

**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2011****Open to Public  
Inspection****A For the 2011 calendar year, or tax year beginning , 2011, and ending ,****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C**  
 JAPAN-AMERICA SOCIETY OF TENNESSEE  
 P.O. BOX 190476  
 NASHVILLE, TN 37219-0476

**D Employer Identification Number**

62-1797389

**E Telephone number**

(615) 663-6060

**G Gross receipts \$** 294,019.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included?If 'No,' attach a list. (see instructions) ☐ Yes ☐ No**I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ WWW.JASTN.ORG**H(c)** Group exemption number ▶**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of Formation:** 2000**M State of legal domicile:** TN**Part I Summary**

|   |   |  |                     |
|---|---|--|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE FRIENDLY RELATIONS AND CULTURAL UNDERSTANDING BETWEEN THE PEOPLE OF THE STATE OF TENNESSEE AND JAPAN. THE JAPAN-AMERICA SOCIETY OF TENNESSEE, INC. (JAST) WAS FORMED AS A NON-PROFIT, 501(C)3 CORPORATION, FUNDED BY INDIVIDUAL AND CORPORATE MEMBERSHIP FEES.</u> |  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....  | <b>3</b>   | 24                  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....  | <b>4</b>   | 24                  |
|   | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....   | <b>5</b>   | 0                   |
|   | <b>6</b> Total number of volunteers (estimate if necessary) .....   | <b>6</b>   | 74                  |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....  | <b>7a</b>  | 0.                  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....                     | <b>7b</b>   | 0.   |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h) .....  | <b>Prior Year</b>  | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) .....   | 1,175,670.   | 115,556.            |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....   | 152,752.   | 178,463.            |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....  |  |                     |
|   | <b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....  | 1,328,422.   | 294,019.            |
|   | <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... | 3,750.              |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....                     |   |  |                     |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... |   | 40,000.  | 40,000.             |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....                    |   |  |                     |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....                        |   |  |                     |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                      |   | 752,112.   | 165,126.            |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....         |   | 795,862.   | 218,876.            |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                              |   | 532,560.   | 75,143.             |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16) .....  | <b>Beginning of Current Year</b>   | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26) .....   | 827,828.   | 902,971.            |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....  | 0.   | 0.                  |

**Part II Signature Block**

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

|                               |  |                      |      |  |                          |
|-------------------------------|--|----------------------|------|--|--------------------------|
| <b>Sign Here</b>              | Signature of officer   |                      | Date |  |                          |
|                               | LEIGH WIELAND  |                      | CEO  |  |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN                     |
|                               | DAVID G. HOWARD  |                      |      |  | P00031538                |
|                               | Firm's name ▶ FRASIER, DEAN & HOWARD, PLLC                             |                      |      |  | Firm's EIN ▶ 62-1073578  |
|                               | Firm's address ▶ 3310 WEST END AVENUE, STE. 550<br>NASHVILLE, TN 37203 |                      |      |  | Phone no. (615) 383-6592 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III. ☒ **X**

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these changes on Schedule O.

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 110,664. including grants of \$ ) (Revenue \$ 58,041.)

NASHVILLE CHERRY BLOSSOM FESTIVAL (MARCH 24)  
THE NASHVILLE CHERRY BLOSSOM PROJECT HAS AS ITS MISSION TO PLANT 1,000 CHERRY TREES  
IN THE CITY OVER 10 YEARS. THANKS TO GENEROUS INDIVIDUAL DONORS AND CORPORATE  
SPONSORS, 300 CHERRY TREES HAVE TAKEN ROOT FROM 2009 THROUGH 2011. A PUBLIC FESTIVAL  
WAS HELD, FREE OF CHARGE, ON MARCH 24TH, ATTRACTING MORE THAN 8000 VISITORS. TWO  
STAGES FEATURING MUSICAL, MARTIAL ARTS AND DANCE PERFORMANCES AND 30 VENDOR,  
DEMONSTRATION AND EXHIBIT BOOTHS DISPLAYED VARIOUS ASPECTS OF JAPANESE MODERN AND  
TRADITIONAL CULTURE.

