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| | $\overline{}$ | mended return | IRV: | | | CA 92 | 612-1 <u>615</u> | | , | G Gross rec | 2001 55 87,873 | - |
| | Ħ | optication pending | MS. | nd address of p | | SHIMIZ | *** | | H(a) is this a gr | oup return for | subordinates Yes X No |) |
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| | _ | | | INE | | | A 91612-1615 | 9 | If "No." | atlach a list | (see instructions) | |
| | \Box | ex-exempt status | X | 501(c)(3) | 501(c) (|) 4 (insert no) | 4947(a)(1) α \ | 527 | | | | |
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| | _ | orm of organization | | | Trust Associa | ton Other | . | <u> </u> | ear of formation: 1 | 991 | M. State of legal domicile. CC | ! |
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| | | | | | | | rations or disposed of | more than 2 | 5% of its net a | ssets | 10 | |
| ∞ | 45 | | - | | | body (Part VI, 1 ie governing bo | ine ia) idy (Part VI, line 1b) | • | | 4 | 10 | • |
| 50 | | | | _ | | - | (Part V, line 2a) | | • | 5 | 5 | - |
| 2 | Activities | | | | stimate if neces | - | | | | 6 | 80 | _ |
| 0 5 2018 | ` | | | | | /III, column (C) | | | | . 78 | 0 | - |
| SCANNED SEP (| \dashv | b Net unrel | ated busi | ness taxable | income from I | Form 990-T, lin | <u>e 34 </u> | ······ | Prior Yes | . 7b | Current Year | - |
| E | ا | 8 Contribut | ions and | grants (Part | VIII, line 1h) | | | | | ,159 | 50,763 | _ |
| S | Revenue | 9 Program | service m | evenue (Par | VIII, line 2g) | • | | [| 165 | 677 | 20,895 | - |
| | اچ | | | • | • • | s 3, 4, and 7d) | | - | 25 | 910 | 1,502 | - |
| N | | | - | | | 6d, 8c, 9c, 10d | , and 11e) _column (A), line 12) | - F | | 7,081 1,827 | 6,239 79,399 | |
| Ş | 寸 | | | | | umn (A), lines | | | | 613 | 3,962 | • |
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| κ̈ | ses | 15 Salaries, | other con | npensation, | employee bene | efits (Part IX, c | olumn (A), lines 5-10) | , , <u>,</u> | 71 | ,341 | 42,623 | - |
| | ens | | | • , | | (A), line 11e) | | √ · ⊢ | _ | | 0 | • |
| | ξ | b Total fund | draising e | xpenses (Pa | nt IX, column (| D), line 25) ▶ | | ∺ ⊦ | 173 | , 942 | 56,681 | - |
| | | 18 Total exp | enses A | dd lines 13- | 17 (must equal | Part IX | CEIVED | ∤' ' ├ | | ,896 | 103,266 | • |
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Notice, see the separate instructions.

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|----------------|--|---|---------------|---|---|---|--|
| | eck if Schedule O | | | | n this Part III | | X |
| | e the organization's mis | | 1100 01 1101 | <u> </u> | | | · · · · · · · · · · · · · · · · · · · |
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| prior Form 990 | | | • | - | | | Yes X No |
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| | 990 (2017) JAPANESE CHRISTIAN FELLOWSHIP 84-1272128 | | <u>r</u> | age 3 |
|------------|---|----------|----------|----------------|
| <u>Pa</u> | rt IV Checklist of Required Schedules | | | |
| | | _ | Yes | No |
| | ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | 1. | | |
| | complete Schedule A | 1-1- | X | ├- |
| | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | ⊢ |
| | Oid the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes." complete Schedule C. Part I | 3 | | x |
| | | ├ | | ┢ |
| | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) efection in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | - | | - |
| | assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C. | | | |
| | Pert III | 5 | | x |
| | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | - | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? # | | | 1 |
| | Yes, complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 1 | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account (lability, 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 temporanly restricted | | | |
| ſ | endowments, permanent endowments, or quasi-endowments? if "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, | | | _ |
| , | VII, VIII, IX, or X as applicable | 1 . | | l |
| a ! | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 1 | | |
| , | complete Schedule D, Part VI | 118 | X | |
| | Did the organization report an amount for investments—other securilies in Part X, line 12 that is 5% or more | 1 | | |
| , | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | 1 | | <u> </u> |
| | of its total essets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 110 | | X |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 1 | | ١ |
| | 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 257 If "Yes," complete Schedule D, Part X | 11e | X | ├ |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 1 | l | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 116 | | X |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 42- | ì | x |
| | Schedule D, Parts XI and XII | 12a | ├ | ├~ |
| | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | x | - |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 1 | | _ |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | 1 | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | l | X |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | 1 |
| | for any foreign amanization? If "Vac " complete School to E. Date II and IV | 15 | ŀ | X |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | L | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? # "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 | | | |
| ł | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | L | X |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | [|
| | If "Yes," complete Schedule G, Part III | | | X |

