** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	For the	2022 calendar year, or tax year beginning AU	JG 1, 2022 an	ل d ending	<u>UL 31, 2023</u>		
B	Check if applicable	C Name of organization JAPAN-AMERICAN SOCIETY	OF		D Employer identific	cation number	
Г	Addres	S LIAGITATORON DO TATO					
F	Name change				52-07821	12	
F	Initial return	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephone numbe		
F	Final return/	1819 L STREET NW	,	410	202-833-		
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code	<u> </u>	G Gross receipts \$	1,587,390.	
	Amend		9. p		H(a) Is this a group re	-	
	Application	F Name and address of principal officer: 1 AIN	I SHAFFER		for subordinates		
	pendin	9 SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No	
T	Гах-ехе	empt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1) or 527	If "No," attach a	list. See instructions	
J	Websit	e: WWW.JASWDC.ORG			H(c) Group exemptio	n number	
K	orm of	organization: X Corporation Trust Asso	ociation Other	∟ Year	of formation: 1957 N	🛚 State of legal domicile: DC	
Pa		Summary					
ø	1 1	Briefly describe the organization's mission or most s	significant activities: ${f TO}$	FOSTER	UNDERSTANDI:	NG BETWEEN	
auc		U.S. AND JAPAN.					
Governance	2	Check this box $igsqcup$ if the organization discont	tinued its operations or disp	osed of more	e than 25% of its net as		
Š	1	Number of voting members of the governing body (F			3	28	
۵		Number of independent voting members of the gove				28	
ies		Total number of individuals employed in calendar ye				9	
Activities &		Total number of volunteers (estimate if necessary) $_{\dots}$				32	
Ac		Total unrelated business revenue from Part VIII, colu				0.	
	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	·····		0. Current Year	
	١,	O and the 12 and a series (D and VIII 12 and In)		-	Prior Year 570,637.	499,447.	
ne	1	Contributions and grants (Part VIII, line 1h)			1,118,014.	1,010,724.	
Revenue				113,385.	51,259.		
æ		nvestment income (Part VIII, column (A), lines 3, 4, a			868.	2,127.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			1,802,904.	1,563,557.	
		Total revenue - add lines 8 through 11 (must equal F Grants and similar amounts paid (Part IX, column (A)			7,000.	19,000.	
		Benefits paid to or for members (Part IX, column (A),			0.	0.	
G	l	Salaries, other compensation, employee benefits (Pa			394,491.	507,118	
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin		,,	0.	0.	
per	b.	Total fundraising expenses (Part IX, column (D), line		633.		-	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d,	· -		1,045,380.	1,151,837.	
		Fotal expenses. Add lines 13-17 (must equal Part IX)			1,446,871.	1,677,955.	
	19	Revenue less expenses. Subtract line 18 from line 1			356,033.	-114,398.	
Net Assets or Fund Balances				Be	eginning of Current Year	End of Year	
sets alan	20	Total assets (Part X, line 16)			1,719,296.	1,813,472.	
t As	21	Total liabilities (Part X, line 26)			141,225.	326,369.	
<u>F</u>	22	Net assets or fund balances. Subtract line 21 from li	ine 20		1,578,071.	1,487,103.	
_		Signature Block					
		ities of perjury, I declare that I have examined this return, in				y knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer)) is based on all information of	which preparer	has any knowledge.		
		Signature of officer			 Date		
Sig					Date		
Her	e	RYAN SHAFFER, PRESIDENT Type or print name and title					
		··· ·	Propororio oignoturo	<u> </u>	Date Check	PTIN	
Pai	.	Print/Type preparer's name SEAN MCELWANEY	Preparer's signature	(16/1	6/19/2024 If		
		Firm's name JM&M			John Gill ploys	2-1853933	
	Only	Firm's address 10500 LITTLE PATUX	ENT DARKWAV	מוודייה 7		7 TO3333	
036	Jiny	COLUMBIA, MD 21044		001111 /		0-884-0220	
Mar	the IF	S discuss this return with the preparer shown abov			I Holle Ho. 4.1	X Yes No	