**4b** (Code: ) (Expenses \$ 21,621. including grants of \$ 13,750.) (Revenue \$ 10,000.)

mitsui USA SCHOLARSHIPS IN TENNESSEE PROGRAM  
mitsui USA SCHOLARSHIPS IN TENNESSEE PROGRAM APPLICATIONS WERE MADE AVAILABLE FOR  
DOWNLOADING THROUGH OUR WEBSITE. A NEWS RELEASE AND A MAILING TO PRINCIPALS AND  
GUIDANCE COUNSELORS AT TENNESSEE'S HIGH SCHOOLS FOLLOWED THE POSTING. THE  
SCHOLARSHIP REVIEW COMMITTEE MADE ITS SELECTION OF FOUR MITSUI USA FINALISTS FOR  
2011-2012 IN JUNE. THE RECIPIENTS WERE PRESTON KEN WILLIAMS (EAST TN), WILLIAM  
BRANDON CARPENTER (MIDDLE TN); SAMANTHA LYNN BLACK (MIDDLE TN); AND ALEXIS MARIE  
WILSON (WEST TN).

**4c** (Code: ) (Expenses \$ 16,590. including grants of \$ ) (Revenue \$ 9,350.)

FOURTH ANNUAL TENNESSEE AREA JAPANESE SPEECH CONTEST (APRIL 9)  
IN CONJUNCTION WITH THE CONSULATE GENERAL OF JAPAN AND MIDDLE TENNESSEE STATE  
UNIVERSITY, JAST SERVED AS HOST OF THIS EVENT FOR TENNESSEE IN NASHVILLE. MORE THAN  
44 STUDENTS ACROSS THREE LEVELS OF LANGUAGE PROFICIENCY PARTICIPATED, COMPETING FOR  
PRIZES AND CASH AWARDS GENEROUSLY DONATED BY JAST'S CORPORATE MEMBERS AND SPONSORS.  
WITH FACULTY AND MEMBERS OF THE GENERAL PUBLIC INVITED, MORE THAN 130 ATTENDED THIS  
FOURTH ANNUAL EVENT, ENJOYING THE COMPETITION AND THE CELEBRATORY RECEPTION WHICH  
FOLLOWED.

**4d** Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 17,803. including grants of \$ ) (Revenue \$ 159,132.)

**4e** Total program service expenses ► 166,678.

**Part IV Checklist of Required Schedules**

|   | Yes | 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 .....   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .....   | X   |    |
| 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 .....  |     | X  |
| 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? If 'Yes,' complete Schedule C, Part II .....   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .....   |     | X  |
| 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 .....  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II .....   |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....   |     | X  |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .....   |     | X  |
| 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 .....   |     | X  |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .....  |     | X  |
| 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 .....  |     | X  |
| c 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 .....  |     | X  |
| 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? If 'Yes,' complete Schedule D, Part IX .....  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....   |     | X  |
| 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 .....  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....   |     | X  |
| 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, XII, and XIII is optional. ....  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? .....   |     | X  |
| 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 ..... |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV .....  |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV .....  |     | X  |
| 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? If 'Yes,' complete Schedule G, Part I (see instructions) .....  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....   |     | X  |
| 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 .....   |     | X  |
| 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H .....  |     | X  |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |

**Part IV Checklist of Required Schedules (continued)**

|   |            | Yes | No |
|---|------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>  | <b>21</b>  |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>   | <b>22</b>  | X   |    |
| <b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i>  | <b>23</b>  |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>                        | <b>24a</b> |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | <b>24b</b> |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | <b>24c</b> |     |    |
| <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | <b>24d</b> |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>  | <b>25a</b> |     | X  |
| <b>b</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? <i>If 'Yes,' complete Schedule L, Part I.</i>  | <b>25b</b> |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>  | <b>26</b>  |     | X  |
| <b>27</b> 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 entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | <b>27</b>  |     | X  |
| <b>28</b> 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):   |            |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>  | <b>28a</b> |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>   | <b>28b</b> |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>   | <b>28c</b> |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>  | <b>29</b>  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>  | <b>30</b>  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>  | <b>31</b>  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>  | <b>32</b>  |     | X  |
| <b>33</b> 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 'Yes,' complete Schedule R, Part I.</i>  | <b>33</b>  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>   | <b>34</b>  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> |     | X  |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>  | <b>35b</b> |     | X  |
| <b>36 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>  | <b>36</b>  |     | X  |
| <b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i>   | <b>37</b>  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O.  | <b>38</b>  | X   |    |

