

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

$\overline{\mathbf{A}}$	For the	2014 calend	ar year, or tax year beginning , 2014, and ending			, 20
В	Check if ap	oplicable.	C Name of organization D	Emplo	yer iden	tification number
	Address o	hange	Japanese American Citizens League, New Mexico Chapter		94-	2504034
	Name cha	inge		Teleph	one num	
\square	Initial retu			505-	565-2185	
ㅐ	Final retur Amended	n/term:nated	27 Cedar Ave. City or town, state or province, country, and ZIP or foreign postal code	Group	Exem	
H		netum n pending	Los Lunas, NM 87031	•	oer ▶	1645
G		ting Method:		eck ►	√ ıf t	he organization is not
	Website	_				h Schedule B
J	Tax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Fo	om 99	0, 990-1	EZ, or 990-PF).
_			☐ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets		
(Pa	ırt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	\$	36,582
E	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in-	struct	ions f	
		Check if	the organization used Schedule O to respond to any question in this Part I			🗸
	1	Contribution	ons, gifts, grants, and similar amounts received		1	6,829
	2	Program s	ervice revenue including government fees and contracts	. Г	2	
	3	Membersh	ip dues and assessments	. Г	3	1,189
	4	Investment	t income	. [4	7,065
	5a	Gross amo	ount from sale of assets other than inventory 5a			
	Ь	Less: cost	or other basis and sales expenses			
	C	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	$\overline{}$	5c	
Revenue	6	Gaming ar	d fundraising events	Γ		
	а		ome from gaming (attach Schedule G if greater than	- 1		
		\$15,000)				
9	b		me from fundraising events (not including \$ 699 of contributions			
æ	1		aising events reported on line 1) (attach Schedule G if the]		
	1	sum of suc	ch gross income and contributions exceeds \$15,000) 6b 20	,648		
	С		· <u> </u>	,026		
	d	Net incom	act			
		line 6c)		· [_	6d	3,622
	7a		s of inventory, less returns and allowances			
	b		of goods sold			
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	·	7c	
	8		nue (describe in Schedule O)	· -	8	851
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9	19,556
	10		d similar amounts paid (list in Schedule O) RECEIVED	·	10	844
	11	•		· -	11	
505	12	Salaries, o	ther compensation, and employee benefits $g_{\mathcal{O}}$	· -	12	
Expenses	13			· -	13	
	. 14	•	y, rent, utilities, and maintenance	·	14	
ш	.0			·	15	342
	16	•	enses (describe in Schedule O)	<u>.</u> ⊦	16	3,052
_	17		enses. Add lines 10 through 16		17	4,238
şţ	18		(deficit) for the year (Subtract line 17 from line 9)	<u>,,, </u>	18	15,318
SSE	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree war figure reported on prior year's return)	1101	40	
Net Assets	200	-		. }	19	196,497
Ž	20		nges in net assets or fund balances (explain in Schedule O)	: 1	20	
_	21 Banan		or fund balances at end of year. Combine lines 18 through 20		21	211,815 Form 990-EZ (2014)
۳Q	raper	work Reauci	ion Act Notice, see the separate instructions. Cat. No. 10642I			roin 330"E.L. (2014)



