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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2012

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning	_		nue Service	▶ The organization may have to use a copy of this return to satisfy state reporting requirement	its.		
Advance-charge Name charge Name charg	A	For the	2012 calend	ar year, or tax year beginning October 1 , 2012, and ending S	eptembe	er 30 , 20	13
Number and astreet (or P O box, if mail is not delivered to street address) Room/vaule E Telephone number PO Box 1791 Terminated PO Box 1791 Telephone number PO Box 1791 Telephone	В	Check if ap	oplicable	C Name of organization D E	mployer ic	lentification numbe	r
Number and streety P O Dox, if mail is not delivered to street address) Room/eutile E Telephone number Internative PO Box J 1931 Core room, and a country, and ZIP ± 4 F Group Exemption Room/eutile PO Box J 1931 Core room, and a country, and ZIP ± 4 F Group Exemption Room/eutile PO Box J 1931 Core room, and a country, and ZIP ± 4 F Group Exemption Room/eutile PO Box J 1931 Core room, and a country PO Box J 1931 Core room, and a country PO Box J 1931 Core room, and a country PO Box J 1931 Core room, and a country PO Box J 1931 Core room, and a country PO Box J 1931 Core room, and a country PO Box J 1931 P		Address c	hange	Japan America Association of South Carolina	5	7-0877695	
Temperated Process		Name cha	nge				
City or town, state or country, and ZIP + 4 Repetation producing Registrating performs	=			PO Box 1791	86	64-627-7272	
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	=						
Accounting Method □ Cash	_				•	•	
Website: ► www, jaasc org Tare-exempt status (check only one) Z 501(c)(3) 501(c) 4 (nsert no.) 4947(a)(1) or 527 Form 990, 990-E27, org 990-Pp.					k ▶ [7]	if the organization	is not
Tax-exempt status (check only one)			-	<u> </u>		-	13 1100
K Check If the organization is not a section 500(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part III, line 25, octume (19) below) are \$500,000 or more, life Form 990 interested of Form 990-EZ. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II). Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, grits, grants, and similar amounts received. 1 Contributions, grits, grants, and similar amounts received. 1 Investment income. 1 Investment income. 3 Investment income. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events. 7 C O C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 C Gross aloss income from fundraising events (add lines 6a and 6b and subtract line 6c). 7 C Gross sales of inventory, less returns and allowances. 7 C O O Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5, 6, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent confractors RECEIVE				19200 0.4			
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	Check if the organization used Schedule	e O to respond to a	ny question in this			🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			135,182	22	139,337
23 24	Land and buildings				23	
25	Total assets			135,182		139,337
26	Total liabilities (describe in Schedule O)		Table	133,102	26	139,337
27	Net assets or fund balances (line 27 of column			135,182		139,337
Par	t III Statement of Program Service Accom	nplishments (see th	ne instructions for			Expenses
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III 🗌	(Red	quired for section
Wha	t is the organization's primary exempt purpose?	Educational Purpose	e			(c)(3) and 501(c)(4)
as m	cribe the organization's program service accompl neasured by expenses. In a clear and concise r ons benefited, and other relevant information for e	manner, describe the			494	anizations and section 7(a)(1) trusts, optional others.)
28	Association operates a Saturday School to teach ele	ements of Japanese c	ulture to children			
	(Grants \$ 0) If this amoun	t includes foreign gra	ants, check here .	▶ □	28a	93,624
29						
-00	(Grants \$ 3,800) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	29a	21,918
30						
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ □	30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	31a	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke				struc	tions for Part IV)
-	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-	contributions to employ benefit plans, and		Estimated amount of other compensation
*See	Attached Schedule					
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
	D. I. I		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a n/a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b n/a	-		_
39	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on line 9			l
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			l
	section 4911 ▶ o ; section 4912 ▶ o ; section 4955 ▶ o			1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ļ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	401		,
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► South Carolina			
42a			7-147	5
_	Located at ► 38 Aberdeen Drive, Greenville, South Carolina ZIP + 4 ►	29	505	r
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► n/a			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
	If "Yes," enter the name of the foreign country: ► n/a			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			n/a
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	<u> </u>		
<i>-</i> –	explanation in Schedule O	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

