# Form **990**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Α	For the	2017 cale	ndar year, or tax year beginning	, 2	017, and endi	ng	_	, 20
В	Check if a	applicable:	C Name of organization UNITED STATE	S JAPAN EXCHANGE AND TEACHING I	PROGRAMME ALUMI	NI ASSOCIATION	D Employ	er identification number
	Address	change	Doing business as				47-40	042132
	Name cha	ange	Number and street (or P.O. box if ma	ail is not delivered to street address	s) Room/s	uite	E Telephor	
	Initial retu	ŭ	1201 15TH STREET NW	I	330		653-9800	
		n/terminated	City or town, state or province, cour	ntry, and ZIP or foreign postal code				
П	Amended	d return	WASHINGTON, DC 2000	15			<b>G</b> Gross re	eceipts \$ 214,179.
$\overline{\Box}$		on pending	F Name and address of principal office			H(a) Is this a o		subordinates? Yes X No
	, 100	o poag	LAUREL LUKASZEWSKI, 1201		TON. DC 20			
_	Tay-eyen	npt status:	▼ 501(c)(3)					list. (see instructions)
<u>.</u>	Website:		WW.USJETAA.ORG	) 1 (moent no.) = 1047 (a)(	1) 01 021	H(c) Group	exemption	number <b>&gt;</b>
_			X Corporation Trust Associa	tion Other ▶	L Year of forma			of legal domicile: DC
	art I	Summ			<b>2</b> 1001 01 101111	201	5 III Glato	or logar dornlone. DC
			escribe the organization's miss	ion or most significant activ	vitios: CEE	A TOTA CITME	NTTT 1	
Φ	•	Differily de	solibe the organization 3 miss	ion of most significant activ	Aucs. See	ATTACHME	<u> </u>	
n c								
Ĕ	2	Chook th	is box ▶☐ if the organization	discontinued its operations	or disposed	of more than	250/ of	ite not accets
Governance			of voting members of the gove	· ·	-		1 1	_
2								6
ş			of independent voting member					0
ξŧ			nber of individuals employed in				6	
Activities &			nber of volunteers (estimate if	= -				0
٩			elated business revenue from				7a	0.
	b	Net unrei	ated business taxable income	from Form 990-1, line 34		Prior Y	7b	Current Year
				413				
ne			tions and grants (Part VIII, line	149	9,576.	181,458.		
Revenue		_	service revenue (Part VIII, line	<del></del>				32,721.
Вè			nt income (Part VIII, column (A					
			renue (Part VIII, column (A), line		-		0.	
		-	enue—add lines 8 through 11 (n				9,576.	214,179.
			nd similar amounts paid (Part I			2:	3,997.	19,462.
			paid to or for members (Part I)					
es	1		other compensation, employee I					
Expenses			onal fundraising fees (Part IX, c	* **				
ă			draising expenses (Part IX, col					
ш		-	oenses (Part IX, column (A), lin			4	7,354.	174,609.
	1		enses. Add lines 13-17 (must				1,351.	194,071.
	19	Revenue	less expenses. Subtract line 1	8 from line 12			8,225.	20,108.
o ces						Beginning of Cu	urrent Year	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)			133	1,585.	150,165.
et Ag	21		ilities (Part X, line 26)				8,660.	7,132.
			ts or fund balances. Subtract I	ine 21 from line 20		12:	2,925.	143,033.
Pa	art II	Signat	ture Block					
			ry, I declare that I have examined this					ny knowledge and belief, it is
tru	e, correct,	, and compi	ete. Declaration of preparer (other than	officer) is based on all information	of which prepar	er nas any know	leage.	
		<b>                                     </b>				1	1/15/2	018
Siç		Signa	ature of officer			Da	ate	
He	re	KE:	ITH KRULAK, TREASURE	2				
		Туре	or print name and title					
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		Date	Check [	X if PTIN
	eparei	NAN M	MILLER CPA	Nan Miller C	PA	11/15/2018	self-emp	P00620061
	e Only		ame ► NANETTE K MILLE			Firr		42-1585901
US		y ——	ddress ► 2450 VIRGINIA A		NGTON, DC			02)463-7600
Ма	y the IR		s this return with the preparer					X Yes No
_	_							200

	Check if Schedule O contains a r		ші <b>s Рап III</b>	<u> </u>
1	Briefly describe the organization's missi	on:		
	SEE ATTACHMENT 1			
2	Did the organization undertake any sign	ificant program services during	the year which were not listed on	the
	prior Form 990 or 990-EZ?			
3	If "Yes," describe these new services on Did the organization cease conducting	g, or make significant change		
	services?  If "Yes," describe these changes on Sch			· Yes 🗵 No
4	Describe the organization's program se expenses. Section 501(c)(3) and 501(c)(	rvice accomplishments for each		
	the total expenses, and revenue, if any,			
4a	(Code: ) (Expenses \$ 94	1,657, including grants of \$	19 , 462 . ) (Revenue \$	94,950.)
	SEE ATTACHMENT 2			
41-	(O1 ) (F	- 000 in alcoling and at 4 ft	0 ) (Davis on the	114 000 \
4b	·/ · · ·	5,202. including grants of \$	0.) (Revenue \$	114,889.)
	SEE ATTACHMENT 2			
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	,			
	(Expenses \$ including g		venue \$	
4e	Total program service expenses ►	179,859.		

Part I	V Checklist of Require	d Schedules
	9	in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

			162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	^	×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		×
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	×	
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	×	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV </i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
			aan	

Part	V Checklist of Required Schedules (continued)				
			Yes	No	
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				
02		22	×		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	23		×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	24c			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	0.5			
<b>L</b>		25a		×	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	es," complete Schedule L, Part I				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			×	
	current or former officers, directors, trustees, key employees, highest compensated employees, or				
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV				
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		×	
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M	30		×	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	Part I	31		×	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
00	complete Schedule N, Part II	32		×	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1	34	×		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				
	Part VI	37		×	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×		

,,,,,,	50 (2017)		ı	rage
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		×
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
тu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Ou		<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		×
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

×

14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.
Socti	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	. ×
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   6			
iu	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2		×
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .			×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6 7a	Did the organization have members or stockholders?	6		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, 5		×
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Did the agreemention have lead about on by smaller and efficience	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	×	×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13 14	Did the organization have a written whistleblower policy?	13 14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		×
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other <i>(explain in Schedule O)</i> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	