_	•	
Form	990-EZ	(2014)
		*** ,

Page	2
raue	•

Pai	rt II Balance Sheets (see	the instructions f	or Part II)				
	Check if the organization	n used Schedule	O to respond to ar	ny question in this	Part II		<u> 🗆</u>
					(A) Beginning of year		(B) End of year
22	Cash, savings, and investmen	ts			196,497	22	211,815
23						23	
24	Other assets (describe in Scho	edule O)				24	
25	Total assets				196,497	25	211,815
26	Total liabilities (describe in S	•			- · - · · · · · · · · · · · · · · · · ·	26	
27	Net assets or fund balances		<u> </u>		196,497	27	211,815
Par		-	•		•		_
	Check if the organization				Part III 🔲	J "	Expenses
What	t is the organization's primary ex	empt purpose?	Cultural and civic rig	hts group			uired for section (c)(3) and 501(c)(4)
as m	onbe the organization's program neasured by expenses. In a cle ons benefited, and other relevan	ar and concise m t information for ea	anner, describe the ch program title.	services provide	d, the number of	orga othe	inizations; optional for
	Aki Matsuri Fall Festval. Annual				••	1	
	Approximately 2,500 people atten	d the one-day event	of entertainment, fo	ood, martial arts and	car show.	1	
	(Grants \$		ıncludes foreign gra			28a	17,026
	Teacher Training Workshop, fund					1	
	grant. The purpose of the worksh						
	American historical experience re			<u></u>		1	
	* * * * * * * * * * * * * * * * * * * 		includes foreign gra	· · · · · · · · · · · · · · · · · · ·		29a	844
							}
	opportunity for members and nor	· · · · · · · · · · · · · · · · · · ·	ience various aspect	s of the Japanese c	ulture.		
	Approxmately 50-60 people atten-		*		<u></u> -	l	
	(Grants \$		includes foreign gra	ints, check here .	<u> ▶ ∐</u>	30a	312
31	Other program services (descrit	•					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u></u>	31a	1
	Total program service expens					32	18,182
Par					•	nstru	ctions for Part IV)
	Check if the organization	on usea Scheaule	O to respond to a	ny question in this	(d) Health benefits,		<u> </u>
	(a) Name and title		(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISI (If not paid, enter -0-	contributions to employ C) benefit plans, and		Estimated amount of other compensation
Steve	e Togami / President					- 1	
27 Ce	edar Ave., Los Lunas, NM 87031		5 hrs / wk	-0).		
Calvi	in Kobayashi / Treasurer						
3019	Rio Grande NW, Albuquerque, NM	87107	5 hrs / wk	-4).		
Esthe	er Churchwell / Vice President						
2712	Kentucky NE, Albuquerque, NM 8	7110	5 hrs / wk	-()-		
Keiko	o Johnson / Vice President						
5012	Brighton Hills Place, Rio Rancho,	NM 87144	5 hrs / wk	-()-		
Yuuk	u Nakayachi / Secretary						
909 T	Tijeras Ave. NW, #305, Albuquerqu	e, NM 87102	5 hrs / wk	-4)-		
							<u> </u>
			1				
						\top	
				1	1		
					1		
				j			
				 	1	\top	
				i	1	İ	
					1	+-	
					1	- [

rart				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	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	100	√
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		1
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		1
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		-
C	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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	37ь		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			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9]		
b 40=	Gross receipts, included on line 9, for public use of club facilities	-	1	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-	· · _ ·
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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 ▶			
42a		505-56		
h	Located at ► 27 Cedar Ave., Los Lunas, NM ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	87031	-7699	_
ь	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: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	_		_
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charatable 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		1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
Ь	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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	_✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	<u> </u>	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			*
		45b	ı	ı √

Form 99	90-ÈZ (2	014)						F	Page 4
•								Yes	No
46	Did t	he organization engage, directly or in ndidates for public office? If "Yes," c	idirectly, in political c	ampaign activities	on behalf	of or in opposit	ion	1	,
Part		Section 501(c)(3) organizations		, raiti			46	<u> </u>	
rait	VI	All section 501(c)(3) organizations		setione 47-49h as	nd 52 and	t complete the	a tables i	for lin	000
		50 and 51.	s must answer que	stions 47 -43D at	10 JZ, al 10	complete th	s lables i	101 1111	63
		Check if the organization used Sch	nedule O to respond	to any question	in this Part	· VI			П
		Ondok ii trio organization doca cor	iodaio o to respond	rto arry quostion	in ano i an	• • • •	<u></u>	Yes	No
47		he organization engage in lobbying					tax	1.00	1
	year'	If "Yes," complete Schedule C, Part	t II				. 47		✓
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	ete Schedul	eE	. 48		✓
49a		he organization make any transfers to	•	_				+	✓
b		es," was the related organization a se				· <u></u> · · · . · .			<u></u>
50		plete this table for the organization's							
	empi	oyees) who each received more than	\$100,000 of comper	nsation from the of			e, enter "r	None.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contribu	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimate other con		
							• • • • • • • • • • • • • • • • • • • •		
NONE					1				
									
									
f 51	Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	tors who each	received	more	than
		Name and business address of each independ		(b) Type of	(c)	(c) Compensation			
NONE									
				.[
									