FORM 990-E	2 (2012)							aye T
							Yes	No
	d the organization engage, directly or in					ion		
to	candidates for public office? If "Yes," of	complete Schedule C	, Part I			. 46		
Part VI	Section 501(c)(3) organizations	sonly						
	All section 501(c)(3) organization		stions 47–49b ar	nd 52, and	d complete th	e tables f	or line	es
	50 and 51	o made amorror que	5110115 11 10 5 41	.a oz, a	a complete th	o (ab)00 .	O	50
		h . . O		a Alexa Daw				
	Check if the organization used Sc	neaule O to respond	to any question i	n this Pan	(VI	<u>· · · · · · · · · · · · · · · · · · · </u>		
							Yes	No
	id the organization engage in lobbying		section 501(h) elec	ction in eff	ect during the	tax		i
yε	ear? If "Yes," complete Schedule C, Par	tli				. 47		1
48 Is	the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes " comple	te Schedul	e F	. 48	1	
	id the organization make any transfers t		•				V	
								_
	"Yes," was the related organization a se							<u> </u>
	omplete this table for the organization's							
er	mployees) who each received more than	1 \$100,000 of comper	nsation from the or			e, enter "N	ione."	
		(b) Average	(c) Reportable		lealth benefits,	(a) Fatimati		
	(a) Name and title of each employee paid more than \$100,000	hours per week	compensation	honofit n	tions to employee lans, and deferred	(e) Estimate other con		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS		mpensation	0 11101 0011	.ролоа	
					•			
None		-						
		1						
		L	<u></u>					
	otal number of other employees paid ov				_			
51 C	omplete this table for the organization	's five highest compo	ensated independe	ent contrac	ctors who each	ı received	more	than:
\$	100,000 of compensation from the orga	anization. If there is no	one, enter "None."					
	me and address of each independent contractor pa	and more than \$100,000	(b) Type of	200,000	100) Compensati	••	
(a) Nai	me and address of each independent contractor pa	aid more man \$100,000	(b) Type of	SELVICE	(0,	Compensati	UII	
None								
NOTIE								
			-					
			<u></u>					

*			1					
			1					
			1					
	otal number of other independent contr	_		.▶				
	id the organization complete Schedule			ons and 49	47(a)(1)		_	
n	onexempt charitable trusts must attach	a completed Schedu	le A			✓ Yes	<u> </u>	No
Under pena	alties of perjury, I declare that I have examined this	return, including accompan	ying schedules and stat	ements, and	to the best of my ki	nowledge and	l belief,	ıt ıs
true, correc	ct, and complete Declaration of preparer (other tha	n officer) is based on all info	ormation of which prepa	rer has any kr	nowledge			
	1/2/1/20				2/11/K	T		
Sign	Signature of officer	Date	 					
Here	,							
. 1616	Chinatophici B King, Freedord							
	Type or print name and title	In		Deti				
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Prepar	er				self-emplo	yed		
Use O					Firm's EIN ▶			
OSE OI	Firm's address ▶				Phone no			
May the	IRS discuss this return with the prepare	er shown above? See	instructions			► ☐ Yes		No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name	of the organization						Ti	Employer ic	lentification	number		
	America Associati				- 1 -	1-1-	41-1		57-08			
Par			rity Status (All orga						nstructio	ns.		
1 2 3 4	☐ A church, conv ☐ A school descri ☐ A hospital or a ☐ A medical rese	vention of church ribed in section cooperative hos	tion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Sched ation desc	s describe ule E.) cribed in :	ed in sec section	tion 170 170(b)(1)((b)(1)(A)(i (A)(iii).		(iii). Ente	er the	
5	☐ An organizatio		the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit c	lescrit	oed ir
6 7	An organizatio	n that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or from	n the ge	neral _l	public
8 9	An organization receipts from support from	n that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that to its exempt funct int income and unre- fter June 30, 1975. Se	an 33¹/₃% ions—sul lated bus	6 of its su bject to d siness ta	upport fro certain ex xable inc	xceptions come (les	s, and (2) ss sectio	no more	than 3	31/3%	of its
10 11	An organization	on organized ar ne or more pub	operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th	ne benefi describe	t of, to o	perform ion 509(a	the funct a)(1) or se	ions of, ection 509	9(a)(2). S		
e f	other than fou or section 509 If the organiza	ndation manage (a)(2).	that the organization ers and other than one a written determination	is not co e or more	ntrolled d	lirectly or support	r indırectl ed organ	y by one izations o	described	disqualif in secti	ed pe on 509	ersons 9(a)(1)
g	o	17, 2006, has t	he organization acce	pted any	gift or co	ontributio	on from a	ny of the		•	•	· []
	(iii) below, (iii) A family m (iii) A 35% cor	the governing bo ember of a perso atrolled entity of	ndirectly controls, eit ody of the supported on described in (i) abo a person described in	organızat ove? n (ı) or (ii) a	ion? above? .					11g(i 11g(i 11g(i)	No
h	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o in col (i) is governing	organization sted in your document?	(v) Did y the orgai col (i) sup	rou notify nization in of your port?	organizat (i) organi U	tion in col zed in the S?	(vii) Amou sı	nt of mo	onetary
				Yes	No	Yes	No	Yes	No			
(A)						···-						
(B)												
(C)												
(D)												
(E)												
Toto												