MAQUEDA BROWN, 1201 15TH STREET NW SUITE 330, WASHINGTON, DC 20005 (202)653-9800

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Officer this box in field fer the organization no		u 0.g	<u> </u>		C)	ompo	1100			, 0
<b>(A)</b> Name and Title	(B) Average hours per week (list any	box, office	ot ch unles	s pe	more rson lirect	e than o is both or/trust	an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAIGE COTTINGHAM-STREATER CHAIR	10.00	×						0.	0.	0.
(2) JIM GANNON VICE CHAIR	5.00	×						0.	0.	0.
(3) KEITH KRULAK TREASURER	10.00	×						0.	0.	0.
(4) JESSYCA LIVINGSTON SECRETARY	5.00	×						0.	0.	0.
(5) MONICA YUKI BOARD MEMBER	10.00	×						0.	0.	0.
(6) HARRY HILL BOARD MEMBER	1.00	×						0.	0.	0.
(7) LAUREL LUKASZEWSKI EXECUTIVE DIRECTOR	24.00				×			43,680.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

(A) Name and title		(do not check more that box, unless person is bo officer and a director/tru						n an	(D)  Reportable compensation	<b>(E)</b> Reportable compensation from				
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatic (W-2/1099-N		compe fror orgar and i	ther ensatior in the nization related izations	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total							<b>&gt;</b>	43,680.		0.			0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							<b>&gt;</b>	43,680.		0.			0.
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received mo	ore than \$1	00,000	0 of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	est compe	nsated	d 3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual													×
5	Did any person listed on line 1a receive of for services rendered to the organization						,		•	ation or inc				×
Section	on B. Independent Contractors		•						·					
1	Complete this table for your five highest compensation from the organization. Repyear.													ìХ
	<b>(A)</b> Name and business add	Iress							(B) Description of se	ervices		(C) Compens	ation	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part VIII	Statement of Revenue

		Check if Schedule O contains a r	esponse or note to	any line in this	Part VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ts	1a	Federated campaigns 1	а				
Contributions, Gifts, Grants and Other Similar Amounts	b		b				
ă,G	С	•	С				
ar /	d	_	d				
s, G mili	е	_	<b>e</b> 94,680.				
io Si	f	All other contributions, gifts, grants,					
but			<b>f</b> 86,778.				
وَ ظَ	g	Noncash contributions included in lines 1a-1f:					
a Co	h	Total. Add lines 1a-1f		181,458.			
			Business Code				
en (en	2a	JET30 CONFERENCE REGISTRATION	s 999999	32,721.	32,721.	0.	0.
æ	b				,		
Program Service Revenue	С						
Šer.	d						
E	е						
gra	f	All other program service revenue.					
Pro	g	Total. Add lines 2a-2f		32,721.	,		
	3	Investment income (including div					
		and other similar amounts)	•				
	4	Income from investment of tax-exemp	t bond proceeds ▶				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	<u> </u>	<u> </u>				
	7a	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	N					
venue	8a	Gross income from fundraising events (not including \$					
Other Reven		of contributions reported on line 1c). See Part IV, line 18	а				
₹		Less: direct expenses	b				
•		Net income or (loss) from fundraising					
	9a	Gross income from gaming activities See Part IV, line 19	s. a				
		Less: direct expenses					
		Net income or (loss) from gaming a					
	10a	Gross sales of inventory, les returns and allowances					
	b	Less: cost of goods sold	b				
		Net income or (loss) from sales of i	nventory ►				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See instructions.	<u> ▶</u>	214,179.	32,721.	0.	0.

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	<u>'</u>		<u> </u>	. ,
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	amounts reported on lines 6b, 7b, (A) (B)			(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	19,462.	19,462.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	27,2020	15, 101.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b	Management	7,000.	0.	5,950.	1,050.
c d	Accounting	8,141.	3,141.	4,250.	750.
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	41,915.	41,915.	0.	0.
12 13	Advertising and promotion	1,824.	1,288.	271.	265.
14	Information technology	1,021.	1,200.	2711	203.
15 16	Royalties				
16 17	Occupancy	1,031.	689.	291.	51.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,031.	009.	271.	31.
19	Conferences, conventions, and meetings .	86,801.	86,801.	0.	0.
20 21	Interest				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,250.	0.	1,250.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	RETURN OF UNSPENT GRANT FUNDS	21,280.	21,280.	0.	0.
b	MATERIALS AND SUPPLIES	3,548.	3,464.	71.	13.
Q C	PRINTING AND COPYING	1,819.	1,819.	0.	0.
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	194,071.	179,859.	12,083.	2,129.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if			,	=,==>.

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## Part X Balance Sheet

ئىد	art X	Check if Schedule O contains a response or note to any line in this Pal	1 X		
_		Check is concedure a contains a response of note to any line in this rai	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	81,885.	1	105,549.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	49,700.	4	44,616.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ś		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	131,585.	16	150,165.
	17	Accounts payable and accrued expenses	8,660.	17	3,802.
	18	Grants payable	0,000.	18	3,330.
	19	Deferred revenue		19	-,
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Š	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,660.	26	7,132.
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	4,967.	27	24,782.
3alį	28	Temporarily restricted net assets	117,958.	28	118,251.
d E	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
SO	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let	33	Total net assets or fund balances	122,925.	33	143,033.
~	34	Total liabilities and net assets/fund balances	131,585.	34	150,165.
	<u> </u>		===,===:		OOO (001

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		214,1	79.
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	L94,0	71.
3	Revenue less expenses. Subtract line 2 from line 1	3		20,1	.80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		L22,9	25.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	-	L43,0	33.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	in		
0-			. 2a		×
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were complete.				^
	reviewed on a separate basis, consolidated basis, or both:	Jileu (	JI		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited.	d on		<b>  ^</b>	
	separate basis, consolidated basis, or both:	, G 011	u		
	☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersial/	ht		
Ū	of the audit, review, or compilation of its financial statements and selection of an independent account			×	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 🗔	1	
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Fo	rm <b>990</b>	(2017)

REV 09/12/18 PRO

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization					Employer identification	n number
	ED STATES JAPAN EXCHANGE						
Par						,	ns.
The c	organization is not a private found		,		-	,	
2	<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> </ul>						
3	☐ A hospital or a cooperative ho		•			• •	
4	A medical research organization						(iii). Enter the
-	hospital's name, city, and stat	•	,			( // // /	` ,
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local gover	nment or govern	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7	X An organization that normally described in section 170(b)(1			port from	a gover	nmental unit or fron	n the general public
8	☐ A community trust described i	n section 170(b)	)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	ization described	d in <b>section 170(b)(1)</b>	<b>(A)(ix)</b> op			
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	nctions—subject to crelated business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11	☐ An organization organized and		-		•	,	
12	☐ An organization organized and	l operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes
	of one or more publicly support of the characteristics. Check the box in lines 12a through						
а	☐ Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same			
С	Type III functionally integits supported organization	rated. A suppor	ting organization oper	ated in c			ally integrated with,
d	☐ Type III non-functionally	. , .	•		-		orted organization(s)
ŭ	that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