BAA

Form 990 (2011)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

|  |             | Yes | No |
|--|-------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  | <b>1a</b> 7 |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  | <b>1b</b> 0 |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | <b>1c</b>   | X   |    |
| <b>2a</b> 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.   | <b>2a</b> 0 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | <b>2b</b>   |     |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  |             |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>   |     | X  |
| <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.  | <b>3b</b>   |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           | <b>4a</b>   |     | X  |
| <b>b</b> If 'Yes,' enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |             |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>   |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | <b>5b</b>   |     | X  |
| <b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>   |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | <b>6a</b>   |     | X  |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <b>6b</b>   |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |             |     |    |
| <b>a</b> 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?   | <b>7a</b>   |     | X  |
| <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   | <b>7b</b>   |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | <b>7c</b>   |     | X  |
| <b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.  | <b>7d</b>   |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <b>7e</b>   |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | <b>7f</b>   |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | <b>7g</b>   |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | <b>7h</b>   |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>    |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |             |     |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966?   | <b>9a</b>   |     |    |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>   |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |             |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.   | <b>10a</b>  |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  | <b>10b</b>  |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |             |     |    |
| <b>a</b> Gross income from members or shareholders.  | <b>11a</b>  |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b>  |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b>  |     |    |
| <b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.  | <b>12b</b>  |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |             |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?  | <b>13a</b>  |     |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |             |     |    |
| <b>b</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.  | <b>13b</b>  |     |    |
| <b>c</b> Enter the amount of reserves on hand.   | <b>13c</b>  |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?  | <b>14a</b>  |     | X  |
| <b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.  | <b>14b</b>  |     |    |

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

|  | Yes | No |
|--|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. .... <b>1a</b> 24<br>If there are material differences in voting rights among members SEE SCH. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent .... <b>1b</b> 24  |     |    |
| <b>2</b> 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? .... <b>2</b>  |     | X  |
| <b>3</b> 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? .... <b>3</b>   |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .... <b>4</b>  |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .... <b>5</b>  |     | X  |
| <b>6</b> Did the organization have members or stockholders? .... <b>6</b>  |     | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .... <b>7a</b>  |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? .... <b>7b</b>  |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b> The governing body? .... <b>8a</b>  | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? .... <b>8b</b>  | X   |    |
| <b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. .... <b>9</b>   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|  | Yes | No |
|--|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? .... <b>10a</b>  | X   |    |
| <b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .... <b>10b</b>  | X   |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .... <b>11a</b>   | X   |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. .... <b>12a</b>  | X   |    |
| <b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .... <b>12b</b>  | X   |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done .... SEE SCHEDULE O. .... <b>12c</b>  | X   |    |
| <b>13</b> Did the organization have a written whistleblower policy? .... <b>13</b>   | X   |    |
| <b>14</b> Did the organization have a written document retention and destruction policy? .... <b>14</b>  | X   |    |
| <b>15</b> 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?   |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. .... <b>15a</b>   | X   |    |
| <b>b</b> Other officers of key employees of the organization. .... <b>15b</b>  |     | X  |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .... <b>16a</b>   |     | X  |
| <b>b</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 taken steps to safeguard the organization's exempt status with respect to such arrangements? .... <b>16b</b> |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ TN

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ RITA REED 8427 STEWARTS BEND MURFREESBORO TN 37129 (615) 663-6060

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.