	990 (2022) WASHINGTON DC, INC.		32-0762112	Page Z
Pai	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in thi	is Part III		X
1	Briefly describe the organization's mission: TO PROMOTE FRIENDSHIP AND UNDERSTANI	DING BETWEEN AMERICAN	NS AND JAPAN:	ESE
	THROUGH DIVERSE PROGRAMMING THAT SPA	ANS THE EDUCATIONAL,	CULTURAL,	
	BUSINESS, AND POLICY SPHERES.		<u> </u>	
	·			
2	Did the organization undertake any significant program services during	the year which were not listed on the		
_		uno your windir word not not not on the	Yes	X No
3	Did the organization cease conducting, or make significant changes in \boldsymbol{h}	now it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each	of its three largest program convices, as	maggired by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the			
	revenue, if any, for each program service reported.		620	151
4a	(Code:) (Expenses \$ 654,097. including grants of the companion of the com			<u>451.</u>
	THE SAKURA MATSURI - JAPANESE STREET			mir
	GENERALLY CONSIDERED THE LARGEST CEI			THE
	UNITED STATES AND THE GRAND FINALE (
	FESTIVAL IN WASHINGTON, D.C. PERFORM		RE JAPANESE	
	CULTURE AND TRADITIONS WITH THE FEST	TIVAL ATTENDEES.		
4b	(Code:) (Expenses \$ 245, 730 • including grants of			
	NATIONAL JAPAN BOWL - THE SOCIETY OF			
	EACH SPRING AND SUPPORTS OTHER JAPAN			
	RECOGNIZE AND ENCOURAGE HIGH SCHOOL	STUDENTS WHO HAVE CH	HOSEN JAPANE	SE
	AS A FOREIGN LANGUAGE.			
4c	(Code:) (Expenses \$ 144,331. including grants of	of\$) (Revenue	Je \$ 52,	839.
	US-JAPAN CAPITAL GALA - THE SOCIETY			
	SILENT AUCTION SUPPORTS THE SOCIETY			
	ACTIVITIES AND PROVIDES AN OPPORTUNI			
	UNITED STATES OF AMERICA'S AND JAPAN			
	011 (0.11 0.11 0.11			
4d	Other program services (Describe on Schedule O.)	19 000 0	320 /2/	
	(Expenses \$ 299, 282 • including grants of \$	19,000.) (Revenue \$	329,434.)	
4e	Total program service expenses 1,343,440.			

Form **990** (2022)

Part IV Checklist of Required Schedules

			Yes	No
1 Is	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
lf	f "Yes," complete Schedule A	1	Х	
2 Is	s the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for bublic office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. 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	4		х
	s 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
р	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7 D	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9 D	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
a	mounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
If	f "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
	f the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, is applicable.			
a D	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			. v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total issets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	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	110		- 25
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f D	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
th	he organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
	Vas the organization included in consolidated, independent audited financial statements for the tax year?			37
	f "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, nvestment, 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		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1		
	oreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	oid 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	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			17
10	c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Х
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

JAPAN-AMERICAN SOCIETY OF WASHINGTON DC, INC.

Form 990 (2022)

Part IV | Checklist of Required Schedules (continued)

			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			3,7
	Schedule J	23		X
24a	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, 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		х
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	05-		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		122
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
3,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_		38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 I	<u> </u>
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

232004 12-13-22

Form **990** (2022)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2 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	2 a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
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 A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?	I	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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	13b			
С	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2022) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 28 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 28 **b** Enter the number of voting members included on 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 10b X 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 on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 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? X a The organization's CEO, Executive Director, or top management official X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE

exempt status with respect to such arrangements?