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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) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 149,576. 214,179. 363,755. 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 149,576. 214,179. 4 363,755. The portion of total contributions by 5 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) . . . . Public support. Subtract line 5 from line 4 363,755. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 363,755. 7 Amounts from line 4 . . . . . . 149,576. 214,179. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 363,755. Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . . % Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to quality	under the te	SIS IISIEU DEI	ow, piease co	implete i ait	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>r</i> u	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						
	<u> </u>						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support		T				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	•					` ' ' '
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8			3. column (f))		15	%
16	Public support percentage from 2016 Sch		-			16	%
	on D. Computation of Investment Inc			<u> </u>	<u> </u>	1 1	70
17	Investment income percentage for 2017 (I			v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2016			-		18	<u>%</u>
19a	331/3% support tests—2017. If the organi						
·va	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box a						
b	331/3% support tests—2016. If the organization	_	=	-		_	_
b	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did	_	_	•	-		_

### Part IV **Supporting Organizations**

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

All Supporting Organizations

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

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			I
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_		
2	Did the approximation approach for the boundit of any approximation at how there the approached	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			Ĺ
Occin	on or Type in supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	_		
0	7, 0 7, 0	3		<u> </u>
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

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

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		, ,	Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted				
3	Administrative expenses paid to accomplish exempt purp	nizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive				
	(provide details in <b>Part VI</b> ). See instructions.						
9_	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount		(**)	<b>/···</b> \			
So	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
_1_	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013						
c	From 2014						
d	From 2015						
e	From 2016						
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2017 distributable amount						
<u>i</u> _	Carryover from 2012 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
<u>J</u>	Distributions for 2017 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2013						
b	Excess from 2014						
С	Excess from 2015						
d	Excess from 2016						
е	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2017

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

**Employer identification number** 

UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION 47-4042132 Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number Name of organization UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION 47-4042132

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1	THE JAPAN FOUNDATION CENTER FOR GLOBAL PARTNERSHIP  1700 BROADWAY 15TH FLOOR	\$ 64,320.	Person ⊠ Payroll □ Noncash □		
	NEW YORK NY 10019	Φ04,320.	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	JAPAN US FRIENDSHIP COMMISSION		Person ⊠ Payroll □		
	1201 15TH STREET SUITE 330	\$ 20,000.	Noncash		
	WASHINGTON DC 20005		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	CLAIR - JAPAN LOCAL GOVERNMENT CENTER		Person ⊠ Payroll □		
	3 PARK AVENUE 20TH FLOOR	\$ 42,480.	Noncash		
	NEW YORK NY 10016		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Name, address, and ZIP + 4  US EMBASSY TOKYO	Total contributions	Type of contribution  Person ⊠  Payroll □		
No.	Name, address, and ZIP + 4	(c) Total contributions  \$ 19,200.	Type of contribution  Person		
No.	Name, address, and ZIP + 4  US EMBASSY TOKYO  1 CHROME 10-5 AKASAKA MINATO	Total contributions	Person Payroll Noncash (Complete Part II for		
No. 4	Name, address, and ZIP + 4  US EMBASSY TOKYO  1 CHROME 10-5 AKASAKA MINATO  TOKYO, JA  (b)	\$ 19,200.	Person Payroll Complete Part II for noncash contributions.  (d) Type of contribution  Person Payroll Complete Part II for noncash contributions.		
(a) No.	Name, address, and ZIP + 4  US EMBASSY TOKYO  1 CHROME 10-5 AKASAKA MINATO  TOKYO, JA  (b)  Name, address, and ZIP + 4	\$ 19,200.	Type of contribution  Person		
(a) No.	Name, address, and ZIP + 4  US EMBASSY TOKYO  1 CHROME 10-5 AKASAKA MINATO  TOKYO, JA  (b)  Name, address, and ZIP + 4  SASAKAWA PEACE FOUNDATION USA	\$ 19,200.  (c) Total contributions	Type of contribution  Person		
(a) No.	Name, address, and ZIP + 4  US EMBASSY TOKYO  1 CHROME 10-5 AKASAKA MINATO  TOKYO, JA  (b)  Name, address, and ZIP + 4  SASAKAWA PEACE FOUNDATION USA  1819 L STREET NW SUITE 300	\$ 19,200.  (c) Total contributions	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for		
(a) No.	Name, address, and ZIP + 4  US EMBASSY TOKYO  1 CHROME 10-5 AKASAKA MINATO  TOKYO, JA  (b)  Name, address, and ZIP + 4  SASAKAWA PEACE FOUNDATION USA  1819 L STREET NW SUITE 300  WASHINGTON DC 20036  (b)	\$ 19,200.  (c) Total contributions  \$ 8,000.	Person		
(a) No.	Name, address, and ZIP + 4  US EMBASSY TOKYO  1 CHROME 10-5 AKASAKA MINATO  TOKYO, JA  (b)  Name, address, and ZIP + 4  SASAKAWA PEACE FOUNDATION USA  1819 L STREET NW SUITE 300  WASHINGTON DC 20036  (b)  Name, address, and ZIP + 4	\$ 19,200.  (c) Total contributions  \$ 8,000.	Person   Noncash   Complete Part II for noncash contribution   Person   Payroll   Noncash   Payroll   Noncash   Complete Part II for noncash contribution   Person   Noncash   Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

INTER STATES TARAN EYCHANGE AND TEACHING DECCEARME ALUMNI ASSOCIATION 47\_4042132

UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION 47-4042132 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person X 7\_\_\_\_ KUNO FOUNDATION **Payroll** Noncash 1156 15TH STREET NW SUITE 1105 10,000. (Complete Part II for noncash contributions.) WASHINGTON DC 20005 (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION 47-4042132

