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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning and ending C Name of organization Check if applicable D Employer identification number JAPANESE CHRISTIAN FELLOWSHIP NETWORK Address change Doing Business As JICEN 84-1272128 Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Initial return NEWSONG CHURCH, 18842 TELLER AVENUE (949) 660-1236 Terminated City or town, state or country, and ZIP + 4 IRVINE 92612-1615 Amended return CA Application pending Name and address of principal officer H(a) Is this a group return for affiliates? SETSU KURODA NEWSONG CHURCH, 18842 TELLER AVENUE, IR H(b) Are all affiliates included? X 501(c)(3) If "No," attach a list (see instructions) Tax-exempt status 4947(a)(1) or) (insert no) Website: ► www.icfn.org H(c) Group exemption number ▶ K Form of organization X Corporation Other > L Year of formation M State of legal domicile 1997 CO Summary Part I Briefly describe the organization's mission or most significant activities: TO EQUIP MULTI-CULTURAL JAPANESE FOR CHRISTIAN MINISTRY THROUGH CONFERENCES AND TRAINING Activities & Governance Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets RECEIVED3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 15). 11 Total number of individuals employed in calendar year 2010 (Part V, line 24) 2 Total number of volunteers (estimate if necessary) 80 Total unrelated business revenue from Part VIII, column (C), line 12. 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 128.016 157,655 9 Program service revenue (Part VIII, line 2g). 43,969 129,252 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 371 44 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 8,820 15,680 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 302,631 181,176 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 45,458 49,163 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 101,041 187,618 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 146,499 236,781 19 Revenue less expenses Subtract line 18 from line 12. 34,677 65,850 Beginning of Current Year End of Year Total assets (Part X, line 16) 20 216,317 286,610 21 Total liabilities (Part X, line 26) 4.571 9,014 Net assets or fund balances Subtract line 21 from line 20 211.746 277,596 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here 4-11-2011 SETSU KURODA Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check Hiro Isogawa self-employed Preparer's Firm's name ► TWO MILES Firm's EIN ▶ ੋਂ**ਪੈ**se Only Firm's address ▶ 3070 Bristol St. #440, Costa Mesa, CA 92626 (714) 437-5823 Phone no $\mathcal G$ May the IRS discuss this return with the preparer shown above? (see instructions) . Yes

Form **990** (2010

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	$\frac{\hat{x}}{x}$	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	^_	X
4		⊢∸┤	-+	
4	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? <i>If "Yes," complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	 		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	\vdash		
. •	quasi-endowments? If "Yes," complete Schedule D, Part V	10	į	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	77.5. 7.1. v. s		•
	VII, VIII, IX, or X as applicable		1.5	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a	X	
_	Schedule D, Part VI			
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			1
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	3	14a	Х	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	_		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ا ۱		
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
46	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .	20b		

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		×
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
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		<u> </u>
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	256		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b	-	-
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		 ^
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		l x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		3	X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	* \$4.		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	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, Parts II,	33	-	X
34	III, IV, and V, line 1	34	x	ļ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<u> ^</u>	X
	Did the organization receive any payment from or engage in any transaction with a	ان	1	 ^
.	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,	1	1	
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			200	

JAPANESE CHRISTIAN FELLOWSHIP NETWORK Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V. No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 2a 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Х 4a If "Yes," enter the name of the foreign country: ▶ Japan See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 9 Sponsoring organizations maintaining donor advised funds. а Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . h 11 Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources b 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a b 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. 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. Enter the amount of reserves the organization is required to maintain by the states in which b 13b 13c C 14a

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

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

X

Sect	ion A. Governing Body and Management		. 1						
10	Enter the number of voting members of the governing body at the end of the tax year 1a 11		Yes	No					
b	Enter the number of voting members of the governing body at the end of the tax year			ſ					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ł					
_	any other officer, director, trustee, or key employee?	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Does the organization have members or stockholders?	6		X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members								
	of the governing body?	7a		X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:			[.					
а	The governing body?	8a	Х	L					
b	Each committee with authority to act on behalf of the governing body?	8b	X.						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached								
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>					
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)							
			Yes	No					
_	Does the organization have local chapters, branches, or affiliates?	10a	Х	├──					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401							
44-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Х						
та	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
.	form?	11a	X	 					
b 12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		×					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120	-	 ^-					
	rise to conflicts?	12b							
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		\vdash					
	describe in Schedule O how this is done	12c							
13	Does the organization have a written whistleblower policy?	13		X					
14	Does the organization have a written document retention and destruction policy?	14		X					
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?								
а	The organization's CEO, Executive Director, or top management official	15a	-	X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		ı						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	_		ز (
	with a taxable entity during the year?	16a		X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	i :							
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			, ,					
	the organization's exempt status with respect to such arrangements?	16b		L					
	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► CO								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	ly)							
	available for public inspection Indicate how you make these available. Check all that apply.								
4.0	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	Ι							
22	policy, and financial statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the								
	organization: ► SETSU KURODA (949) 660-12	30							
	NEWSONG CHURCH, 18842 TELLER AVENUE, IRVINE, CA 92612-1615	-	200						