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

X Upon request X Own website Another's website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records RYAN SHAFFER - 202-833-2210

1819 L STREET NW, 410, WASHINGTON, 20036

Form **990** (2022)

16b

Form 990 (2022)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per		not c		itior more) than is bot		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated charles	tee)	from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) RYAN SHAFFER	50.00			ν,				100 007	0	C 204
PRESIDENT	1.00			Х				123,997.	0.	6,294.
(2) JAMES ZUMWALT	1.00	X		х				0.	0.	0.
CHAIR (3) EMMA CHANLETT-AVERY	1.00	₽		^				0.	0.	0.
VICE CHAIR	1.00	X		X				0.	0.	0.
(4) KENICHIRO MIZOGUCHI	1.00	122						•	0.	0.
VICE CHAIR	1,00	x		x				0.	0.	0.
(5) SHINSUKE TAKAHASHI	1.00									
SECRETARY UNTIL JAN. 2023		X		х				0.	0.	0.
(6) SHIHOKO GOTO	1.00									
TRUSTEE, SECRETARY AS OF JAN. 2023		X		х				0.	0.	0.
(7) PETER BASS	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) LOUISA RUBINFIEN	1.00									
TRUSTEE		Х						1,000.	0.	0.
(9) SUFUMI SO	1.00									
TRUSTEE		Х						1,000.	0.	0 .
(10) ROBIN BERRINGTON	1.00]							_	_
TRUSTEE		Х						1,000.	0.	0 .
(11) MIREYA SOLIS	1.00	l								
TRUSTEE	1 00	Х						0.	0.	0.
(12) RICK WEIR	1.00	۱.,							0	
TRUSTEE	1 00	Х						0.	0.	0.
(13) WALLACE GREGSON	1.00	↓							0.	^
TRUSTEE (14) WENDY CUTLER	1.00	Х						0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
(15) KURT TONG	1.00	12							0.	0.
TRUSTEE	1.00	X						0.	0.	0.
(16) YOICHI MINEO	1.00	 ^``					\vdash	 		0.
TRUSTEE		x						0.	0.	0.
(17) HIROYUKI TAKAI	1.00	T								
TRUSTEE		X						0.	0.	0.

232007 12-13-22 Form **990** (2022)

Form 990 (2022) WASHINGTO	ON DC,	INC	ζ.			_			52-05	782	112	P	age
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			ition	than	one	Reportable	Reportable		Es	stimate	∍d
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensatio		an	nount	of
	week	<u> </u>	cer ar	iu a u	irecic	or/trus	iee)	from	from related			other	
	l (list any hours for	director .						the	organizations			ipensa	
	related	5	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	/ن،		om the anizat	
	organizations	ruste	ll trus		ee	mpen		1099-NEC)	1033 1120)			d relat	
	below	Individual trustee	Institutional trustee	_	mplo)	sst co oyee	e e	13331123,				anizati	
	line)	Indivi	Institi	Officer	Key employee	Highest compensated employee	Former						
(18) SABUROU TAKEUCHI	1.00												
TRUSTEE		Х						0.		0.			0
(19) MARIE KISSEL	1.00												
TRUSTEE		Х						0.		0.			0
(20) TAKAAKI KAKUDOH	1.00												
TRUSTEE		Х						0.		0.			0
(21) CHRISTOPHER JOHNSTONE	1.00												
TRUSTEE		X						0.		0.	1		0
(22) RYOTA YOSHIMURA	1.00												
TRUSTEE		X						0.		0.			0
(23) TAMI OVERBY	1.00												
TRUSTEE		X						0.		0.			0
(24) TATSUO OKAZAKI	1.00												
TRUSTEE		X						0.		0.			0
(25) SHERRY MARTIN	1.00												
TRUSTEE		Х						0.		0.	1		0
(26) MICHAEL BEEMAN	1.00												
TRUSTEE AS OF JAN. 2023		Х						0.		0.	1		0
1b Subtotal								126,997.		0.		6,2	94
c Total from continuation sheets to Part VI	II, Section A							0.		0.			0
d Total (add lines 1b and 1c)								126,997.		0.		6,2	94
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wł	ho re	eceived more than \$100	,000 of reportabl	е			
compensation from the organization													
										f		Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su									the organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	le J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										ipens	ation f	rom	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir/		year.				
(A) Name and business	addross	NT/	``	,				(B) Description of s	convious	C	(C ompei		n
Name and business	address	11/	INC	<u> </u>			-	Description of s	sei vices		Ompei	isatio	-
							\dashv						
							\dashv						
									l				
							\dashv						