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	

Employer identification number

Name of organization

	STATES JAPAN EXCHANGE AND TEAC						
Part III	Exclusively religious, charitable, et						
	(10) that total more than \$1,000 for						
	the following line entry. For organizat				, charitable, etc.,		
	contributions of \$1,000 or less for the			ee instructions.) > \$			
(a) No.	Use duplicate copies of Part III if add	iltional space is nee	eaea.				
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of ho	ow gift is held		
Part I							
		(e) Trans	fer of gift				
			<b>-</b>		_		
-	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to tran	steree		
(a) No.	(la) Duwa and of wift	/a\ IIaa		(al) December of less			
from Part I	(b) Purpose of gift	(c) Use	or girt	(d) Description of ho	ow girt is neia		
-	(e) Transfer of gift						
	(e) Transier of gift						
	Transferee's name, address, ar	Transferee's name, address, and ZIP + 4 Relation			ısferee		
				·			
(a) Na							
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of ho	ow gift is held		
Part I							
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to tran	sferee		
(a) No. from	(L) D		-6 -: 61	(-I) D ! !!			
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of ho	ow gift is held		
-			<del></del>				
		(e) Trans	fer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to tran	ısferee		
-		· ·	71010101				

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2017

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

	the organization English of the measure and measure and open and accordance in the second sec
Par	D STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION   47-4042132  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.
	(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year
2	Aggregate value of contributions to (during year)
3	Aggregate value of grants from (during year) .
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised
5	
6	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose
Par	
ran	Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
-	·
1	Purpose(s) of conservation easements held by the organization (check all that apply).
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
	☐ Protection of natural habitat ☐ Preservation of a certified historic structure
•	Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Held at the End of the Tax Year
_	· · ·
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
C	Number of conservation easements on a certified historic structure included in (a) 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
2	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
	Number of states where property subject to conservation easement is located >
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
3	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
U	stan and volunteer flours devoted to monitoring, inspecting, nandling of violations, and emotioning conservation easements during the year
7	<ul><li></li></ul>
'	►\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
Ü	
9	and section 170(h)(4)(B)(ii)?
Э	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.
Part	
ı arı	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet
ıa	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
b	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide the following amounts relating to these items:
	(i) Revenue included on Form 990, Part VIII, line 1
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a h	Revenue included on Form 990, Part VIII, line 1
b	1000010 III I UIII 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

 Schedule D (Form 990) 2017
 Page 2

Part	•							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progi	rams	
b	☐ Scholarly research		е	☐ Othe	r			
С	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.		and expla	ain how t	hey further	the org	anization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part		•						
	Complete if the organization 990, Part X, line 21.						•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							not Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing to	able:			Amount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun	it on Form 990, Pa	art X, line	21, for e	scrow or cu	ustodial	account liabilit	ty? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII	🗆
Par	t V Endowment Funds.							
	Complete if the organization	answered "Yes"						
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	ne current year en	d balanc	e (line 1g	, column (a	)) held a	as:	-
а	Board designated or quasi-endowmen			,	•			
b	Permanent endowment ►							
С	Temporarily restricted endowment ►	%						
	The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.					
3a	Are there endowment funds not in the	possession of the	e organi	zation tha	at are held	and ad	ministered for t	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related or							. 3b
4	Describe in Part XIII the intended uses		n's endo	owment for	unds.			
Part	, , , , , ,							
	Complete if the organization	answered "Yes"	' on For	m 990, F	Part IV, line	e 11a. S	See Form 990	), Part X, line 10.
	Description of property	(a) Cost or other (investment)		` '	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m		90, Part 2	X, columr	n (B), line 10	Oc.)	>	

	Complete if the organization answered "Ye (a) Description of security or category		(b) Book value		(a) Mart	hod of valuation:
	(including name of security)		(b) Book value			nod of valuation: -of-year market value
Financia	derivatives					
Closely-I	neld equity interests					
Other	· · · ·					
(A)						
(B)						
(C)						
`´. (D)						
E)						
(F)						
(G)						
(H)						
	h) must aqual Form 000 Part V acl /P) line 12 \					
	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.					
art VIII	<u> </u>	o" on Fo	m 000 Dort IV lin	11- C	оо Гоки	OOO Dort V line
	Complete if the organization answered "Ye	S ON FO		<u>1e 11c. S</u>		
	(a) Description of investment		(b) Book value			thod of valuation: -of-year market value
)						
)						
)						
.)						
)						
)						
`						
)						
7) 3) 9)						
B) B) tal. (Column (	b) must equal Form 990, Part X, col. (B) line 13.) ▶					
B) D) tal. (Column (	Other Assets.					
B) D) tal. (Column (	Other Assets.  Complete if the organization answered "Ye	es" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	
8) )) tal. (Column (	Other Assets.	es" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	n 990, Part X, line (b) Book value
8) 0) al. (Column ( Part IX	Other Assets.  Complete if the organization answered "Ye	es" on Fo	m 990, Part IV, lir	ne 11d. S	ee Form	
s) ) ial. (Column ( Part IX	Other Assets.  Complete if the organization answered "Ye	es" on Fol	m 990, Part IV, lir	ne 11d. S	ee Form	
e)  Distal. (Column (  Part IX  )	Other Assets.  Complete if the organization answered "Ye	es" on Fol	rm 990, Part IV, lir	ne 11d. S	ee Form	
e)  Distal. (Column (  Part IX  )  E)	Other Assets.  Complete if the organization answered "Ye	s" on Fol	m 990, Part IV, lir	ne 11d. S	see Form	
(a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets.  Complete if the organization answered "Ye	s" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	
e)  Distal. (Column (  Part IX  )  E)  E)  E)  E)	Other Assets.  Complete if the organization answered "Ye	s" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	
) ) al. (Column ( Part IX ) ) ) ) )	Other Assets.  Complete if the organization answered "Ye	s" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	
) ) ) al. (Column ( art IX ) ) ) ) )	Other Assets.  Complete if the organization answered "Ye	s" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	
) ) ) al. (Column (  art IX ) ) ) ) ) ) ) )	Other Assets.  Complete if the organization answered "Ye	es" on Fol	m 990, Part IV, lir	ne 11d. S	See Form	
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Other Assets.  Complete if the organization answered "Ye (a) Description					
3) 3) 3) 4) tal. (Column (  Part IX  1) 2) 3) 4) 5) 6) 7) 6) 9) ttal. (Colu	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1		m 990, Part IV, lir		see Form	
8) 2) tal. (Column (  Part IX  2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities.	5.)			•	(b) Book value
(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye	5.)			•	(b) Book value
(c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.	<i>'5.)</i>			•	(b) Book value
) ) ) al. (Column ( Part IX ) ) ) ) ) ) ) tal. (Column ( Part X	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability (b) I	5.)			•	(b) Book value
) ) al. (Column ( Part IX ) ) ) ) ) ) ) tal. (Column ) Part X	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.	<i>'5.)</i>			•	(b) Book value
al. (Column (art IX)	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value
al. (Column (art IX	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value
al. (Column (  Part IX  ) ) ) ) ) ) ) ) ) ) tal. (Column (  Part X  ) ) Federal in ) ) )	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value
) ) al. (Column ( Part IX ) ) ) ) ) ) ) ) tal. (Column ( Part IX ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value
) ) al. (Column ( Part IX ) ) ) ) ) ) ) ) tal. (Column ( Part IX ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value
Part IX  Par	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value
e) e) e) al. (Column ( Part IX  ) e)	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value
Part IX  Par	Other Assets. Complete if the organization answered "Ye (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 1  Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value