Form 990 (2010)	JAPANESE CHRISTIAN FELLOWSHIP NETWORK		Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	nest Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII.		[]

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	ion (d			that ap	ply)	Reportable	Reportable	Estimated
Name and Thie	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) MS. SETSU KURODA INTERNATIONAL DIRECTOR	40	х		х				0	0	0
(2) REV. HIROAKI YONAI CHAIRMAN	0.		х					0	0	0
(3) MR. YOSUKE MIKAMI BOARD MEMBER	0.		х					0	0	0
(4) REV. RICHARD DURSTON BOARD MEMBER	0.		Х					0	0	0
(5) MR. MICHAEL REYNOLDS BOARD MEMBER	0		X					0	0	0
(6) REV KOKI ARAI BOARD MEMBER	0		х					0	0	0
(7) REV. SAKU KURODA BOARD MEMBER	0		х					0	0	0
(8) MR MASARU AOKI BOARD MEMBER	0		х					0	0	0
(9) REV. HIDENORI TAKAHASHI BOARD MEMBER	0.		х					0	0	0
(10) DR TSUNEO MORISAKU BOARD MEMBER	0.		х					0	0	0
(11) MRS. SACHI NAKAMURA BOARD MEMBER	0.		Х					0	0	0
(12)										
(13)										
(14)	<u> </u>									
(15)								-		
(16)								-		

Page 8

P	art VII Section A. Officers, Directors, Tr	ustees, Key Eı	mplo	yee	s, a	nd	High	est	Compensated	Employe	es (co	ntinue	d)	
	(A)	(B)	Posit	ion (e		C) k all	that ap	(vlac	(D)	(E)			(F)	
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	_	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizat (W-2/1099-	ation ated tions	comports organical controls and control controls and cont	timated nount of other pensation om the anization direlated inization	f ion on d
(17)		-						-						
<u>(18)</u>														
<u>(19)</u>														
(20)														
<u>(21)</u>														
(22)		-												
(23)														
(24)										-				
(25)								,						
(26)														
(27)														
(28)														
1b c d	Sub-total	Section A		 <u></u>	•	•		. >	0 0 0 ved more than \$		0 0 0			0
	reportable compensation from the organizatio												 T	
3	Did the organization list any former officer, di												Yes	No
4	employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the sum	of reportable c	ompe	ensa	atior	n an	d oth	er (compensation fr	om		3		_X_
	the organization and related organizations greindividual						ompi	ete	Schedule J for	such 	•	4		X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "											5		$\overline{\mathbf{x}}$
	Complete this table for your five highest comp	anastad indan					un Alb	<u></u>	accused mass th	£100.0	00 of			
1	Complete this table for your five highest comp compensation from the organization.		ender	ii cc	ontra	acic) S (I)	at r		an \$100,0	00 01			
	(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compen		
	· · · · · · · · · · · · · · · · · ·							\vdash			—			0
														0
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	Tatal annual and and an advantage of the desired and a second and a se		!4!	A - 1	L.	_ 17			: ' مطید (مید		 -			0
2	Total number of independent contractors (incl more than \$100,000 in compensation from the	_	mitea ►	iU I	HUS	e 118	stea a O		ve) who receive	u				

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	d e	Federated campaigns	0 0 3,387 0				
Contribution and other	g	similar amounts not included above	154,268 0 ►	157,655			
ē			Business Code		_		
Program Service Revenue			611710	108,130			
å	b	CENTRAL CONFERENCE	611710	11,006			
<u>vice</u>			611710	830			
Ser	d	RISE & SHINE	611710	9,286			
Ë	e			0			
ρõ	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f	<u> </u>	129,252			
	3	Investment income (including dividends, interes other similar amounts)		44			
	4	Income from investment of tax-exempt bond pro		0		\ 	
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less. rental expenses	_				
	С	Rental income or (loss) 0					
	d	Net rental income or (loss)	<u></u> ▶	0			
	7a	Gross amount from sales of assets other than inventory . (i) Securities 0	(II) Other				
	b	Less: cost or other basis and sales expenses	0				
	С			• -	-	-	
ā	d	Net gain or (loss)	<u> •</u>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$0 of contributions reported on line 1c) See Part IV, line 18	0				
뙆	b	Less. direct expenses b	0		İ		
O		Net income or (loss) from fundraising events .	•	0			-
		Gross income from gaming activities. See Part IV, line 19	0				
	Ь	Less: direct expenses b					
		Net income or (loss) from gaming activities		o		-	
		Gross sales of inventory, less returns and allowances	15,069	-			
	١,	Less: cost of goods sold b	1,650				
		Net income or (loss) from sales of inventory .		13,419		†	
		Miscellaneous Revenue	Business Code	13,419	<u> </u>	l	·
	11-		221000	2.047	l	-	
		UTILITY REIMBURSEMENT		2,047	1		
	1	COPY INCOME	323100	196		 	
	C .	A		0	.	1	-
	d	All other revenue		18		ļ	-
	е	Total. Add lines 11a–11d		2,261		ļ	 -
	12	Total revenue. See instructions	<u> </u>	302,631	0	0	0