18

Part	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organızatio	n failed to qu	
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0000			/ B 00//	4) 2040	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				<u> </u>		
	on B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<i>.</i>	· · · · ·	<u> </u>	> [_
	on C. Computation of Public Suppor			Id adv · · · · · · · · · · · · ·			
14	Public support percentage for 2012 (line (15	<u>%</u>
15 16a	Public support percentage from 2011 Sci 331/3% support test—2012. If the organi	zation did not	II, IIIIE 14 Check the boy				heck this
iva	box and stop here. The organization qua						. ► [
b	331/3% support test—2011. If the organ	•		_			
D	check this box and stop here. The organ						. ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f	012. If the orga ets the "facts- acts-and-circu	anization did n and-circumsta imstances" tes	ot check a box ances" test, che	on line 13, 16 eck this box ar	nd stop here. E	line 14 is Explain in upported
_	organization						▶ □
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization members in Part IV how the organization members	tion meets the neets the "facts	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check the he organizatio	nis box and st n qualifies as a	op here . a publicly
	supported organization						. ▶ 🛚

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

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees			·			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					ļ	
	organization's tax-exempt purpose					1	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid				 	1	
	to or expended on its behalf			_			
5	The value of services or facilities	1 11					
	furnished by a governmental unit to the						,
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<u> </u>	line 6.)			l	<u> </u>		
	on B. Total Support	4) 0000	41.0000	() 0010	1 0 0011	1.3.0040	(0 T.1.1
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.					į	
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b			1	-		
11	Net income from unrelated business			 			
**	activities not included in line 10b, whether						
	or not the business is regularly carried on			1			
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)			-			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1					
14	First five years. If the Form 990 is for the	ne organizatioi	n's first, secon	nd, third, fourth	n, or fifth tax y	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Support	rt Percentag	je				
15	Public support percentage for 2012 (line		-				%
16	Public support percentage from 2011 Sc					16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2012					17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box		-				
b	331/3% support tests—2011. If the organization 18 is not more than 331 mg/, shock this						
	line 18 is not more than 33½%, check this						_
20	Private foundation. If the organization d	ia not cneck a	DOX OF TIME 14	, 19a, or 19b, (CHECK THIS DOX	and see inst	ructions 🕨 📋

SCHEDULE E (Form 990 or 990-EZ)

Schools

 Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Japan America Association of South Carolina