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2022)

Form 990 WASHINGTO	ON DC, I	LNC	<u> </u>						52-078	2112
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all ·	that	app	ly)	compensation	compensation	amount of
	per .					-		from	from related	other
	week	ا ا				oloyee		the organization	organizations (W-2/1099-MISC)	compensation
	(list any hours for	direct				demp		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	ee or	stee			nsate		(** 2/ 1033 141100)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidual	tutior	Je.	emplo	est c	ner			-
	line)	İndi	Insti	Officer	Key	High	Former			
(27) BRENT BOMBACH	1.00									
TRUSTEE AS OF JAN. 2023		Х						0.	0.	0.
(28) YUKI SAKO	1.00									
TRUSTEE AS OF JAN. 2023		Х						0.	0.	0.
(29) HIROKO TADA	1.00								_	_
TRUSTEE AS OF JAN. 2023		Х						0.	0.	0.
(30) KEN WEINSTEIN	1.00	l								•
TRUSTEE AS OF JAN. 2023	1 00	Х						0.	0.	0.
(31) MARK LIPPERT	1.00	,,								0
TRUSTEE UNTIL JAN. 2023		Х						0.	0.	0.
-										
	<u> </u>									
Total to Part VII, Section A, line 1c								1		

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	4 .	Entropy late					0001101100112 0111
aut		Federated campaigns 1a	E 100				
윤일		Membership dues 1b	5,109.				
Αţ		Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
is,	е	Government grants (contributions) 1e					
호텔	f	All other contributions, gifts, grants, and					
를		similar amounts not included above 1f	494,338.				
달의	g	Noncash contributions included in lines 1a-1f 1g \$					
S E	h	Total. Add lines 1a-1f		499,447.			
			Business Code				
o	2 a	SAKURI MATSURI	900099	628,451.	628,451.		
į į	_ u	LANGUAGE SCHOOL	900099	191,674.	191,674.		
Ser	0	MEMBERSHIP DUES	900099	117,004.	117,004.		
E S		REGISTRATIONS	900099	50,335.	50,335.		
gra Re	u	MERCHANDISE SALES	900099	23,260.	23,260.		
Program Service Revenue	e		900099	23,200.	23,200.		
_		All other program service revenue		1 010 704			
$\overline{}$	g	Total. Add lines 2a-2f		1,010,724.			
	3	Investment income (including dividends, intere	st, and	00 005			00 005
		other similar amounts)		23,225.			23,225.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 51,867.	()				
	h	Less: cost or other basis					
<u>o</u>	b	and sales expenses 7b 23,833.					
el	_	· · · · · · · · · · · · · · · · · · ·					
ther Revenue				28,034.			28,034.
×		Net gain or (loss)		20,034.			20,034.
ğ	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		calob of involvery	Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME	900099	2,127.			2,127.
au an	u			,			,
ella Ve	C						
<u>is</u>		All other revenue					
Σ		·		2,127.			
	12	Total. Add lines 11a-11d Total revenue. See instructions		1,563,557.		0.	53,386.
	14	I OTAL I E VEITUE. OEE HISH UCHOHS		-,505,55/•	<u> -, 1 1 1 1 1 1 1 1 1 </u>	1 0 •	33,300.

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).