Part IX Statement of Functional Expenses

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

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

(C) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 the U.S. See Part IV. line 22 . . . 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members . . . O Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 43,508 43,508 7 Other salaries and wages . . Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . 9 0 5,655 5,655 10 Payroll taxes . . 11 Fees for services (non-employees). 700 700 Accounting 0 C 0 d Lobbying Professional fundraising services. See Part IV. line 17... f Investment management fees 0 0 g 0 12 Advertising and promotion 11,208 3,576 7.632 13 Office expenses 2,535 1,264 1,271 0 14 Information technology 15 3,646 3,646 16 10,821 3,130 7,691 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 99.464 905 98.559 19 Conferences, conventions, and meetings. . . 20 0 21 22 Depreciation, depletion, and amortization 1,129 0 1.129 0 23 3,389 ol 3,389 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 0 a PERSONNEL IN JAPAN 8,806 8,806 b PERSONNEL IN OTHER ORG (OMF) 0 9,665 9,665 0 4,844 4,844 EQUIPMENT LEASE BANK SERVICE CHARGE 5,237 6,626 1,389 e FUNDRISING EXPENSES 6,629 6,629 f All other expenses 12,830 18,156 5,326 Total functional expenses. Add lines 1 through 24f. 236,781 168.104 62.048 6.629 25 Joint costs. Check here ▶ If following 26 SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2010) JAPANESE CHRISTIAN FELLOWSHIP NETWORK 84-1272128 Page **11 Balance Sheet** Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 96,425 1 153,848 2 Savings and temporary cash investments 2,006 2 133,398 3 3 Pledges and grants receivable, net . . n 1,310 4 Accounts receivable, net . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 0 7 7 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 17.878 5.904 b Less: accumulated depreciation 10b 11,974 6,124 10c 11 Investments—publicly traded securities 131,348 11 0 12 Investments—other securities See Part IV, line 11 0 12 0 13 Investments—program-related. See Part IV, line 11 ol 13 0 ol 14 0 14 15 Other assets. See Part IV, line 11 -20,896 15 -6,540 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 216,317 16 286,610 17 4,569 17 9,014 Accounts payable and accrued expenses 18 18 Grants payable. 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 25 0 26 Total liabilities. Add lines 17 through 25. 4,571 26 9.014 Organizations that follow SFAS 117, check here | X | and **Balances** complete lines 27 through 29, and lines 33 and 34. 211,746 27 27 277.596 28 Temporarily restricted net assets 28 or Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Net Assets 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

32

33

277,596

286,610

32

33

34

211,746

216,317

Form 9	990 (2010) JAPANESE CHRISTIAN FELLOWSHIP NETWORK	84	-127212	28	Page	e 12
Par	Reconciliation of Net Assets				,	
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			<u>. [</u>	<u> </u>
_	T. I. () () (D.) (W.) (A) (I. (A)	ا م				004
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>302,</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>236,</u>	
3	Revenue less expenses. Subtract line 2 from line 1	4				850
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5			<u> 211,</u>	746
5	Other changes in net assets or fund balances (explain in Schedule O)	- 				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	6			277	Ene
Don	column (B))	0			<u>277,</u>	290
Fair					Г	\neg
	Check if Schedule O contains a response to any question in this Part XII	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	· ·		_ _
				-├ *	'es	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
_	Schedule O.		-	-	_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2		^	~
b	Were the organization's financial statements audited by an independent accountant?		. 2	<u> </u>		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		١			v
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2	-	\dashv	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
					1	
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			-		
	issued on a separate basis, consolidated basis, or both:		.	1		
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3	a	_	<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3			
			Fo	m 9	90 (2	2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