Schedule D (Form 990) 2017 Page 4

Part		-	netui	11.
	Complete if the organization answered "Yes" on Form 990, F			
1	Total revenue, gains, and other support per audited financial statements		1	214,179.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	214,179.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			211,177.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-	
	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line		5	214 170
Part	·			214,179.
ган	Complete if the organization answered "Yes" on Form 990, F		neu	uiii.
	· · · · · · · · · · · · · · · · · · ·		4	104 071
1	Total expenses and losses per audited financial statements		1	194,071.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	194,071.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4e and 4h	l l		
·	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Add lines <b>4a</b> and <b>4b</b>		4c 5	194,071.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		-	194,071.
<b>5</b> <b>Part</b> Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	<b>5</b> ; Part '	V, line 4; Part X, line
<b>5</b> <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>Supplemental Information.</b>	e 18.)	<b>5</b> ; Part '	V, line 4; Part X, line
<b>5</b> <b>Part</b> Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	<b>5</b> ; Part '	V, line 4; Part X, line
<b>5</b> <b>Part</b> Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	<b>5</b> ; Part '	V, line 4; Part X, line
<b>5</b> Part 2 Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b provide any additional in	5 ; Part ' format	V, line 4; Part X, line ion.
<b>5</b> Provide 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2d: USJETAA is exempt from Federal income	e 18.)	; Part \format	V, line 4; Part X, line ion.
<b>5</b> Provide 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the supplemental information.	e 18.)	; Part \format	V, line 4; Part X, line ion.
5 Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) whereby	4; Part IV, lines 1b and 2b to provide any additional in taxes under Secti	5; Part \( \) format \( \) on 5 \( \) ousing	V, line 4; Part X, line ion.
5 Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2d: USJETAA is exempt from Federal income	4; Part IV, lines 1b and 2b to provide any additional in taxes under Secti	5; Part \( \) format \( \) on 5 \( \) ousing	V, line 4; Part X, line ion.
Part Provid 2; Part X	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,	4; Part IV, lines 1b and 2b to provide any additional in taxes under Sectional y only unrelated be a subject to Feder	s; Part v format	V, line 4; Part X, line ion.  01  ess income
Part Provid 2; Part X	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) whereby	4; Part IV, lines 1b and 2b to provide any additional in taxes under Sectional y only unrelated be a subject to Feder	s; Part v format	V, line 4; Part X, line ion.  01  ess income
Part Provid 2; Part X	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,	4; Part IV, lines 1b and 2b to provide any additional in taxes under Sectional y only unrelated be a subject to Feder	s; Part v format	V, line 4; Part X, line ion.  01  ess income
Pt XI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,	taxes under Sectional young subject to Fede	s; Part format on 5 ousineral	V, line 4; Part X, line ion.  01  ess  income  501(c)(3)
Pt XI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local income	taxes under Sectional young subject to Fede	s; Part format on 5 ousineral	V, line 4; Part X, line ion.  01  ess  income  501(c)(3)
Provide 2; Part X:  (c)  incorrectax.	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local income	4; Part IV, lines 1b and 2b to provide any additional in taxes under Section y only unrelated by subject to Federal e taxes under Section from activities responses to the section of the	; Part \format	V, line 4; Part X, line ion.  01  ess  income  501(c)(3)
Provide 2; Part X:  (c)  incorrectax.	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local income the Internal Revenue Code on any net income derived	4; Part IV, lines 1b and 2b to provide any additional in taxes under Section y only unrelated by subject to Federal e taxes under Section from activities responses to the section of the	; Part \format	V, line 4; Part X, line ion.  01  ess  income  501(c)(3)
Provide 2; Part  Pt X:  (c)  incorr  tax.  of the control of the c	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebeen, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local income the Internal Revenue Code on any net income derived as exempt purpose. This code section enables USJE	taxes under Secti y only unrelated be taxes under Secti taxes under Secti from activities r	; Part formation 5 ous increal ion telator	V, line 4; Part X, line ion.  01  ess income  501(c)(3)
Provide 2; Part  Pt X:  (c)  incorr  tax.  of the control of the c	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local income the Internal Revenue Code on any net income derived	taxes under Secti y only unrelated be taxes under Secti taxes under Secti from activities r	; Part formation 5 ous increal ion telator	V, line 4; Part X, line ion.  01  ess income  501(c)(3)
Provide 2; Part X:  (c)  incorrectax.  to it  that	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local incoming Internal Revenue Code on any net income derived as exempt purpose. This code section enables USJE qualify as charitable contributions to the donor.	taxes under Secti subject to Fede e taxes under Secti from activities r  TAA to accept dona  USJETAA is subje	; Part \format	V, line 4; Part X, line ion.  01  ess  income  501(c)(3)  ed
Provide 2; Part X:  (c)  incorrectax.  to it  that	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebeen, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local income the Internal Revenue Code on any net income derived as exempt purpose. This code section enables USJE	taxes under Secti subject to Fede e taxes under Secti from activities r  TAA to accept dona  USJETAA is subje	; Part \format	V, line 4; Part X, line ion.  01  ess  income  501(c)(3)  ed
Provide 2; Part X:  (c)  incorrect  tax.  to it  that	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local income in Internal Revenue Code on any net income derived as exempt purpose. This code section enables USJE qualify as charitable contributions to the donor.  The income from unrelated business activities.	4; Part IV, lines 1b and 2b to provide any additional in taxes under Section you only unrelated be a subject to Federal e taxes under Section from activities rated to accept donated to subject to subject to section activities rated to accept donated to subject to	s; Part v formation on 5 ousing trail ion elate to be edd Decay and the edd Decay an	V, line 4; Part X, line ion.  01  ess  income  501(c)(3)  ed  s
Provide 2; Part X:  (c)  incorrect  tax.  to it  that	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local incoming Internal Revenue Code on any net income derived as exempt purpose. This code section enables USJE qualify as charitable contributions to the donor.	4; Part IV, lines 1b and 2b to provide any additional in taxes under Section you only unrelated be a subject to Federal e taxes under Section from activities rated to accept donated to subject to subject to section activities rated to accept donated to subject to	s; Part v formation on 5 ousing trail ion elate to be edd Decay and the edd Decay an	V, line 4; Part X, line ion.  01  ess  income  501(c)(3)  ed  s
Provide 2; Part 2. (c) incording tax. to it that tax (31, 2)	Supplemental Information. To the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebeen, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local income as exempt purpose. This code section enables USJE qualify as charitable contributions to the donor.  On net income from unrelated business activities.	4; Part IV, lines 1b and 2b to provide any additional in taxes under Section young unrelated by subject to Federal e taxes under Section from activities rate accept dona USJETAA is subject to the years end we expense in the accept dona	s; Part formation on 5 ousing training	V, line 4; Part X, line ion.  01  ess income  501(c)(3)  ed  s  cecember  panying
Provide 2; Part 2. (c) incording tax. to it that tax (31, 2)	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebone, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local income in Internal Revenue Code on any net income derived as exempt purpose. This code section enables USJE qualify as charitable contributions to the donor.  The income from unrelated business activities.	4; Part IV, lines 1b and 2b to provide any additional in taxes under Section young unrelated by subject to Federal e taxes under Section from activities rate accept dona USJETAA is subject to the years end we expense in the accept dona	s; Part formation on 5 ousing training	V, line 4; Part X, line ion.  01  ess  income  501(c)(3)  ed  s
Provide 2; Part (c) incordinate (c) incordinate (c) incord	Supplemental Information. To the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, Line 2d: USJETAA is exempt from Federal income (3) of the Internal Revenue Code (the Code) wherebeen, as defined by Section 512(a) (1) of the Code,  USJETAA is exempt from federal and local income as exempt purpose. This code section enables USJE qualify as charitable contributions to the donor.  On net income from unrelated business activities.	taxes under Secti y only unrelated be taxes under Secti subject to Fede e taxes under Secti from activities r TAA to accept dona USJETAA is subje For the years end x expense in the as s taxable income.	s; Part v format on 5 ousing tral continuation tion and the central ce	V, line 4; Part X, line ion.  01  ess  income  501(c)(3)  ed  s  c ecember  panying