									
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .					
52		the organization complete Schedu			rganization	s must attach			
		oleted Schedule A			_		.►☑ Yes	3 □ 1	No
Under p	enalties	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and state	tements, and t	o the best of my kn	owiedge and	d belief,	, rt ıs
	1001, 8		oncer) is based on all mic		Ter nasany ku		1		
Sign		Signature of officer				<u> </u>	<u> مرد</u>		
Here		▲ Steve Togami, President				Date			
		Type or pnnt name and title							
———		Print/Type preparer's name	Preparer's signature		Date		, PTIN		
Paid	arce					Check Li self-employ			
Preparent Use		Firm's name ▶	 			Firm's EIN ▶			
		Firm's address ▶				Phone no			
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions		<u></u> 1	► ☐ Yes		No

Form 990-ÈZ (2014)

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.

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

ame	of the organization					Employer identification	number
apaı	nese American Citizens League, New	Mexico Chapter				94-250)4034
Par			organizations must	comple	te this pa	art.) See instructio	ns.
he c	organization is not a private founda	tion because it is	s: (For lines 1 through	11, chec	k only or	e box.)	
1	A church, convention of church	nes, or association	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	
2	☐ A school described in section	170(b)(1)(A)(ii). ((Attach Schedule E.)				
3	☐ A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its supp				the general public
8	☐ A community trust described in			Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization at	receives: (1) mo if to its exempt int income and	re than 331/3% of its functions—subject to unrelated business t	support for certain taxable ii	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and	operated exclus	sively to test for public	safety. S	See sect i	on 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	l organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	gularly appoint or ele				
b	Type II. A supporting organize control or management of the organization(s). You must control organization	e supporting org	janization vested in th				
С		ited. A supportin	ng organization operat				y integrated with,
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported of	organizations .					
g	D 11 11 1 1 1 1		orted organization(s).				·
	(i) Name of supported organization	(II) EIN	(til) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you docui	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
A)					;		
B)							
C)							
D)							
E)							

Part							
	(Complete only if you checked th						alify under
O = +1	Part III. If the organization fails to	quality unde	er the tests lis	ted below, pl	ease comple	ete Part III.)	
	on A. Public Support	4) 0040	7.0044	(1)0040	(0 0040	1 1 2011	(0.7.4.)
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.					Ļ	
	on B. Total Support		•	.			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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 her	re	<u> </u>	d, third, fourth			
	on C. Computation of Public Suppor					T 44 T	
14	Public support percentage for 2014 (line 6		~			14	<u>%</u>
15	Public support percentage from 2013 Sch					15	<u>%</u>
16a	331/3% support test—2014. If the organization qual						
b	331/3% support test—2013. If the organicheck this box and stop here. The organic	nization did no	ot check a box	c on line 13 or	16a, and line		_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mer Part VI how the organization meets the "forganization	ets the "facts- acts-and-circi	and-circumsta	inces" test, che st. The organiz	eck this box a	nd stop here. :	line 14 is Explaın in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	013. If the organic ion meets the leets the "fact	anization did n e "facts-and-c s-and-circums	ot check a box ircumstances" tances" test. T	test, check to the organization	his box and so on qualifies as	i, and line t op here . a publicly

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.)