JAP/	NES	E CHRISTIA	N FELLOWSHIP	NETWORK						<u>84-12</u>	<u>272128</u>			
Par	t I	Reason	for Public Ch	arity Status (All org	anizatior	ns must c	omplete	this part	.) See in	struction	ıs			
The o	rgar			ation because it is. (Fo										
1	Ш	A church, co	nvention of chui	rches, or association o	of churche	es describ	ed in sec	tion 170(b)(1)(A)(i).				
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sche	edule E.)								
3		A hospital or	a cooperative h	ospital service organi	zation des	scribed in	section	170(b)(1)	(A)(iii).					
4			search organiza	ition operated in conju	inction wit	th a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). En	ter the		
5		An organizat	ion operated for	the benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental ur	nit desc	ribed		
6	П			ernment or governme	ntal unit d	escribed i	in sectio r	170(b)(I)(A)(v).					
7		An organizat	tion that normall	y receives a substanti (1)(A)(vi). (Complete I	al part of					or from the	e gener	al publ	lic	
8	П			in section 170(b)(1)(omplete F	Part II.)							
9	$\overline{\boxtimes}$	An organizat receipts from support from	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross eceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
10	Ш	An organizat	tion organized a	nd operated exclusive	ly to test t	for public	safety. Se	ee sectio	n 509(a)(4).				
11		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 that describes the type of supporting organization and complete lines 11e through 11h.												
		a Type	1 b	Type II c	Туре	e III–Fund	tionally in	tegrated		d 🔲 1	ype III	-Other	•	
e f g		persons other 509(a)(1) or If the organization	er than foundation section 509(a)(2 zation received a , check this box	a written determination	r than one	e or more IRS that	publicly s it is a Typ	supported be I, Type	II, or Typ	itions des	cribed		ion	
_		following per	rsons?	-										
		• •		or indirectly controls,		_						Yes	No	
		•		verning body of the su		-					11g(i)			
				person described in (i							11g(ii)			
.				y of a person describe ation about the suppor							11g(iii)			
<u>h</u> (i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o		(v) Did y the organ col (i)	ou notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?	,) Amoun support	t of	
					Yes	No	Yes	No	Yes	No				
(A)													0	
(B)					<u> </u>			_	 		 			
(5)													0	
(C)													0	
(D)													0	
(E)											<u> </u>		0	
T _ 4 =							1						^	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (f) Total (e) 2010 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 0 0 0 0 0 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar . . . sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10. Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 0 00% 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 0.00% 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	93,942	107,756	138,267	128,016	157,655	625,636
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose.	95,680	178,255	161,435	58,492	144,321	638,183
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.		:				0
5	The value of services or facilities				,		
	furnished by a governmental unit to the						
	organization without charge	1					0
6	Total. Add lines 1 through 5	189,622	286,011	299,702	186,508	301,976	1,263,819
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	<u> </u>					0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
_	Add lines 7a and 7b	0	0	0	0	0	0
-8 	Public support (Subtract line 7c from line 6.)						1,263,819
	tion B. Total Support		·	4) 0000			(n = 1)
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	189,622	286,011	299,702	186,508	301,976	1,263,819
10a	Gross income from interest, dividends,	ĺ					
	payments received on securities loans,		i				
	rents, royalties and income from similar sources	1,601	1,832	1,798	371	44	5,646
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975	1 221	4 000	4 700	074		0
	Add lines 10a and 10b	1,601	1,832	1,798	371	44	5,646
11	Net income from unrelated business						
	activities not included in line 10b, whether						0
40	or not the business is regularly carried on .	-	-				
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)	1,605	2,280	2,124	3,483	2,261	11,753
13	Total support. (Add lines 9, 10c, 11,	1,005	2,200	2,127	5,705	2,201	11,700
15	and 12)	192,828	290,123	303,624	190,362	304,281	1,281,218
14	First five years. If the Form 990 is for the organization						1,201,210
• •					•		
Sac	tion C. Computation of Public Support						
15	Public support percentage for 2010 (line 8, column		e 13. column (fl)			15	98 64%
16	Public support percentage for 2010 (line 8, column Public support percentage from 2009 Schedule A,	,				16	0.00%
	tion D. Computation of Investment Inco						0.00/10
17	Investment income percentage for 2010 (line 10c,			ımn (fl)		17	0.44%
18	Investment income percentage from 2009 Schedu	• •	-			18	0.00%
19a	33 1/3% support tests—2010. If the organization of				· ·		0.0070
. 54	not more than 33 1/3%, check this box and stop h						▶ [X
b	33 1/3% support tests—2009. If the organization of						
~	line 18 is not more than 33 1/3%, check this box a						▶ [
20	Private foundation. If the organization did not she		•	•		-	

Schedule A (Form	990 or 990-EZ) 2010			SHIP NETWORK		84-1272128	Page 4
Part IV					xplanations required art for any additional		
Part III Line 12	THOSE ARE MA	INLY COPY INCOM	E AND REIMBU	RSEMENTS FOR	UTILITIES		
						·	
		• • • • • • • • • • • • • • • • • • • •	•••••				
		• • • • • • • • • • • • • • • • • • • •					
					• • • • • • • • • • • • • • • • • • • •		
•••••							
						• • • • • • • • • • • • • • • • • • • •	
	•••••						