Schedule D (Form 990) 2017 Page **5** 

Part XIII Supplemental Information (continued)
Positions(continued) USJETAA is not aware of any activities that would jeopardize
its tax exempt status that would require recognition in the accompanying financial
statements, pursuant to Accounting Standards Codification (ASC) for Income Taxes.
Generally, tax returns are subject to examination by taxing authorities for
up to three years from the date a completed return is filed. The open tax years
are December 31, 2015, 2016, and 2017. If there are material omissions of income,
tax returns may be subject to examination for up to six years. It is USJETAA's
policy to recognize interest and/or penalties related to uncertain tax positions,
if any, in income tax expense. As of December 31, 2017 and 2016, USJETAA had
no accruals for interest and/or penalties as there were no uncertain tax positions

## **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** 

	ED STATES JAPAN EXCH					
Par	General Information Form 990, Part IV, line		ies Outside t	the United States. Comp	plete if the organization ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli	gibility for the	e grants or as	sistance, and the selection	criteria used to award the	
	grants or assistance?					⊠Yes
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	oring the use of its grant	s and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table c	an be duplicated if addition	nal space is needed.)	
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) I	East Asia and Pacific	0	0	PROGRAM SERVICES	SCHOLARSHIPS AND GRANTS	11,658.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			11,658.
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	0	0			11,658.

Par	Cart II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,								
	Part IV,	line 15, for ar	· · · · · · · · · · · · · · · · · · ·		5,000. Part II ca	n be duplicated if a	dditional space is	needed.	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	by the IRS, or	for which the g		as provided a section	501(c)(3) equivale	es by the foreign courency letter		•	
	or total hai		- garnzadorio or ortic		<u> </u>	<u> </u>	<u></u>	· · ·	

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2017 Page **4** 

## Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	ĭ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	ĭ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	ĭ No

Schedule F (Form 990) 2017 Page **5** 

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Pt I Line 2: USJETAA requires grantees to sign agreements in order to receive
grant funds. All grantees are required to maintain financial records of the use
of grant funds, including a proposed and actual budget. They are required to
keep receipts for all purchases made with grant funding. Long-term grantees must
submit an interim report to USJETAA regarding the status of their grant. All
grantees submit a final report that includes a summary of grant activities and
a financial report.

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization **Employer identification number** UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION 47-4042132 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events d ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of (or retained by) contributions? organization col. (i) Yes No 1 2 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

	rt II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater than	g event contributions			
		у осо того, р со ут селот или	(a) Event #1  JET30 CONFERENCE  (event type)	(b) Event #2  (event type)	(c) Other events  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	114,889.	(6.6 1,50)	(cota nambor)	114,889.
œ	2	Less: Contributions Gross income (line 1 minus	82,168.			82,168.
		line 2)	32,721.			32,721.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	79,675.			79,675.
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	5,527.			5,527.
	10 11	Direct expense summary. Ad Net income summary. Subtra				85,202. -52,481.
Pa	rt III	Gaming. Complete if the	organization answei	red "Yes" on Form 99	90, Part IV, line 19, or	
		than \$15,000 on Form 99	•	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
)irect	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	v. Subtract line 7 from li	ne 1, column (d)		
	<b>a</b> Is	nter the state(s) in which the org the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states	s?	🗌 Yes 🗌 No
10		ere any of the organization's ga "Yes," explain:	aming licenses revoked	, suspended, or termin	ated during the tax year	? . 🗌 Yes 🗌 No

BAA

11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address►
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Page 3

Schedule G (Form 990 or 990-EZ) 2017

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION 47-4042132 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part II 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant 1 (a) Name and address of organization ľbook, FMV, appraisal, (if applicable) cash assistance noncash assistance or assistance grant or government other) (11)(12)

Page **2** 

BAA

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MICROGRANTS	19	11,658.			
IV Supplemental Information. Prov	ide the information re	equired in Part I. lin	l le 2: Part III. colum	│ n (b): and anv other additi	onal information.
I Line 2: USJETAA requires gra		•			
quired to maintain financial re					
e required to keep receipts for					
erim report to USJETAA regardi					
summary of grant activities and					