	Check if Schedule O contains a respon				(B)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(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	19,000.	19,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	127 406	00 000	44 100	2 200
	trustees, and key employees	137,496.	89,990.	44,108.	3,398
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	284,362.	186,106.	91,229.	7,027
7	Other salaries and wages	204,302.	100,100.	91,449.	1,041
8	section 401(k) and 403(b) employer contributions)	3,192.	2 089	1 024	79
9	Other employee benefits	46,880.	2,089. 30,683.	1,024. 15,039.	79 1,158
10	Payroll taxes	35,188.	23,030.	11,288.	870
11	Fees for services (nonemployees):	33,2001	20,0001	22/2000	
·· a	Management				
b	Legal				
c	Accounting	39,526.		39,526.	
d		-			
e	D (' ' I (' ' ' ' O D ' ' ' ' ' 47				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	157,700.	155,100.	2,600.	
12	Advertising and promotion	9,110.	9,110.		
13	Office expenses	185,369.	164,411.	19,356.	1,602 622
14	Information technology	46,130.	37,273.	8,235.	622
15	Royalties	450 400	100 500		
16	Occupancy	158,190.	103,532.	50,749.	3,909
17	Travel	40,499.	24,261.	3,092.	13,146
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	120 050	/01 /OF	0 007	610
19	Conferences, conventions, and meetings	430,850.	421,425.	8,807.	618
20	Interest				
21	Payments to affiliates	2,979.		2,979.	
22 23	Depreciation, depletion, and amortization	37,950.	37,429.	521.	
23 24	Other expenses. Itemize expenses not covered	31,330.	37,423.	521.	
4 4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES, SUBSCRIPTIONS, PU	27,277.	24,426.	2,647.	204
b	OTHER MISC. EXPENSES	16,257.	15,575.	682.	
c		·	-		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,677,955.	1,343,440.	301,882.	32,633
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)				

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet						
		Check if Schedule O contains a response or r	note to a	y line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			277,177.	1	166,254.	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			60,869.	4	83,050	
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%				
		controlled entity or family member of any of th	controlled entity or family member of any of these persons					
	6	Loans and other receivables from other disqu						
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			58,828.	8	48,094	
₹	9	Description of the second state of the second			13,505.	9	3,713	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	52,881.				
	b			40,266.	4,015.	10c	12,615	
	11	Investments - publicly traded securities	1,295,363.	11	12,615 1,318,185			
	12	Investments - other securities. See Part IV, line		12				
	13	Investments - program-related. See Part IV, lin		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	9,539.	15	181,561			
	16	Total assets. Add lines 1 through 15 (must ed		I	1,719,296.	16	1,813,472	
	17	Accounts payable and accrued expenses			71,823.	17	88,303	
	18	Grants payable				18		
	19	Deferred revenue	58,271.	19	57,943			
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complet				21		
္က	22	Loans and other payables to any current or fo						
<u>iti</u>		trustee, key employee, creator or founder, sub						
Liabilities		controlled entity or family member of any of the		· ·		22		
Ë	23	Secured mortgages and notes payable to unr	•			23		
	24	Unsecured notes and loans payable to unrela				24		
	25	Other liabilities (including federal income tax,)						
		parties, and other liabilities not included on lin						
		of Schedule D			11,131.	25	180,123	
	26	Total liabilities. Add lines 17 through 25			141,225.		326,369	
		Organizations that follow FASB ASC 958, c						
Ses		and complete lines 27, 28, 32, and 33.		. —				
Net Assets or Fund Balances	27	Net assets without donor restrictions			1,563,981.	27	1,473,013	
Bal	28	Net assets with donor restrictions	14,090.	28	14,090			
pu		Organizations that do not follow FASB ASC						
죠		and complete lines 29 through 33.	, , , , ,					
Š	29	Capital stock or trust principal, or current fund	ds			29		
Set:	30	Paid-in or capital surplus, or land, building, or				30		
As	31	Retained earnings, endowment, accumulated				31		
j j	32	Total net assets or fund balances			1,578,071.	32	1,487,103	
_	33	Total liabilities and net assets/fund balances			1,719,296.	33	1,813,472	