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

JAPA Pari	NESE CHRISTIAN FELLOWSHIP NETWOR	RK or Advised Funds or Other Similar F	84-1272128 Funds or Accounts Complete if
ı aı	the organization answered "Yes" t		unds of Accounts. Complete if
	are digarization anovered 100 t	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and d	onor advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subje-	ct to the organization's exclusive legal cor	ntrol? Yes . No
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gra	ant funds can be
	used only for charitable purposes and not for		r, or for any other
	purpose conferring impermissible private be	enefit?	Yes <u>No</u>
Part	Conservation Easements. Comp	plete if the organization answered "Yes	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all that apply)	
	Preservation of land for public use (e.g., reci		on of an historically important land area
	Protection of natural habitat		on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organize	ation held a qualified conservation contrib	ution in the form of a conservation
-	easement on the last day of the tax year.	ation held a qualified conservation contrib	ation in the form of a conservation
			Held at the End of the Tax Year
а	Total number of conservation easements.		
b	Total acreage restricted by conservation ea	sements	2b
С	Number of conservation easements on a ce	rtified historic structure included in (a).	2c
d	Number of conservation easements include	d in (c) acquired after 8/17/06, and not on	ıa
	historic structure listed in the National Regis		
3	Number of conservation easements modifie	d, transferred, released, extinguished, or	terminated by the organization
	during the tax year		
4	Number of states where property subject to		
5	Does the organization have a written policy		
6	violations, and enforcement of the conserva		
U	Staff and volunteer hours devoted to monito	ining, inspecting, and emorcing conservati	ion easements during the year
7	Amount of expenses incurred in monitoring,	inspecting and enforcing conservation e	asements during the year
•	► \$	moreoung, and emoroning concentration of	accinence during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	nts of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization r	eports conservation easements in its reve	enue and expense statement, and
	balance sheet, and include, if applicable, th	e text of the footnote to the organization's	financial statements that describes
	the organization's accounting for conservati		
Par		ons of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted und	•	
	works of art, historical treasures, or other si	·	
	of public service, provide, in Part XIV, the te		
b	If the organization elected, as permitted und		
	works of art, historical treasures, or other si		ucation, or research in furtherance
	of public service, provide the following amou	unts relating to these items.	▶ •
	(i) Revenues included in Form 990, Part VI	n, ane 1	. »
2	(ii) Assets included in Form 990, Part X		
4	If the organization received or held works of following amounts required to be reported u		<u> </u>
а	Revenues included in Form 990, Part VIII, li	ne 1	> \$ \$
b	Assets included in Form 990, Part X		> \$

JAPANESE CHRISTIAN FELLOWSHIP NETWORK

84-1272128

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Scheal	ile D (Form 990) 2010	_				•	_		_	Page Z
use of its collection items (check all that apply): a	Part	III Organizations Maintaining	Collections of A	rt, Histori	cal Trea	asures, or C	Other Si	milar Assets	(continu	ued)	
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an angent furture, evicidian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table. 1 If "Yes," explain the arrangement in Part XIV and complete the following table. 2 Beginning balance 1 1	3	Using the organization's acquisition,	accession, and oth	er records,	check a	ny of the follo	wing tha	at are a significa	ant		
b Scholarly research e Other c Preservation for future generations Part XIV. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit for receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No IV. Jine 9, or reported an amount on Form 990, Part X, Iine 21. Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, Iine 21. Is the organization and gent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, Iine 21. Beginning balance C Beginning balance I a did Distributions during the year. I fending balance. I fending balance. I fending balance. (a) Current year (b) Prior year (c) Two years back (d) Trive years back (e) Four yea		use of its collection items (check all the	hat apply):	_							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition		d 📙	Loan	or exchange	program	s			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Part XIV Part XI	b	Scholarly research		е 🗌	Other						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Part XIV Part XI	С	Preservation for future generat	ions								
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	4	Provide a description of the organization		nd explain l	how they	further the o	rganizatı	on's exempt pu	ırpose ir	1	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	5		solicit or receive de	onations of	art, histo	orical treasure	es, or oth	ner simılar		_	
IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table. C Beginning balance d Additions during the year. 1e											No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Part		_		_		vered "Y	es" to Form 9	990, Pai	rt 	
b If "Yes," explain the arrangement in Part XIV and complete the following table. c Beginning balance	1a						other as	ssets not			
C Beginning balance C C		included on Form 990, Part X?			٠				Ye	s 🗌	No
C Beginning balance	b	If "Yes," explain the arrangement in F	Part XIV and compl	ete the follo	owing tat	ole.					
d Additions during the year e Distributions during the year f Ending balance. 1f								/	Amount		
e Distributions during the year	C	Beginning balance					1c				
Fending balance	d	Additions during the year			<i>.</i>		1d				
Did the organization include an amount on Form 990, Part X, line 21?	е	Distributions during the year									
b If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	f	Ending balance					1f				0
b If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	2a	Did the organization include an amou	ınt on Form 990, P	art X, line 2	21?				☐ Ye	s X	No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back				•					_		•
(a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back	Part			ation ansv	wered "\	es" to Form	1 990. P	art IV. line 10			
Beginning of year balance										ur years	s back
b Contributions .	1a	Beginning of year balance									
c Net investment earnings, gains, and losses. d Grants or scholarships . e Other expenditures for facilities and programs . f Administrative expenses . g End of year balance . D 0 0 0 0 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	_										
and losses . d Grants or scholarships					•		-				
d Grants or scholarships . e Other expenditures for facilities and programs . f Administrative expenses . g End of year balance . 0 0 0 0 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	·										
e Other expenditures for facilities and programs . f Administrative expenses . g End of year balance . 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	٨										
and programs								·····			
f Administrative expenses	e	· · · · · · · · · · · · · · · · · · ·							-		
g End of year balance		· •									
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	-			-	0						
a Board designated or quasi-endowment b Permanent endowment c Term endowment				1		<u> </u>	<u> </u>		ı		
b Permanent endowment	-	The state of the s	-		:						
c Term endowment	a	•	ent P	%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (nivestment) (investment) (b) Cost or other despite (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value C Leasehold improvements 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b		<u>%</u>								
organization by: (i) unrelated organizations (ii) related organizations (iii) related											
(i) unrelated organizations	3a		e possession of the	e organizat	ion that a	are held and a	administ	ered for the	1		
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		=							- m	Yes	NO
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?		- · ·					٠				
Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 17,878 11,974 5,904							•				
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 0 0 0 b Buildings 0 0 0 c Leasehold improvements 0 0 0 d Equipment 0 0 0 e Other 0 17,878 11,974 5,904	b								3b		
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	_										
Ia Land 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 0 0 0 0 e Other 0 17,878 11,974 5,904	Part	VI Land, Buildings, and Equi	pment. See Forr	<u>n 990, Pa</u>	rt X, line	10.					
b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 0 0 0 0 e Other 0 17,878 11,974 5,904		Description of investment	1 ' '						(d) B	ook valu	ie
b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 17,878 11,974 5,904	1a	Land		o		0					0
c Leasehold improvements	b	Buildings		o		0		0			0
d Equipment	С	-		ol		0		0			0
e Other	_			ol	-	0		o			0
		Other		0	•	17,878		11,974			5,904
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 5,904) must equal Form	990, Part 2	X, colum						5,904