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

#### Supplemental Information to Form 990 or 990-EZ

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION 47-4042132
Pt VI, Line 15b: FORM 990 IS REVIEWED BY MANAGEMENT AS WELL AS THE TREASURER
OF THE BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS PRIOR TO FILING. CHANGES
MADE BY THE TREASURER AND THE BOARD OF DIRECTORS, IF ANY, ARE INCORPORATED INTO
THIS 990.
Pt VI, Line 12c: THE BOARD OF DIRECTORS AND MANAGEMENT REVIEW CONFLICTS OF INTEREST
AND DETERMINE THE NEED TO DISCLOSE ANY SUCH CONFLICTS IN ACCORDANCE WITH THE
ORGANIZATION'S POLICIES.
Pt VI, Line 15a: THE BOARD OF DIRECTORS DETERMINES THE AMOUNT OF COMPENSATION
PAID TO THE EXECUTIVE DIRECTOR BASED ON COMPARABLE ORGANIZATIONS LOCATED IN THE
SAME GEOGRAPHIC AREA.
Pt VI, Line 10b: USJETAA HAS CHAPTERS BUT THERE IS NO FORMAL RELATIONSHIP WITH
THESE CHAPTERS AND USJETAA DOES NOT EXERCISE ANY GOVERNING CONTROL OVER THESE
CHAPTERS. IT DOES REQUIRE THEM, IF THEY RECEIVE GRANT FUNDS, TO ABIDE BY THE
GRANT AGREEMENTS. THIS IS DONE THROUGH WRITTEN REPORTS AND COMMUNICATION.
Pt VI, Line 19: USJETAA MAKES ITS CONFLICTS OF INTEREST STATEMENTS AND OTHER
GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.
Pt IX, Line 11g:
Description: PROGRAM CONSULTANTS
Total: \$35,000
Program services: \$35,000
Management and general: \$0
Fundraising: \$0
Description: HONORARIA

Name of the organization	Employer identification number
UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION	47-4042132
Total: \$4,985	
Program services: \$4,985	
Management and general: \$0	
Fundraising: \$0	
ruidraising. 30	
Description: JET30 CONSULTANT	
m + 3 - 41 COO	
Total: \$1,680	
Program services: \$1,680	
Management and general: \$0	
Fundraising: \$0	
Description: PHOTOGRAPHY	
Total: \$250	
10ca1. γ230	
Program services: \$250	
7. 40	
Management and general: \$0	
Fundraising: \$0	

## SCHEDULE R (Form 990)

Part I

(1)

### **Related Organizations and Unrelated Partnerships**

20**17** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

(b)

Primary activity

Open to Public Inspection

(f)

Direct controlling

entity

UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 47-4042132

(e)

End-of-year assets

(2)							
(3)							
(4)							
(5)							
(6)							
Part II  Identification of Related Tax-Exempt Organizations due one or more related tax-exempt organizations due	ations. Complete if the uring the tax year.	ne organization a	nswered "Yes" o	n Form 990, Part	IV, line 34, beca	ause it h	ad
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e)	(f) Direct controlling entity	Section 5 contri ent	g) 512(b)(13) rolled
						Yes	No
(1) US JAPAN BRIDGING FOUNDATION INC. 52-2100673 1201 15TH STREET NW SUITE 330 WASHINGTON DC 20005	NON PROFIT ORGANIZATION EDUCATION	DC	501 (C) (3)	ACTIVE	NO		×
(2)							
(3)							
(4)							
(5)							
(6)							

REV 09/12/18 PRO

Name, address, and EIN (if applicable) of disregarded entity

(d)

Total income

Legal domicile (state

or foreign country)

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	Disprope alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	) 12(b)(13) olled ty?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2017

Yes No

1a

×

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b	Gift, grant, or capital contribution to related organization(s)			+	1b	;	<u>×</u>
С	Gift, grant, or capital contribution from related organization(s)				1c :	×	
d	Loans or loan guarantees to or for related organization(s)				1d	-   :	×
е	Loans or loan guarantees by related organization(s)				1e		×
f	Dividends from related organization(s)				1f		×
g	Sale of assets to related organization(s)				1g		×
h	Purchase of assets from related organization(s)				1h		×
i	Exchange of assets with related organization(s)			[	1i		×
j	Lease of facilities, equipment, or other assets to related organization(s)			[	1j		×
k	Lease of facilities, equipment, or other assets from related organization(s)			[	1k		×
- 1	Performance of services or membership or fundraising solicitations for related organization	(s)		[	11		×
m	Performance of services or membership or fundraising solicitations by related organization	(s)			1m		×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n		×
0	Sharing of paid employees with related organization(s)				10		×
р	Reimbursement paid to related organization(s) for expenses				1p		×
q	Reimbursement paid by related organization(s) for expenses				1g		×
•					•		
r	Other transfer of cash or property to related organization(s)				1r		×
s	Other transfer of cash or property from related organization(s)			+	1s		×
2	If the answer to any of the above is "Yes," see the instructions for information on who must				n thres	holds	
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining	amount	involve	d
		type (a-s)					
(1) U	S JAPAN BRIDGING FOUNDATION	С	44,616.	COST			
(2)							
(3)							
(4)							
(5)							
(6)							
BAA	REV 09/12/18 PRO			Schedule R	(Form	990) 2	017

Schedule R (Form 990) 2017

### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	Are all p	e) partners tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		nal or aging ner?	(k) Percentage ownership
			Sections 512—514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (F	chedule R (Form 990) 2017 Page <b>5</b>						
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.						

### Form **8879-E0**

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

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_

Employer identification number

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

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

UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION 47-4042132

Name and title of officer

KEITH KRULAK, TREASURER

#### Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ► 🗵 <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	214,179.
<b>2a</b> Form 990-EZ check here ▶ □ <b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b	
<b>3a</b> Form 1120-POL check here ▶ □ <b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
<b>5a</b> Form 8868 check here ▶ □ <b>b Balance Due</b> (Form 8868, line 3c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

	ERO firm name		Enter five numbers, but do not enter all zeros	
▼ I authorize	NANETTE K MILLER CPA PC	to enter my PIN	4 2 1 3 2 as my signa	ature

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date  $\triangleright 11/15/2018$ Officer's signature ▶

#### Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

7	8	0	4	3	3	7	2	1	5	7
Do not enter all zeros										

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns

FRO Must Retain This Form — See Instructions					
ERO's signature ▶	Nan Miller CPA	Date ► _	11/15/2018		
illioilliation to A	authorized into e-life intoviders for business rieturns.				

) Must Retain This Form — Do Not Submit This Form to the IRS Unless Requested To Do So

### Additional information from your 2017 Federal Exempt Tax Return

### Form 990: Return of Organization Exempt from Income Tax

## Line 4a Grants

#### **Itemization Statement**

Description	Amount
MICROGRANTS	11,658.
GRANTS TO CHAPTERS	7,804.
Total	19,462.