Form **990** (2022)

Pa	rt 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	1,56			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,67		955. 198.	
3	Revenue less expenses. Subtract line 2 from line 1					
4						
5	Net unrealized gains (losses) on investments	5	2	23,4	30.	
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 on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,48	37,1	.03.	
Pa	rt 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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	€ O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	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 oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	:			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

JAPAN-AMERICAN SOCIETY OF WASHINGTON DC,

Employer identification number 52-0782112

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						_
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 20 10	(3) 23 13	(0) _ 0 _ 0	(4,7 = 0 = 1	(6) 2522	(.)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	· ·		•	•	` ', ` '	
	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2022 (15	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the co						<u>%</u>
IUa	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te					viriow the organiz	
b	10% -facts-and-circumstances tes	· ·		,	•		
	more, and if the organization meets the	ŭ				•	
	organization meets the facts-and-circ				•		
18	Private foundation. If the organization			•			s
							(Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

qualify under the tests listed Section A. Public Support	below, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	, ,	` '	, ,	, ,	, ,	, ,
membership fees received. (Do not						
include any "unusual grants.")	404,265.	251,562.	432,795.	570,637.	499,447.	2158706.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	670,094.	367,214.	255,589.	1118014.	1010724.	3421635.
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1074359.	618,776.	688,384.	1688651.	1510171.	5580341.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received	:		4,325.	4,175.	5,109.	13,609.
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	40,270.					40,270.
c Add lines 7a and 7b	40,270.		4,325.	4,175.	5,109.	53,879.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						5526462.
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1074359.	618,776.	688,384.	1688651.	1510171.	5580341.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,476.	57,594.	21,655.	20,487.	23,225.	200,437.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	77,476.	57,594.	21,655.	20,487.	23,225.	200,437.
11 Net income from unrelated business activities not included on 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.)		3,482.	620.	868.	2,127.	7,097.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1151835.		710,659.	1710006.	1535523.	5787875.
14 First 5 years. If the Form 990 is for the	the organization's fi	rst, second, third,	fourth, or fifth tax		. , . , .	on,
Section C. Computation of Pub	lic Support Po	rcentage				L
-			1 (0)		45	95.48 %
15 Public support percentage for 2022			column (f))		15	00 01
16 Public support percentage from 202					16	92.81 %
Section D. Computation of Inve						2 4 6
17 Investment income percentage for 2			ne 13, column (f))		17	3.46 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17					18	4.41 %
19a 33 1/3% support tests - 2022. If th	19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not					
more than 33 1/3%, check this box		-				
b 33 1/3% support tests - 2021. If th						
line 18 is not more than 33 1/3%, ch		_			-	
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins		/Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	a		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
lule	A (Forr	n 990)	2022

Pai	triv 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions).			
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 Part VI how you supported a governmental entity (see ins	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described on line 2a, above, 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	За		
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		

Schedule A (Form 990) 2022

52-0782112 Page 6 WASHINGTON DC, <u>Schedule A (Form 990) 2022</u> Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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** 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): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4

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

Schedule A (Form 990) 2022

5

6

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
	Excess from 2021			
<u>e</u>	Excess from 2022			

Schedule A (Form 990) 2022

Part V												_
rait v	Part IV line 1; Sectio	/, Sec Part n D, I	ction A, li IV, Secti	nes 1, 2, 3 on D, lines	3b, 3c, 4b, s 2 and 3; F	4c, 5a, 6 Part IV, S	6, 9a, 9b, 9 Section E,	9c, 11a, 11b, lines 1c, 2a, :	and 11c; 2b, 3a, ar	Part IV, Sec nd 3b; Part V	II, line 17a or 17b; Part III, line 12: tion B, lines 1 and 2; Part IV, Sect , line 1; Part V, Section B, line 1e; or any additional information.	ion C,
SCHE	DULE A	Δ,	PART	III,	LINE	12,	EXPL	ANATION	FOR	OTHER	INCOME:	
MISC	• REVE	ENU	E									
2019	AMOUN	IT:	\$	3,48	2.							
2020	AMOUN	IT:	\$	620.								
2021	AMOUN	IT:	\$	868.								
2022	AMOUN	IT:	\$	2,12	7.							