| (A)<br>Name and title                  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) CHRISTINE KARBOWIAK<br>BOARD CHAIR | 0.5  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) CELESTE R. WILSON<br>VICE CHAIR    | 0.5  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) ROBERT C. ARNETT<br>IMMED PAST CHR | 0.5  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) MIKE FEDELE<br>TREASURER           | 0.5  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) DENNIS RIDDEL<br>SECRETARY         | 0.5  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) JOHN GORRIS<br>BOARD MEMBER        | 0.5  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) JAMES AUER, PH.D.<br>BOARD MEMBER  | 0.5  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) BOB BOOKER<br>BOARD MEMBER         | 0.5  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) HIRO ITO<br>BOARD MEMBER           | 0.5  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MIKE BEEDLES<br>BOARD MEMBER      | 0.5  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) BOB DUTHIE<br>BOARD MEMBER        | 0.5  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) RALPH SCHULZ<br>BOARD MEMBER      | 0.5  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) BRYAN DANIELS<br>BOARD MEMBER     | 0.5  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) EDWARD G. NELSON<br>BOARD MEMBER  | 0.5  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title   | (B)<br>Average hours per week (describe hours for related organizations in Sch O) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--|---|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) PATRICK J. HIGGINS<br>BOARD MEMBER   | 0.5   | X  |                       |         |              |                              | 0.   | 0.  | 0.  |
| (16) STEPHANIE RUSSELL<br>BOARD MEMBER  | 0.5   | X  |                       |         |              |                              | 0.   | 0.  | 0.  |
| (17) MICHAEL STAGG<br>BOARD MEMBER  | 0.5   | X  |                       |         |              |                              | 0.   | 0.  | 0.  |
| (18) HIROKI ZENDA<br>BOARD MEMBER   | 0.5   | X  |                       |         |              |                              | 0.   | 0.  | 0.  |
| (19) DENA NESSARI<br>BOARD MEMBER   | 0.5   | X  |                       |         |              |                              | 0.   | 0.  | 0.  |
| (20) LORI ODOM<br>BOARD MEMBER  | 0.5   | X  |                       |         |              |                              | 0.   | 0.  | 0.  |
| (21) MARK STOUT<br>BOARD MEMBER   | 0.5   | X  |                       |         |              |                              | 0.   | 0.  | 0.  |
| (22) KANZI TAKAYAMA<br>BOARD MEMBER   | 0.5   | X  |                       |         |              |                              | 0.   | 0.  | 0.  |
| (23) M. KIM VANCE<br>BOARD MEMBER   | 0.5   | X  |                       |         |              |                              | 0.   | 0.  | 0.  |
| (24) TORU UCHIBAYASHI<br>BOARD MEMBER   | 0.5   | X  |                       |         |              |                              | 0.   | 0.  | 0.  |
| (25) LEIGH WIELAND<br>CEO   | 20  |  |                       | X       |              |                              | 40,000.  | 0.  | 0.  |
| <b>1 b Sub-total</b>  |   |  |                       |         |              |                              | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b>  |   |  |                       |         |              |                              | 40,000.  | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>  |   |  |                       |         |              |                              | 40,000.  | 0.  | 0.  |
| <b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <b>0</b> |   |  |                       |         |              |                              |  |   |   |

|  | Yes      | No |
|--|----------|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>                                       | <b>3</b> | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> | <b>4</b> | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>                      | <b>5</b> | X  |

**Section B. Independent Contractors**

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>0</b> |                                |                     |