## Form 990: Return of Organization Exempt from Income Tax Other amt. not included

#### Itemization Statement

Description	Amount
FOUNDATIONS	59,320.
INDIVIDUALS	7,458.
SPONSORSHIPS	20,000.
Total	86,778.

# Form 990: Return of Organization Exempt from Income Tax Line 2 col (B)

#### **Itemization Statement**

Description	Amount
MICROGRANTS	11,658.
GRANTS TO CHAPTERS	7,804.
Total	19,462.

## Form 990: Return of Organization Exempt from Income Tax Line 13 col (B)

#### **Itemization Statement**

Description	Amount
USJETAA PROGRAMS	1,004.
JET30	284.
Total	1,288.

## Form 990: Return of Organization Exempt from Income Tax

### Line 19 col (B) Itemization Statement

Description	Amount
JET30 CONFERENCE	79,675.
OTHERS	7,126.
Total	86,801.

## Form 990: Return of Organization Exempt from Income Tax

Part VIII, Line 24 (continued) (1)

Line 24 col (B) Itemization Statement

Description	Amount
CGP	10,447.

## Form 990: Return of Organization Exempt from Income Tax

Part VIII, Line 24 (continued) (1)

Line 24 col (B)

#### **Itemization Statement**

Description	Amount
CLAIR	3,584.
SASAKAWA	7,249.
Total	21,280.

## Form 990: Return of Organization Exempt from Income Tax Part VIII, Line 24 (continued) (2)

Line 24 col (B)

#### **Itemization Statement**

Description	Amount
USJETAA PROGRAMS	1,970.
JET30	1,494.
Total	3,464.

# Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities Event 1 Other Direct Exp. Itemization Statement

Description	Amount
CONSULTANTS AND PROFESSIONAL FEES	1,930.
PRINTING AND COPYING	1,819.
MATERIALS AND SUPPLIES	1,494.
OFFICE EXPENSES	284.
Total	5,527.

#### Additional Information For Tax Return

#### UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION 47-4042132

Form 990 p 2: Organization Mission-1

#### ATTACHMENT 1:

#### MISSION STATEMENT:

The United States Japan Exchange & Teaching Programme Alumni Association (USJETAA) is a 501(c)(3) nonprofit educational and cultural organization that promotes grassroots friendship and understanding between the U.S. and Japan through the personal and professional experiences of over 30,000 Americans who have participated on the JET Programme since its inception in 1987.

#### **Purposes**

- "Serve as a resource for JET alumni, JETAA chapters nationwide, and potential JET participants."
- " Support the network of JETAA chapters in programming, membership recruitment, chapter management, leadership, professional development, and fundraising.
- "Facilitate collaboration and information sharing among JETAA chapters.
- " Serve as a national clearinghouse for information on chapters, careers, educational opportunities, and U.S.-Japan relations.
- "Serve as a point of contact for organizations interested in partnering with JETAA chapters.
- "Provide membership services for individual JET alumni not associated with a JETAA chapter.
- " Support the JET Programme and the JET community as appropriate.
- " Undertake national charitable initiatives.
- " Promote cross-cultural understanding between Japan and the United States, and support the U.S.-Japan relationship.

Form 990 p 2: Line 4a Description-1
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#### **ATTACHMENT 2:**

#### PROGRAM DESCRIPTIONS AND ACCOMPLISHMENTS:

USJETAA has partnered with various organizations, including the Japan Foundation Center for Global Partnership (CGP), Council of Local Authorities for International Relations (CLAIR), Sasakawa Peace Foundation USA, and the U.S. State Department, to support programming and outreach for current American JETs in Japan and JET alumni in the United States.

In 2016, the Sasakawa USA/USJETAA Grant Program for JETAA Chapters and Subchapters began. This program supports the leadership of JETAA chapters by providing them with funding for programming and outreach. With this grant, chapters have promoted Japanese culture in local communities, supported Japanese language study, and provided career services for JET alumni. This partnership also funds chapter programs that highlight the expertise of JET alumni and U.S.-Japan relations. Five chapters received funding to support programs such as the National Conference in Los Angeles, CA; educational outreach to the Boys and Girls Clubs in New York and DC, introducing Japanese culture to American children; funding for training and transportation for alumni in Florida to take the Japanese Language Proficiency Exam in Miami, FL; and cultural programs. In 2017, the grant partnership continued with six grants disbursed to five JETAA Chapters. Programs supported during the 2017 - 2018 grant year included celebrations of the 30th anniversary of the JET Program in New York, a career fair for JET alumni in Seattle, career counseling sessions for JET alumni in Colorado, and the revitalization of a sister city relationship in Missouri.

#### Additional Information For Tax Return

#### UNITED STATES JAPAN EXCHANGE AND TEACHING PROGRAMME ALUMNI ASSOCIATION 47-4042132

Form 990 p 2: Line 4a Description-1 (Continued)

The Microgrant Initiative for American JETs, funded by the U.S. Embassy Tokyo, provided microgrant funding to American assistant language teachers working in Japan on the JET Programme to introduce American culture and English education to students in their classrooms and the greater community. Fifteen American teachers received funding during the 2016 - 2017 grant year. Eighteen American teachers received funding during the 2017 - 2018 grant year.

The Leadership Program funds visits from the USJETAA Executive Director and members of the USJETAA Board of Directors to JETAA chapters for leadership workshops that support chapter development and best practices. In 2017 USJETAA visited three JETAA Chapters to provide leadership support.

USJETAA has two webinar series: a chapter series and a JET alumni series. The chapter series provides helpful information on chapter leadership to engage all officers of JET alumni chapters and information for JET alumni on careers and professional development. Topics include information about developing membership, effective communications strategies, obtaining 501(c)(3) non-profit status, and more. The JET alumni series provides webinars on careers and professional development, including topics such as how to become a Japanese teacher in the United States and how to find a career. Each webinar includes two or three speakers with expertise in the topic.

USJETAA has a website which acts as a central point of contact for the network of JET alumni and the 19 JETAA Chapters in the U.S. The website provides information about USJETAA programs, scholarship, jobs, and general information about events and the U.S.-Japan relationship. There is an online directory of alumni, enabling alumni to connect and reestablish relationships with other alumni from the JET Programme.

#### Conferences

The JET30 All-Alumni Reunion held in August 2017 was a conference to bring public awareness to the 30th anniversary of the JET Program and bring together JET alumni and friends from across the United States. The conference disseminated information about Japanese culture, U.S.-Japan relations, and the careers of JET alumni in diverse fields. Throughout the weekend the JET30 Reunion featured panels and discussions highlighting the interesting and successful paths many alumni have taken since returning from JET. Many of these speakers have had a significant impact on the U.S.-Japan relationship.