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF. 2022

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization JAPAN-AMERICAN SOCIETY OF 52-0782112 WASHINGTON DC, INC.

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
• •	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ing 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; EZ, line 1. Complete Parts I and II.					
contributor, dur literary, or educ	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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year\$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$14,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$8,65 4.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$3,500 .	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16		\$ 7,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		\$ 20,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$15,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		- \$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$ <u></u> \$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
25		\$7,688. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27		_ \$5,000. _	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
28		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
29		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
30		_ _ \$5,000.	Person X Payroll			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
31		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
32		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
33		_ \$5,000. _	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
34		\$5,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(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
-			
453 11-15			Schedule B (Form 990) (20

Schedule B (Form 990) (2022) Name of organization **Employer identification number** JAPAN-AMERICAN SOCIETY OF 52-0782112 WASHINGTON DC, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I

(d) Description of how gift is held

(b) Purpose of gift

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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. Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

JAPAN-AMERICAN SOCIETY OF WASHINGTON DC, INC.

Employer identification number 52-0782112

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iin		s or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Derior davised railed	(a) i and and only decount
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L. L	eed funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		-
Pai			
1	Purpose(s) of conservation easements held by the organization		•
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali-	fied 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents that describes the
Б.	organization's accounting for conservation easements.	(A. I. III and T. I.	Aller O're'lle Areale
Pai	t III Organizations Maintaining Collections o		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A	_	
	Revenue included on Form 990, Part VIII, line 1		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

Schedule D (Form 990) 2022

Pai	rt III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tr	easures, o	r Other	Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following that	make sign	ificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	d		oan or exc	hange prograr	n				
b	Scholarly research	е	X O	ther ED	UCATION	& CU	LTUR	.AL		
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explair	n how the	ey further t	he organizatio	n's exemp	t purpos	se in Part	ı XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	torical trea	sures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be mai	ntained as part of t	he organi	ization's co	ollection?			<u> </u>	Yes	No_
Pai	rt IV Escrow and Custodial Arrang	ements. Comple	ete if the o	organizatio	n answered "\	es" on Fo	rm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for c	ontributior	ns or other ass	ets not inc	luded		_	
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing ta	ıble:						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on For						?	L	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete if	the organization an	swered "	Yes" on Fo						
		(a) Current year	(b) Pri	or year	(c) Two years	back (d)	Three ye	ars back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
	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 curre	ent year end balanc	e (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment96)								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	ation that	are held a	nd administer	ed for the				
	organization by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	ınds.						
Pai	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990), Part IV,	line 11a. S	See Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Accu		Ł	(d) Book v	/alue
		basis (investn	nent)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment						_			
е	Other				2,881.	4	0,26	6.	12	<u>,615.</u>
Fatal	Add lines to through to (Column (d) must ea	ual Form OOO Dort	V colum	n (D) line 1	1001			1	12	615

Schedule D (Form 990) 2022

Schedule D (Form 990) 202	2 WASHINGTON	DC, INC.	Ţ.	52-0782112 Page 3
	ts - Other Securities.			
			line 11b. See Form 990, Part X, line 12.	
	category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
	rests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
Total. (Col. (b) must equal Forn	n 990. Part X. col. (B) line 12.)			
	ts - Program Related.			
	•	on Form 990, Part IV,	line 11c. See Form 990, Part X, line 13.	
	on of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form				
Part IX Other Asse		F 000 Dt IV	line 44 d. One Farma 000 Part V. line 45	
Complete if the		<u></u>	line 11d. See Form 990, Part X, line 15.	(b) Book value
(1) X D III II X X	ID LIBRARY COLLE	Description		9,539.
	LEASE RIGHT OF			172,022.
	DEASE KIGHT OF	OSE ASSET		1/2,022•
(3)				
<u>(4)</u> <u>(5)</u>				
(6)				
(7)				
(8)				
(9)				
	ual Form 990, Part X, col. (B) lir	ne 15.)		181,561.
Part X Other Liabi	ilities.			
Complete if the	e organization answered "Yes'	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxe				
(2) OPERATING	LEASE LIABILITY	7		180,123.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				100 100
Total. (Column (b) must equ	ıal Form 990, Part X, col. (B) lir	ne 25.)		180,123.