**Part VIII Statement of Revenue**

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|---|---|--|----------------------|--|---|---|--|
| <b>CONTRIBUTIONS, GIFTS, GRANTS<br/>AND OTHER SIMILAR AMOUNTS</b> | <b>1 a</b> Federated campaigns .....  | <b>1 a</b>   |                      |  |   |   |  |
|   | <b>b</b> Membership dues .....  | <b>1 b</b>   |                      |  |   |   |  |
|   | <b>c</b> Fundraising events .....   | <b>1 c</b>   |                      |  |   |   |  |
|   | <b>d</b> Related organizations .....  | <b>1 d</b>   |                      |  |   |   |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1 e</b>   |                      |  |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1 f</b> 115,556.  |                      |  |   |   |  |
|   | <b>g</b> Noncash contributions included in lns 1a-1f: \$ 5,000.   |  |                      |  |   |   |  |
| <b>h Total.</b> Add lines 1a-1f .....                             |   |  | 115,556.             |  |   |   |  |
| <b>PROGRAM SERVICE REVENUE</b>                                    | <b>Business Code</b>  |  |                      |  |   |   |  |
|   | <b>2 a</b> SEUS REGISTRATION FEES   | 900099   | 106,811.             | 106,811.   |   |   |  |
|   | <b>b</b> CHERRY BLOSSOM FESTIVAL  | 900099   | 58,041.              | 58,041.  |   |   |  |
|   | <b>c</b> JAPANESE SPEECH CONTEST  | 900099   | 9,350.               | 9,350.   |   |   |  |
|   | <b>d</b> JAST WEST  | 900099   | 4,261.               | 4,261.   |   |   |  |
|   | <b>e</b> .....  |  |                      |  |   |   |  |
|   | <b>f</b> All other program service revenue .....  |  |                      |  |   |   |  |
| <b>g Total.</b> Add lines 2a-2f .....                             |   |  | 178,463.             |  |   |   |  |
| <b>OTHER REVENUE</b>  | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts) .....   |  |                      |  |   |   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |  |                      |  |   |   |  |
|   | <b>5</b> Royalties .....  |  |                      |  |   |   |  |
|   | <b>6 a</b> Gross rents .....  | (i) Real   | (ii) Personal        |  |   |   |  |
|   |   | <b>b</b> Less: rental expenses .....                           |                      |  |   |   |  |
|   |   | <b>c</b> Rental income or (loss) .....                         |                      |  |   |   |  |
|   | <b>d</b> Net rental income or (loss) .....  |  |                      |  |   |   |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities   | (ii) Other           |  |   |   |  |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                      |  |   |   |  |
|   |   | <b>c</b> Gain or (loss) .....                                  |                      |  |   |   |  |
|   |   | <b>d</b> Net gain or (loss) .....                              |                      |  |   |   |  |
|   | <b>8 a</b> Gross income from fundraising events<br>(not including: \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18. .... | <b>a</b>   |                      |  |   |   |  |
|   |   | <b>b</b> Less: direct expenses .....                           | <b>b</b>             |  |   |   |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events .....    |                      |  |   |   |  |
|   | <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19. ....   | <b>a</b>   |                      |  |   |   |  |
|   |   | <b>b</b> Less: direct expenses .....                           | <b>b</b>             |  |   |   |  |
|   |   | <b>c</b> Net income or (loss) from gaming activities .....     |                      |  |   |   |  |
|   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....  | <b>a</b>   |                      |  |   |   |  |
|   |   | <b>b</b> Less: cost of goods sold .....                        | <b>b</b>             |  |   |   |  |
|   |   | <b>c</b> Net income or (loss) from sales of inventory .....    |                      |  |   |   |  |
| <b>Miscellaneous Revenue</b>                                      |   | <b>Business Code</b>   |                      |  |   |   |  |
| <b>11 a</b> .....   |   |  |                      |  |   |   |  |
|   | <b>b</b> .....  |  |                      |  |   |   |  |
|   | <b>c</b> .....  |  |                      |  |   |   |  |
|   | <b>d</b> All other revenue .....  |  |                      |  |   |   |  |
| <b>e Total.</b> Add lines 11a-11d .....                           |   |  |                      |  |   |   |  |
| <b>12 Total revenue.</b> See instructions .....                   |   |  | 294,019.             | 178,463.   | 0.                                      | 0.  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX. ☐

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. ....  |                              |  |   |                                    |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22. ....  | 13,750.                      | 13,750.                                |   |                                    |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ..  |                              |  |   |                                    |
| 4 Benefits paid to or for members. ....  |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees. ....   | 40,000.                      | 20,000.                                | 20,000.                                       | 0.                                 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). ....  | 0.                           | 0.                                     | 0.  | 0.                                 |
| 7 Other salaries and wages. ....   |                              |  |   |                                    |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions). ....   |                              |  |   |                                    |
| 9 Other employee benefits. ....  |                              |  |   |                                    |
| 10 Payroll taxes. ....   |                              |  |   |                                    |
| 11 Fees for services (non-employees):  |                              |  |   |                                    |
| a Management. ....   |                              |  |   |                                    |
| b Legal. ....  |                              |  |   |                                    |
| c Accounting. ....   | 4,500.                       |  | 4,500.  |                                    |
| d Lobbying. ....   |                              |  |   |                                    |
| e Professional fundraising services. See Part IV, line 17. ...   |                              |  |   |                                    |
| f Investment management fees. ....   |                              |  |   |                                    |
| g Other. ....  | 57,465.                      | 40,676.                                | 16,789.                                       |                                    |
| 12 Advertising and promotion. ....   |                              |  |   |                                    |
| 13 Office expenses. ....   | 9,532.                       |  | 9,532.  |                                    |
| 14 Information technology. ....  |                              |  |   |                                    |
| 15 Royalties. ....   |                              |  |   |                                    |
| 16 Occupancy. ....   |                              |  |   |                                    |
| 17 Travel. ....  | 100.                         |  | 100.  |                                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. ....  |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings. ....  | 92,252.                      | 92,252.                                |   |                                    |
| 20 Interest. ....  |                              |  |   |                                    |
| 21 Payments to affiliates. ....  |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization. ....   |                              |  |   |                                    |
| 23 Insurance. ....   |                              |  |   |                                    |
| 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.)   |                              |  |   |                                    |
| a MISCELLANEOUS. ....  | 1,277.                       |  | 1,277.  |                                    |
| b. ....  |                              |  |   |                                    |
| c. ....  |                              |  |   |                                    |
| d. ....  |                              |  |   |                                    |
| e All other expenses. ....   |                              |  |   |                                    |
| 25 Total functional expenses. Add lines 1 through 24e. ....  | 218,876.                     | 166,678.                               | 52,198.                                       | 0.                                 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). .... |                              |  |   |                                    |