	ii trie organization fails to qualify	under the tes	is listed bein	w, please co	inpiete Part ii	·/	
	on A. Public Support	() 00/0 1			(n and)		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	ľ					
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	1,416	1,425	47,560	14,966	8,018	73,385
~	sold or services performed, or facilities		į	ŀ			
	furnished in any activity that is related to the	į					
_	organization's tax-exempt purpose	47,930	35,398	34,265	29,057	20,648	167,298
3	Gross receipts from activities that are not an	į	į				
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid	Į	:	-		İ	
	to or expended on its behalf						
5	The value of services or facilities	i		[
	furnished by a governmental unit to the				1		
	organization without charge						
6	Total. Add lines 1 through 5	49,346	36,823	81,825	44.023	28,666	240,683
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	` ` ` '					-	
þ	Amounts included on lines 2 and 3				İ		
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				Ì		
_							
8	Add lines 7a and 7b	0	0	0	0	0	0
U	line 6.)				į		242.000
Secti	on B. Total Support		L		1	\.	240,683
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	49,346	36,823	81,825	44,023	28,666	240,683
10a	Gross income from interest, dividends,	49,340	30,023	61,623	44,023	28,000	240,003
	payments received on securities loans, rents,						
	royalties and income from similar sources .	7,032	1,849	9,133	18,124	7,065	43,203
ь	Unrelated business taxable income (less	7,002	1,040	0,100	10,124		40,200
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	7,032	1,849	9,133	18,124	7,065	43,203
11	Net income from unrelated business				i		<u></u>
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						_
	and 12.)	56,378	38,672	90,958	62,147	35,731	283,886
14	First five years. If the Form 990 is for the		's first, second	l, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her					<u> </u>	· · > 🗀
	on C. Computation of Public Suppor				·		
15	Public support percentage for 2014 (line 8		-			15	84.78 %
16	Public support percentage from 2013 Sch			<u> </u>	<u></u>	16	84.42 %
	on D. Computation of Investment Inc				(0)	7 22 7	
17	Investment income percentage for 2014 (I					17	15.22 %
18	Investment income percentage from 2013					18	15.58 %
19a	331/3% support tests—2014. If the organi						·
_	17 is not more than 33½%, check this box a					_	_
b	331/3% support tests—2013. If the organization 18 is not more than 331-9%, shock this b						
00	line 18 is not more than 331/3%, check this b		-	-			_
20	Private foundation. If the organization did	a HOLCHECK & C	JOX ON IME 14,	ida, of 190, C	HECK HIS DOX 8	uio see instruc	tions ▶ 🔲

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	II Supporting	Organizations
--------------	---------------	----------------------

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	<u>5c</u>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
h	Did the erganization have any excess business holdings in the tay year? (Lee Schodule C. Form 4720 to	1	į	1

determine whether the organization had excess business holdings.)

	· · · · · · · · · · · · · · · · · · ·			
Part	Supporting Organizations (continued)		Ta 2 ***	
44	No. the second of the second of the second of the second of the following manager		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		;	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	•	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			{
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	17	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		†	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	l.,		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		}	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations	1_3_	L	<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetri	ction	e)·
1	The organization satisfied the Activities Test. Complete line 2 below.	113ti u	Cuon	<i>3).</i>
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line of below.	see in:	structi	ions).
			Yes	
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tay year directly further the exempt purposes of	Γ	168	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ł	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	ļ	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	ar.		1
2	-	2b	 	
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
a	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported examinations? If "You " describe in Bort VI the role played by the examination in this regard	3h	1	1

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

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			<u> </u>
7	Total annual distributions. Add lines 1 through 6.			····································
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		/ii\	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
C	1			
d	4			1
е	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			<u> </u>
<u> </u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h		 	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (F	orm 990 or 990-EZ) 2014 Page (
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
	······································
	•••••••••••••••••••••••••••••••••••••••
•	······································
	······································

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Japanese American Citizens League, New Mexico Chapter 94-2504034