Schedule D (Form 990) 2022

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pai	rt XI Reconciliation of Revenue per Audited Financia		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part		<u> </u>	
1	Total revenue, gains, and other support per audited financial statemen	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	I I		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	ne 12.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financi	•	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part		1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d		•		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	I I		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		t V, line 4; Part X, line 2; Part XI	,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	vide any additional information.		
PAL	RT III, LINE 4:			
THI	E SOCIETY MAINTAINS COLLECTIONS RECE	IVED AS DONATIONS,	WHICH ARE HELD	
F.OF	R EXHIBIT IN THE SOCIETY'S OFFICE. T	HE COLLECTIONS ARE	AVAILABLE TO TI	HE
D. T. T.			THE DESCRIPTION	
PUL	BLIC TO VIEW TO HELP PROMOTE FRIENDS	HIP AND UNDERSTAND	ING BETWEEN	
2 2 6 7				
AMI	ERICANS AND JAPANESE.			

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

JAPAN-AMERICAN SOCIETY OF **Employer identification number** Name of the organization WASHINGTON DC, INC. 52-0782112 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 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 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2022

JAPAN-AMERICAN SOCIETY OF Schedule I (Form 990) 2022 WASHINGTON DC, INC. | Dart III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

52-0782112

Page 2

(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 noncash assistan
OLARSHIPS	8	19,000.	0.		
t IV Supplemental Information. Provide the informa	tion required in Part I, lin	e 2; Part III, column	l ı (b); and any other a	l dditional information.	
RT I, LINE 2:					
E SOCIETY MAINTAINS AWARD SE	LECTIONS AND	ATTENDANC	E RECORDS.		

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

JAPAN-AMERICAN SOCIETY OF INC. WASHINGTON DC,

Employer identification number 52-0782112

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CULTURAL ACTIVITIES AND OTHER PROGRAMS - THROUGHOUT THE YEAR, SOCIETY OFFERS A VARIETY OF JAPANESE AND AMERICAN ACTIVITIES, INCLUDING CULTURAL EVENTS, SOCIAL GATHERINGS, A BOOK CLUB, AND PUBLIC SPEAKING. INCLUDING GRANTS OF \$ 19,000. EXPENSES \$ 163,435. REVENUE \$ 137,760. JAPANESE LANGUAGE SCHOOL - THE SOCIETY OPERATES THE OLDEST AND LARGEST JAPANESE LANGUAGE SCHOOL FOR ADULTS IN THE WASHINGTON, D.C. AREA. THEPROGRAM INCLUDES DIFFERENT LEVELS FROM BEGINNING TO ADVANCED PREPARATORY CLASSES IN THE SUMMER AND FALL FOR THE JAPANESE LANGUAGE PROFICIENCY TEST, AND CULTURE CLASSES. EXPENSES \$ 135,847. INCLUDING GRANTS OF \$ 0. REVENUE \$ 191,674. FORM 990, PART VI, SECTION B, LINE 11B: THE COMPLETED FORM 990 IS FIRST REVIEWED BY THE SOCIETY'S PRESIDENT AND BOARD TREASURER. THE FORM 990 IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION C, LINE 19: THE SOCIETY MAKES ITS FINANCIAL STATEMENTS AND THE FORM 990S AVAILABLE ON ITS WEBSITE. GOVENING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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

Schedule O (Form 990) 2022