**Part X Balance Sheet**

|  |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|---|--------------------------|------------|--------------------|
| <b>ASSETS</b>  | <b>1</b> Cash — non-interest-bearing.....   | 827,828.                 | <b>1</b>   | 902,971.           |
|  | <b>2</b> Savings and temporary cash investments.....  |                          | <b>2</b>   |                    |
|  | <b>3</b> Pledges and grants receivable, net.....  |                          | <b>3</b>   |                    |
|  | <b>4</b> Accounts receivable, net.....  |                          | <b>4</b>   |                    |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....   |                          | <b>5</b>   |                    |
|  | <b>6</b> 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 organizations (see instructions)..... |                          | <b>6</b>   |                    |
|  | <b>7</b> Notes and loans receivable, net.....   |                          | <b>7</b>   |                    |
|  | <b>8</b> Inventories for sale or use.....   |                          | <b>8</b>   |                    |
|  | <b>9</b> Prepaid expenses and deferred charges.....   |                          | <b>9</b>   |                    |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....   | <b>10a</b>               |            |                    |
|  | <b>b</b> Less: accumulated depreciation.....  | <b>10b</b>               | <b>10c</b> |                    |
|  | <b>11</b> Investments — publicly traded securities.....   |                          | <b>11</b>  |                    |
|  | <b>12</b> Investments — other securities. See Part IV, line 11.....   |                          | <b>12</b>  |                    |
|  | <b>13</b> Investments — program-related. See Part IV, line 11.....  |                          | <b>13</b>  |                    |
|  | <b>14</b> Intangible assets.....  |                          | <b>14</b>  |                    |
|  | <b>15</b> Other assets. See Part IV, line 11.....   |                          | <b>15</b>  |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)..... | 827,828.  | <b>16</b>                | 902,971.   |                    |
| <b>LIABILITIES</b>   | <b>17</b> Accounts payable and accrued expenses.....  |                          | <b>17</b>  |                    |
|  | <b>18</b> Grants payable.....   |                          | <b>18</b>  |                    |
|  | <b>19</b> Deferred revenue.....   |                          | <b>19</b>  |                    |
|  | <b>20</b> Tax-exempt bond liabilities.....  |                          | <b>20</b>  |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....  |                          | <b>21</b>  |                    |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....   |                          | <b>22</b>  |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties.....   |                          | <b>23</b>  |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties.....   |                          | <b>24</b>  |                    |
|  | <b>25</b> 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.....  |                          | <b>25</b>  |                    |
|  | <b>26 Total liabilities.</b> Add lines 17 through 25.....   | 0.                       | <b>26</b>  | 0.                 |
| <b>NET ASSETS OR FUND BALANCES</b>                                       | <b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>   |                          |            |                    |
|  | <b>27</b> Unrestricted net assets.....  |                          | <b>27</b>  |                    |
|  | <b>28</b> Temporarily restricted net assets.....  |                          | <b>28</b>  |                    |
|  | <b>29</b> Permanently restricted net assets.....  |                          | <b>29</b>  |                    |
|  | <b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds.....   |                          | <b>30</b>  |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund.....   |                          | <b>31</b>  |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds.....   | 827,828.                 | <b>32</b>  | 902,971.           |
|  | <b>33</b> Total net assets or fund balances.....  | 827,828.                 | <b>33</b>  | 902,971.           |
| <b>34</b> Total liabilities and net assets/fund balances.....            | 827,828.  | <b>34</b>                | 902,971.   |                    |

BAA

Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☐

|   |   |   |          |
|---|---|---|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12).....  | 1 | 294,019. |
| 2 | Total expenses (must equal Part IX, column (A), line 25).....   | 2 | 218,876. |
| 3 | Revenue less expenses. Subtract line 2 from line 1.....   | 3 | 75,143.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....                      | 4 | 827,828. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O).....   | 5 | 0.       |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))..... | 6 | 902,971. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

|   | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.                                       |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  | 2a  | X  |
| b Were the organization's financial statements audited by an independent accountant? .....  | 2b  | X  |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  | 2c  |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     |    |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     |    |
| 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? .....   | 3a  | X  |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....  | 3b  |    |