JAPANESE CHRISTIAN FELLOWSHIP NETWORK 84-1272128 Schedule D (Form 990) 2010 Page 3 Investments—Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives 0 0 (2) Closely-held equity interests . . . 0 0 0 0 0 0 0 0 Ol Total (Column (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. See Form 990, Part X, line 13. (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value (1) 0 0 (2)0 (3)0 (4) 0 (5) 0 (6) ol (7) 0 (8) 0 (9)0 (10)Total (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value 0 (1) 0 (2)0 (3)0 (4)0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). 0 Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability 0 (1) Federal income taxes 0 (2) 0 (3) 0 (4) (5) 0 0 (6) 0 (7)

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(8)

(9)

(10)

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

0

0

0

0

Total expenses (Form 990, Part IX, column (A), line 25) 2 3	302,631
Total expenses (Form 990, Part IX, column (A), line 25). Excess or (deficit) for the year. Subtract line 2 from line 1	302 631
Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments 4 5 5 5 5 5 5 5 5 5	
Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments	236,781
Net unrealized gains (losses) on investments 4 5 5 5 6 1 1 1 1 1 1 1 1 1	65,850
5	
7 Prior period adjustments 7 Other (Describe in Part XIV.) 8 S Other (Describe in Part XIV.) 9 S Other (Desc	
8 Other (Describe in Part XIV.)	
8 Other (Describe in Part XIV.)	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. 3 Net unrealized gains on investments 4 Donated services and use of facilities 5 Donated services and use of facilities 6 Recoveries of prior year grants 6 Other (Describe in Part XIV.) 8 Add lines 2a through 2d 9 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 9 a Investment expenses not included on Form 990, Part VIII, line 7b 9 Other (Describe in Part XIV.) 1 Add lines 4a and 4b 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 1 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 3 Add lines 2a through 2d 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 4 C	
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	0
Total revenue, gains, and other support per audited financial statements	65,850
Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains on investments. b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIV.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a Dother (Describe in Part XIV.). c Add lines 4a and 4b. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIV.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIV.). 4 Dother (Describe in Part XIV.). C Add lines 4a and 4b.	
a Net unrealized gains on investments .	
b Donated services and use of facilities . 2b	
c Recoveries of prior year grants	
Other (Describe in Part XIV.) 2d	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIV.). c Add lines 4a and 4b. 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	
Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIV.)	0
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	0
b Other (Describe in Part XIV.). c Add lines 4a and 4b. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c	
c Add lines 4a and 4b. 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b Lec Total expenses per Return 5 Subtracted Financial Statements With Expenses per Return 1 2a Lec 2a Lec 2b Lec 2c Lec 2d Lec 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Lec 4c	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	0
Total expenses and losses per audited financial statements	0
Total expenses and losses per audited financial statements	
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
a Donated services and use of facilities	
b Prior year adjustments c Other losses	
c Other losses	
d Other (Describe in Part XIV) e Add lines 2a through 2d	
e Add lines 2a through 2d	
Subtract line 2e from line 1	0
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.)	0
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.)	
b Other (Describe in Part XIV.)	
c Add lines 4a and 4b	
	0
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	0
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	
	 .
•••••••••••••••••••••••••••••••••••••••	

JAPANESE CHRISTIAN FELLOWSHIP NETWORK 84-1272128 Schedule D (Form 990) 2010 Page 5 Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection

Employer identification number

JAPANESE CHRISTIAN FELLOWSHIP NETWORK	84-1272128
Form 990, Part III, Line 4d. Program Service Expenses: 8,282, Grants and allocations	: 0,
Revenue: 9,286 RISE & SHINE: PURPOSE OF CONFERENCE IS FOR DISCIPLESH	IIP, FELLOWSHIP, AND
NETWORK AMONG JAPANESE CHRISTIANS IN NORTH WEST AREA. (MAINLY OF	REGON AND WASHINGTON)
TARGET: JAPANESE STUDENTS AND YOUNG ADULTS (150 PEOPLE)	
Form 990 Part Part VI Section B Line 11 THE ENTIRE BOARD REVIEWS THE DRAF	T VERSION OF FORM
990	
Form 990 Part Part VI Section C Line 19 JCFN MAKES FINANCIAL STATEMENTS AN	ND OTHER NECESSARY
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THROUGH ITS PERIODIC	AL NEWSLETTER.
Form 990 Part Part VI Section A Line 2 REV. SAKU KURODA (BOARD MEMBER) AN	D MS. SETSU KURODA
(INTERNATIONAL DIRECTOR) ARE FATHER-DAUGHTER RELATIONSHIPS.	
•••••	
	•••••

Schedule O (Form 990 or 990-EZ) (2010)	` Page 2
Name of the organization	Employer identification number
JAPANESE CHRISTIAN FELLOWSHIP NETWORK	84-1272128
	••••••
	•

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

JAPANESE CHRISTIAN FELLOWSHIP NETWORK

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

▶ See separate instructions.

► Attach to Form 990.

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 Open to Publ

Inspection Employer identification number 84-1272128

Part I 10	Identification of Disregarded Entities (Complete	e if the organization answered "Yes" to Form 990, Part IV, line 33.)	nswered "Yes" to	Form 990, Part I	IV, line 33.)			!
	(a) Name, address, and EIN of disregarded entity) Primary	(b) Primary activity Legal or fo	(c) Legal domicile (state Tropical country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
					0	0		
(2)					0	0		
(8)					0	0		
(4)					0	0		
(5)					0	0		l
(9)					0	0		l
Part II Ic	Identification of Related Tax-Exempt Organizatione or more related tax-exempt organizations duri	ations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had uring the tax year.)	ne organization a	nswered "Yes" to	Form 990, Pa	rt IV, line 34 be	cause it had	
	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) tus Direct controlling (3)) entity	(g) Section 512(b)(13) controlled entity? Yes No	<u> </u>
(1) OVERSEA 10 W. DRY CR	(1) OVERSEAS MISSIONARY FELLOWSHIP 23-0470990 10 W. DRY CREEK CIRCLE, LITTLETON, CO 80120	CHURCH PLANTING &CO	00	501(c)(3)	6	N/A	<u> </u>	
(2) GRACE BF 3590 ELM AVE	(2) GRACE BRETHREN CHURCH OF LONG BEACH 95-1683883 3590 ELM AVENUE, LONG BEACH, CA 90807	CHURCH	CA	501(c)(1)		N/A	×	
(3)			:					
(4)								1
(5)								
(9)								
W.								
For Paperwork F	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	0.				Schedule	Schedule R (Form 990) 2010	[은

84-1272128 Page 2

JAPANESE CHRISTIAN FELLOWSHIP NETWORK

Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Part III

Percentage % Percentage % % % % % 》 Schedule R (Form 990) 2010 % % % % 紾 ownership ownership 3 Ξ 0 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part (j) General or managing partner? å (g)
Share of
end-of-year assets Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) 0 0 0 0 0 0 (f) Share of total income (h)
Disproportionate
allocations? å IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Yes (g) Share of end-of-year (e)
Type of entity
(C corp, S corp. because it had one or more related organizations treated as a partnership during the tax year.) (d)
| Direct controlling entity 0 0 0 0 0 (f) Share of total income (c) Legal domicile foreign country) (state or (e)
Predominant
income (related,
unrelated, sections 512-514) excluded from Primary activity (d)
I Direct controlling | (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b)
Primary activity (a) Name, address, and EIN related organization Part IV [2] £ 2 3 €. (5) 9 Ξ 2 € € 3 9 2

JAPANESE CHRISTIAN FELLOWSHIP NETWORK

Schedule R (Form 990) 2010

84-1272128

Page 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

1 201	Jan 200	ulo D /Eo	Podos		
			0		(9)
			0		(5)
			0		(4)
			0		(3)
			0		(2)
			0		(1)
guiui Pd	(a) Method of determining amount involved	Method of amou	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
olds.	thresho	saction t	d relationships and tran	line, including covered	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
×		11			
	×	2			Other transfer of cash or property to other organization(s)
×		1			
×		-01			• Reimbursement baid to other organization for expenses.
×		1n			n Sharing of paid employees
×		E E			m Sharing of facilities, equipment, mailing lists, or other assets.
$\times \mid \times$		* =	• .		 k Performance of services or membership or fundraising solicitations for other organization(s). l Performance of services or membership or fundraising solicitations by other organization(s).
	×	<u>.</u>			j Lease of facilities, equipment, or other assets from other organization(s)
×		;			i Lease of facilities, equipment, or other assets to other organization(s)
×		ŧ		•	
×		19			g Purchase of assets from other organization(s).
×	!	<u>;</u>			f Sale of assets to other organization(s).
×		1e			e Loans or loan guarantees by other organization(s)
×		10			d Loans or loan guarantees to or for other organization(s)
×		10			c Gift, grant, or capital contribution from other organization(s)
×		1b			
×		1 a			a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.
			ed in Parts II–IV?	ated organizations liste	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?
No.	Yes				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entry	(b) Primary activity	(c) Legal domicile	(d) Are all partners	(e) Share of	(f) Disproportionate		(h) General or) ral or
		(state or foreign country)	section 501(c)(3) organizations?			of Schedule K-1 (Form 1065)	managing partner?	iging ier?
			Yes No		Yes No		Yes	2
(1)					0	0		
(2)					0	0		
(3)					0	0		
(4)		:			0	0		
(5)					0	0	0	
(9)					0	0		
(2)					-	0		
(8)					0	Ö	0	
(6)					0	0	0	
(10)					0	0	0	
(11)					0	0	0	
(12)					-0	0		ļ
(13)				J	0	0		į
(14))	0	0		
(15))	0	0		
(16)					0	0		
						Schedule R (Form 990) 2010	orm 990	2010