Part	Fundraising Activities.				vered "Yes" to F	orm 990, Part IV, I	ine 17.
	Form 990-EZ filers are i						
1	Indicate whether the organization	on raised funds t			_		
а	Mail solicitations		e L		ion of non-govern	-	
b	Internet and email solicitation	ons	f		on of governmen	_	
C	☐ Phone solicitations		g L] Special	fundraising events	3	
d	☐ In-person solicitations						
2a	Did the organization have a wri						
	or key employees listed in Form	•	-		-	=	
b	If "Yes," list the ten highest pai compensated at least \$5,000 b			draisers) p	ursuant to agreen	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	ndraiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		 	Yes	No			
1				+	4		
•							
2							
3				ļ			
4			 				
5							
6							
7				·			
		ļ	<u> </u>				
8							
9							
10							
Total			.1	·			
3	List all states in which the organistration or licensing.	anızation is regis	tered or lic	censed to s	solicit contribution	s or has been notifi	ed it is exempt from

			n \$5,000. (a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Japanese Festival			(add col (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	21,347			21,347
-	2 3	Less: Contributions Gross income (line 1 minus	699			699
_		line 2)	20,648			20,648
	4	Cash prizes				
	5	Noncash prizes				
Sesue	6	Rent/facility costs	9,690			9.690
Direct Expenses	7	Food and beverages	2,415			2,415
Direc	8	Entertainment	1,600			1,600
	9	Other direct expenses .	3,321			3,321
	10 11	Direct expense summary. Ad Net income summary. Subtra	d lines 4 through 9 in co	olumn (d)		17,026 3,622
Pa	1 III		organization answer	ed "Yes" to Form 99	0, Part IV, line 19, or re	eported more
		than \$15,000 on Form 9	90-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Green revenue				
\dashv	···!	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes%	☐ Yes% ☐ No	☐ Yes% ☐ No	
		Volunteer labor				
	7	Direct expense summary. Ac		olumn (d)		
	7		ld lines 2 through 5 in c		>	
	8	Direct expense summary. Ac	ld lines 2 through 5 in co	ne 1, column (d)		
	8 Er a Is	Net gaming income summary the state(s) in which the or the organization licensed to co	ld lines 2 through 5 in or y. Subtract line 7 from li ganization conducts ga onduct gaming activities	ne 1, column (d) ming activities: s in each of these states		🗌 Yes 🗌 No
	Er a is b if	Direct expense summary. Ac Net gaming income summar inter the state(s) in which the or the organization licensed to co "No," explain:	ld lines 2 through 5 in or y. Subtract line 7 from li ganization conducts ga onduct gaming activities	ne 1, column (d) ming activities:	s?	

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

14 12	Does the organization conduct gaming activities with nonmembers?	☐ Y		
12	formed to administer charitable gaming?	□ Ye	es 🗌	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			%
b	An outside facility		-	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name ▶			
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y (es 🗆	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ Ye	es 🗀	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations.	nd (v), matior	and (see	

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Japanese American Citizens League, New Mexico Chapter	94-2504034
Form 990-EZ, Part 1, Line 8, Other Revenue: Newsletter advertising, \$650	
Form 990-EZ, Part 1, Line 8, Other Revenue: Taiko drumming performance, \$200	
Form 990-EZ, Part 1, Line 8, Other Revenue: Misc., \$1	
Form 990-EZ, Part 1, Line 10, Grants and Similar Amounts Paid: NPS grant for Teacher Training Works	shop, \$844
Form 990-EZ, Part 1, Line 16, Other Expenses: Travel expense to JACL conventions, \$1,324	
Form 990-EZ, Part 1, Line 16, Other Expenses: ACH processing fees, \$268	
Form 990-EZ, Part 1, Line 16, Other Expenses: Annual picnic and luncheons, \$313	
Form 990-EZ, Part 1, Line 16, Other Expenses: Cultural events, \$125	•
Form 990-EZ, Part 1, Line 16, Other Expenses: National JACL Convention ad, \$250	
Form 990-EZ, Part 1, Line 16, Other Expenses: National JACL dues, \$107	
Form 990-EZ, Part 1, Line 16, Other Expenses: Administrative expenses, \$665	
	••••••

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer Identification number
	·

c ?