BAA

Form 990 (2011)

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY

**Schedule of Contributors**

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

OMB No. 1545-0047

**2011**

Name of the organization

JAPAN-AMERICA SOCIETY OF TENNESSEE

Employer identification number

62-1797389

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

☒ 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

JAPAN-AMERICA SOCIETY OF TENNESSEE

62-1797389

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|---------------|-----------------------------------|-------------------------------|--|
| 1             |                                   | \$ 5,000.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2             |                                   | \$ 13,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3             |                                   | \$ 10,500.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4             |                                   | \$ 17,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5             |                                   | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6             |                                   | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|                                |  |
|--------------------------------|--|
| Employer identification number |  |
|--------------------------------|--|

62-1797389

## Part I

[illegible]

Employer identification number

62-1797389

## Part II

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 1                         | PLANE TICKETS                                | \$ 5,000.                                      | 10/01/11             |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |



Name of organization

JAPAN-AMERICA SOCIETY OF TENNESSEE

Employer identification number

62-1797389

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10)****organizations that total more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ► \$ N/A

Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift                  | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
|---------------------------|---|--------------------|--|
|                           | N/A                                     |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |

**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' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

JAPAN-AMERICA SOCIETY OF TENNESSEE

Employer identification number

62-1797389

**Part I General Information on Grants and Assistance**

- 1 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? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.  
Part II can be duplicated if additional space is needed ☒

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) -----<br>-----<br>-----                          |         |                               |                          |                                   |   |  |                                    |
| (2) -----<br>-----<br>-----                          |         |                               |                          |                                   |   |  |                                    |
| (3) -----<br>-----<br>-----                          |         |                               |                          |                                   |   |  |                                    |
| (4) -----<br>-----<br>-----                          |         |                               |                          |                                   |   |  |                                    |
| (5) -----<br>-----<br>-----                          |         |                               |                          |                                   |   |  |                                    |
| (6) -----<br>-----<br>-----                          |         |                               |                          |                                   |   |  |                                    |
| (7) -----<br>-----<br>-----                          |         |                               |                          |                                   |   |  |                                    |
| (8) -----<br>-----<br>-----                          |         |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 0

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 SCHOLARSHIPS                  | 7                        | 13,750.                  |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

A SCHOLARSHIP REVIEW COMMITTEE COMPRISED OF 5 JAST MEMBERS REVIEWS THE APPLICATIONS

AND EACH MEMBER RANKS THE APPLICANTS BASED ON A PRESCRIBED HIERARCHY OF CRITERIA.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

JAPAN-AMERICA SOCIETY OF TENNESSEE

Employer identification number

62-1797389

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

TO PROMOTE FRIENDLY RELATIONS AND CULTURAL UNDERSTANDING BETWEEN THE PEOPLE OF THE  
STATE OF TENNESSEE AND JAPAN, THE JAPAN-AMERICA SOCIETY OF TENNESSEE, INC. (JAST)  
WAS FORMED AS A NON-PROFIT, 501(C)3 CORPORATION, FUNDED BY INDIVIDUAL AND CORPORATE  
MEMBERSHIP FEES.

**GOALS**

-PROVIDING TO THE CITIZENS OF TENNESSEE ACCURATE INFORMATION ABOUT THE PEOPLE OF  
JAPAN AND THEIR CULTURE;

-PROMOTING SOCIAL, CULTURAL, SCIENTIFIC AND EDUCATIONAL INTERCHANGE BETWEEN  
TENNESSEE AND JAPAN; AND

-ENCOURAGING APPRECIATION AND RESPECT FOR THE DIFFERENCES AND SIMILARITIES OF THE  
CULTURES OF THE PEOPLES OF JAPAN AND TENNESSEE

