMENT ACTIVITIES		
INCREASE IN SECURITY DEPOSIT	<u>(600)</u>	
TOTAL CASH FLOWS FROM INVESTING ACTIVITIES		<u>(600)</u>
TOTAL CASH FLOWS		<u><u>4,825</u></u>
BEGINNING CASH AND CASH EQUIVALENTS BALANCE		<u>1,282</u>
ENDING CASH AND CASH EQUIVALENTS BALANCE		<u><u>6,107</u></u>

AMERICAN DREAM JAPANESE NETWORK, INC.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Description of Orgznization

American Dream Japanese Network, Inc. (" The Organization") was in corporated on January 02, 2008 in the state of New York as Domestic Not-For-Profit Corporation. The organization coordinates various seminars to offer useful and beneficial information aimed to help Japanese community to adapt to living and working in New York. The organization plans and organize cultural exchange programs and events. The organization also promote inter-community networking and encourages sharing of expreiences and ideas through various programs and fund raising and charity and other special events.

NOTE 2 Significan Accounting Policies

Office Equipment and Improvements are reported in the balance sheet at cost, if puchased, and at fair market value at the date of donation, if donated.

Depreciation is provided using the streaight-line method over the estimated useful lives of the plant assets. The estimated useful lifes are:

Lease improvement 7 years

Accounting for Contributions. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amount received that are designated for future periods or are restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that inscreases those net assets classes.

Tax status. The organization qualifies as a tax-exempt organization under section 501 (c) (3) of the Internal Revenue Code and is not subject to Federal income taxes except for income from its unrelated business activities.

NOTE 3 The Organization normally receives more than 33-1/3 % of its support from contributions, membershi fees, and gross receipts from activities related to its exempt functions. No more than 33-1/3 % of its supports from gross investment income and unrelated business taxable income. The Organization reports its unrelated buniss income on Form 990-T . The net income from unrelated rental income is as followings,

Gross Rental Income		<u>\$ 16,315.00</u>
Rental expense	16,440	
Utilities	<u>62</u>	
Total Rental expenses		<u>16,502</u>
Net Rental Income		<u>\$ (187.00)</u>

No. 1059

AMERICAN DREAM JAPANESE NETWORK INC. DBA

259 E 10TH ST. FL 1
NEW YORK, NY 10009-4893

DATE 7/16/13

1-2
210 519

Pay to the order of NYS Department of Law
Thirty five only

\$ 35.00

DOLLARS Security Features
Included
Details on Back

CHASE

JPMorgan Chase Bank, N.A.
New York, New York 10017
www.Chase.com

FOR EIN 26-3136301

⑈001059⑈ ⑆021000021⑆

839990330⑈

No. 1060

AMERICAN DREAM JAPANESE NETWORK INC. DBA

259 E 10TH ST. FL 1
NEW YORK, NY 10009-4893

DATE 7/16/13

1-2
210 519

Pay to the order of NYS Corporate Tax
Two Hundred fifty only

\$ 250.00

DOLLARS Security Features
Included
Details on Back

CHASE

JPMorgan Chase Bank, N.A.
New York, New York 10017
www.Chase.com

FOR EIN 26-3136301

⑈001060⑈ ⑆021000021⑆

839990330⑈