57-0877695

c Employment of faculty or administrative staff?	Salut				
bylaws, other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast modal during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records indicating the racial composition of the student body, faculty, and administrative staff? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 Copies of all material used by the organization or on its behalf to solicit contributions? 4 If you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: 5 Students' rights or privileges? 5 Copies of all material used by the organization or on its behalf to solicit contributions? 5 Employment of faculty or administrative staff? 6 Copies of all material used by the organization via the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: 6 Copies of all material used by the above please explain. If you need more space, use Part II. 6 Copies of a Copies of the financial assistance? 6 Does the organization receive any financial aid or assistance from a governmental agency? 6 Does the organization rec	1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 4 Does the organization maintain the following? 8 Records indicating the racial composition of the student body, faculty, and administrative staff? 9 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 1 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 1 Copies of all material used by the organization or on its behalf to solicit contributions? 2	•	bylaws, other governing instrument, or in a resolution of its governing body?	1	✓	
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the preigistration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Employment of faculty or administrative staff? Admissions policies? Sa	2	brochures, catalogues, and other written communications with the public dealing with student admissions,	-m		
during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 4 Does the organization maintain the following? 8 Records indicating the racial composition of the student body, faculty, and administrative staff?	_		2	✓	
describe. If "No," please explain. If you need more space, use Part II 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? A vibracional Records documenting that scholarships and other financial assistance are awarded on a racially noncliscriminatory basis? C Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5 Employment of faculty or administrative staff? 5 Employment of faculty or administrative staff? 6 Educational policies? 5 Use of facilities? 5 I Use of facilities? 5 I Verextracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6 Does the organization receive any financial aid or assistance from a governmental agency? 6 I Does the organization receive any financial aid or assistance from a governmental agency? 6 I Does the organization's right to such aid ever been revoked or suspended?	3	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? f you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? f Use of facilities? f Use of racilities? f Use of particular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Show the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? 6a Does the organization's right to such aid ever been revoked or suspended?		describe. If "No," please explain. If you need more space, use Part II	3	✓	
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If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?	d	·			
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? f Use of facilities? f Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.					
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?					
a Students' rights or privileges?					
b Admissions policies?					
c Employment of faculty or administrative staff?	а	Students rights or privileges?	Ja		-
d Scholarships or other financial assistance?	b	Admissions policies?	5b		✓
e Educational policies?	С	Employment of faculty or administrative staff?	5c		1
f Use of facilities?	d	Scholarships or other financial assistance?	5d		1
g Athletic programs?	е	Educational policies?	5e		1
h Other extracurricular activities?	f	Use of facilities?	5f		1
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended?	g	Athletic programs?	5g		1
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? 6b 7	h	Other extracurricular activities?	5h		1
6a Does the organization receive any financial aid or assistance from a governmental agency?	••				
6a Does the organization receive any financial aid or assistance from a governmental agency?					
6a Does the organization receive any financial aid or assistance from a governmental agency?					
b Has the organization's right to such aid ever been revoked or suspended?	6a		6a		1
		Has the organization's right to such aid ever been revoked or suspended?			1
7 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through	-	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	7		

Circulae L (i	om 550 of 550-EE) (2512)
Part II	Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service r 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
Japan America Association of South Carolina	57-0877695
Line 10	
Devete 140 500 to 1 and 2 Deve 5 and 1 000 and 1	de ab at Clause a Ulassas to
Donated \$3,500 to Japanese Bon Dance Festival; 300 award given to Japanese language honors stu	dent at Clemson University
Line 16	
Other company for IAACC makeds \$16,712 in expanses related to the Chippenker sultural event ATE	a other misselleneous eveneous
Other expenses for JAASC include \$16,713 in expenses related to the Shinnenkai cultural event, 475 i	Tother miscenarieous expenses
Other expenses for the Saturday School are Training (\$1,043), Text Books (7,497), Copy (958), Equipm	nent (8,580), and Miscellaneous (2,845)

Name of the organization	Employer identification number

Supporting Schedule 2012 Tax Return Company: Japan America Association of South Carolina Address: PO Box 1791, Greenville SC 29602 EIN: 57-0877695

Reference: Form 900ez; Part IV

Name and Address	Title	Avg. Hours Per Week	Compensation, Benefits and Expense Accounts
Kenny Nara	Co Chairman	3	\$0.00
Craig Lundgren	Co Chairman	3	\$0.00
James Rogers	Secretary	3	\$0.00
Christopher King	Treasurer	3	\$0.00
Tomoyoshi Ueno	Education Committee Chairman	1	\$0.00
Atsu Kobayashi	Membership Committee Chairman	1	\$0.00
Katsuhiko Ishikawa	Cultural Committee Chairman	1	\$0.00
Satoru Kuninaka	Japan Affairs Committee	1	\$0 00
Henry Burwell	Advisory Board Member	0.5	\$0 00
John B. Hardaway, III	Advisory Board Member	0.5	\$0.00
Joseph Dickey	Advisory Board Member	0 5	\$0.00
Hirokuni Watanabe	Advisory Board Member	0.5	\$0.00
Yuji Kishimoto	Advisory Board Member	0.5	\$0.00
Allen Creighton	Advisory Board Member	0 5	\$0.00