Schedule R (For	m 990) 2010	JAPANESE CHRISTIAN FELLOWSHIP NETWORK	84-1272128	Page 5
Part VII	Supplem	ental Information	-	
	Complete	this part to provide additional information for responses to questions of	on Schedule R (see	
	instruction	ns).	,	
				
				•

Schedule R (Form 990) 2010

Reasonable Cause Explanation (990)		

Item F (990) - Name and Address of Principal Officer

Name			Phone Number
SETSU KURODA			(949) 660-1236
Address			Foreign Country
NEWSONG CHURCH, 18842 TELLER	AVENUE		
City, Town, or Post Office	State	Zip Code	Check ("X") if a business
IRVINE	CA	92612-1615	<u> </u>

Item H(b) (990) - Affiliates Included in Group Return

	Name	Street Address	Cıty	State	ZIP code	Foreign Country	
1							
2							
3							
4							
5							
9							
7							
8							
6							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Item M (990) - State of Legal Domicile
State
CO Foreign Country

Part V, Line 4b (990) - Authority over a Financial Account in a Foreign Country

At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country	Japan								
If	1	2	3	4	2	9	 8	6	10

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

	-		_	_
	Armed Forces the Americas	Louisiana		Palau
	Armed Forces Europe	Massachusetts		Rhode Island
L.	Alaska	Maryland		South Carolina
L	Alabama	Maine		South Dakota
L	Armed Forces Pacific	Marshall Islands		Tennessee
	Arkansas	Michigan		Texas
	American Samoa	Minnesota		Utah
	Arizona	Missouri		Virginia
X	California	Commonwealth of the Northern Mariana Islands		U.S. Virgin Islands
	Colorado	Mississippi		Vermont
	Connecticut	Montana		Washington
	District of Columbia	North Carolina		Wisconsin
	Delaware	North Dakota		West Virginia
	Florida	Nebraska		Wyoming
	Federated States of Micronesia	New Hampshire		
	Georgia	New Jersey		
	Guam	New Mexico		
	Hawaii	Nevada		
	lowa	New York		
	Idaho	Ohio		
	Illinois	Oklahoma		
	Indiana	Oregon		
	Kansas	Pennsylvania		
	Kentucky	Puerto Rico		
	•			

Pårt I, Line 11h (Sch A (990/990-EZ)) - Supported Organizations

	It is bline I in toon A	(330/330-L	. z // - Supported Orga	mzanc	<u> </u>					
	Name(s) of supported organization(s)		Type of organization (described in lines 1 through 9 of Page 1 or IRC section)	organizat in the su organiz gove	ation s	organızatı	notify the on of your port?		ganization United tes?	Amount of suppo
		l		Yes	No	Yes	No	Yes	No	
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18										
19	<u> </u>					ļ		 		
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Part VII (Sch D (990)) - Investments Other Securities

	'		
			Method of
	Description	Book Value	Valuation
1	Financial derivatives and other financial products	0	
2	Closely-held equity interests	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8		0	
9		0	
10		0	
_ 11		0	
12		0	
13		0	
14		0	
15		0	
16		0	
17		0	
18		0	
19		0	
20		0	

Part VIII (Sch D (990)) - Investments Program Related

,			
	Description	Book Value	Method of Valuation
1		0	
2		0	
3		0	
4		0	
5		0	
6		0	
7		0	
8		0	
9		0	
10		0	
11		0	· · · · · · · · · · · · · · · · · · ·
12		0	
13		0	
_ 14_		0	
15		0	
16		0	
17		0	
18		0	
19		0	
20		0	

Part IX (Sch D (990)) - Other Assets

, , , , , , , , , , , , , , , , , , , ,		
	Description	Book Value
1		0
2		0
3		0
4		0
5		0
6		0
7		0
8		0
9		0
10		0
11		0
12		0
13	•	0
14		0
15		0
16		0
17		0
18		0
19		0
20		0

Part X (Sch D (990)) - Other Liabilities

Description	Amount
1 Federal Income Taxes	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
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