**ACTIVITIES**

ANNUAL NETWORKING RECEPTIONS AND SUPPORT OF TENNESSEE'S BUSINESS DELEGATIONS TO THE  
SOUTHEAST-U.S. JAPAN ASSOCIATION CONFERENCES EACH YEAR ARE HIGHLIGHTS OF THE  
ORGANIZATION'S ACTIVITIES. JAST-SUPPORTED PROGRAMS ALSO INCLUDE THE MITSUI USA  
SCHOLARSHIPS IN TENNESSEE PROGRAM, AN ANNUAL TENNESSEE-AREA JAPANESE SPEECH CONTEST,  
AND A VARIETY OF REGIONAL CULTURAL FESTIVALS - INCLUDING THE NASHVILLE CHERRY  
BLOSSOM FESTIVAL - AS WELL AS OCCASIONAL GATHERINGS THAT FOCUS ON SPECIFIC ASPECTS  
OF BUSINESS, CULTURE AND SOCIETY, INCLUDING LECTURES, SEMINARS, EXHIBITIONS, MUSIC  
PERFORMANCES, ROUNDTABLE DISCUSSIONS AND OTHER SOCIAL AND NETWORKING EVENTS.

Name of the organization

JAPAN-AMERICA SOCIETY OF TENNESSEE

Employer identification number

62-1797389

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

34TH ANNUAL MEETING OF THE SOUTHEAST U.S./JAPAN AND JAPAN/US SOUTHEAST ASSOCIATIONS  
- OCTOBER 16-19 2010 IN NASHVILLE

COORDINATED REGISTRATION AND ALL DETAILS FOR 8 SOUTHEASTERN STATE DELEGATIONS AND  
EXECUTIVES FROM JAPAN AT THIS ANNUAL 2.5-DAY MEETING WHICH ATTRACTED MORE THAN 550.

JAPAN FESTIVAL - MEMPHIS BOTANIC GARDEN

AT THIS FESTIVAL HOSTED BY MEMPHIS BOTANIC GARDEN, JAST PARTICIPATED AS A SPONSOR  
AND KEY ORGANIZER OF VOLUNTEERS FROM THE JAPANESE COMMUNITY TO SHOWCASE TRADITIONAL  
CULTURE TO THE FESTIVAL-GOERS.

ESTABLISHED TENNESSEE TOMODACHI FUND FOR JAPAN EARTHQUAKE RELIEF -

IN SUPPORT OF ITS TENNESSEE TOMODACHI FUND, ESTABLISHED THROUGH FIRST TENNESSEE  
BANK, JAST COLLECTED AND TRANSFERRED \$192,720.76 TO THE JAPAN CENTER FOR  
INTERNATIONAL EXCHANGE. JCIE, IN TURN, SENT 100% TO JAPAN.

**FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE**

THE GOVERNANCE COMMITTEE IS MADE UP OF THE OFFICERS OF THE BOARD, REGIONAL CHAIRS,  
CHAIR OF THE FINANCE COMMITTEE, THE CEO, AND UP TO THREE ADDITIONAL BOARD MEMBERS.

THE GOVERNANCE COMMITTEE MAY EXERCISE THE POWERS OF THE BOARD WHEN IT IS NOT  
PRACTICAL OR FEASIBLE FOR THE BOARD TO MEET. THE GOVERNANCE COMMITTEE ALSO ASSISTS  
THE BOARD IN DEVELOPING AND OVERSEEING THE POLICIES AND PROCEDURES REGARDING BOARD  
COMPOSITION AND NOMINATIONS; DEVELOPING, RECOMMENDING AND OVERSEEING THE  
ORGANIZATION'S CORPORATE GOVERNANCE GUIDELINES AND PRINCIPLES; OVERSEEING AND  
COORDINATING PERFORMANCE REVIEW AND COMPENSATION OF THE CEO; PROVIDING GUIDANCE TO  
MANAGEMENT ON ISSUES RELATING TO ORGANIZATIONAL AND GOVERNANCE STRUCTURE; AND  
EVALUATING THE EFFECTIVENESS OF THE CEO AND THE BOARD.

Name of the organization

JAPAN-AMERICA SOCIETY OF TENNESSEE

Employer identification number

62-1797389

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

FORM 990 IS PROVIDED TO ALL BOARD MEMBERS AND IS REVIEWED BY THE CEO PRIOR TO FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ANNUALLY, THE BOARD OF DIRECTORS IS ASKED TO REVIEW THE CONFLICTS OF INTEREST POLICY AND ADVISE OF ANY POTENTIAL VIOLATIONS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG**

THE BOARD OF DIRECTORS REVIEWS AND SETS THE CEO'S COMPENSATION.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.