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2017)

| Part V Statements Regarding Other IRS Filings and Tax Compilance Check If Schedulor O contains a response or note to any line in this Part V Is Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable Enter the number of Forms W-2G mcAcded in line 1s. Enter 0- if not applicable Child the organization comply with bodulor withholding rates for repostable payments to vendors and reportable garning (gambrig) withholds to prize waren? Enter the number of emptyces reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year entirg with or within the year covered by this return Statements, filed for the calendar year entirg with or within the year covered by this return Is if at least one is reported on fine M-3, fine membral of Wage and Tax Statements, filed for the calendar year entirg with or within the year covered by this return Is if a least one is reported on fine M-3, did the organization file all required to e-dis (see instructions) Bot bit organization have unclassed business great common of \$1,000 or more during the year? Bot If Yes, has a filed a Form 990-T for this year? If Ye'ro lis live oils, provide an explanation in Schedulo O. A lary time during the celendar year, did the organization have an interest is, no a separation or other financial socount in a foreign country (such as a bink account, securities account, or other financial socount in a foreign country is Japan. See instructions for this greater country is Japan. See instructions for this greater country is Japan. See instructions for this greater country is Japan. See instructions for this greater country is Japan. See instructions for this greater country is Japan. See instructions for this greater country is Japan. See instructions for this greater country is Japan. See instructions for this greater country is Japan. See instructions for this greater country is Japan. See instructions for this greater country. For a greater is a country in the greater country is Japan. | Form | 990 (2017) JAPANESE CHRISTIAN FELLOWSHIP 84-1272128 | | <u> </u> | age 5 |
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| Series the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1s 0 | | art V Statements Regarding Other IRS Fillings and Tax Compliance | | | |
| tal Edite the number reported in Box 3 of Form 1996. Enter - Dr. Int organizable 15 0 Editer the number of Forms 4900 chacked in line in Extrar-0-1 int organization 15 0 CD bit the organization comply with backup withholding rules for reportable payments to vendors and reportable garring (gambrilly) withings to price weren? 2a Editer the number of employees reported on Form WA.3 Transmitted of Wage and Tax. 3b Editer the number of employees reported on Form WA.3 Transmitted of Wage and Tax. 3b Editer the number of employees reported on Form WA.3 Transmitted of Wage and Tax. 3b Editer the number of employees reported on Form WA.3 Transmitted for the reported to efficit (see instructions) 3b Dot the organization have unrelated business gress income of \$1,000 or more during the pair? 3b Dot the organization have unrelated business gress income of \$1,000 or more during the resolution of the Post of the State of the Organization of the Post of the State of the Organization of the organization have an interest in, or a signature or other authority ones, in small security in a foreign country (such as a bank account, societies account, or other financial societies of the State organization in a foreign country (such as a bank account, societies account, or other financial societies of the State organization in a foreign country (such as a bank account, societies account, or other financial societies) 5c Edit Tax of the same of the Statega mountry P. J. J. App. A.1. 5c In the same of the Statega mountry P. J. J. App. A.1. 5c In the same of the Statega mountry P. J. J. App. A.1. 5c In the same of the Statega mountry P. J. J. App. A.1. 5c In the same of the same of the Statega mountry P. J. J. App. A.1. 5c In the same of the same of the Statega mountry P. J. J. App. A.1. 5c In the same of the same of the Statega mountry P. J. J. App. A.1. 5c In the same of the same of the Statega mountry P. J. J. App. A.1. 5c In the same of the same of the same of the same of the profit being the same of the same of the | | Check if Schedule O contains a response or note to any line in this Part V | | | بلل |
| b Enter the number of forms W-2G mutuded in line 1s. Enter 0-If not applicable . C INCH the organization comply with bassays withholding rules for repostable gamma grammization comply with bassays withholding rules for repostable payments to vendors and repostable gaming (gambing) withrulps to gride without the first of the complete statement of the complete statement and the complete statements. Reside for the calendar year ending with or within the year covered by this return. Statements, Rise for the calendar year ending with or within the year covered by this return. Note: If the sum of lines 1s and 2s is genater than 250, you may be required to erific (see instructions). 3 | | 1.10 | $\overline{}$ | Yes | No_ |
| C Did the organization comply with backup withholding rules for reportable payments to vendors and sportable garring (gambing) whritings to picte weren? 2a Erian the number of emptysces reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the collendar year ending with or within the year covered by this return 2b If all least on a reported on the 2a, did the organization file all nequired federal emptyment tax roturns? Note, if the sum of lines to and 2a is greater than 230, you may be required to effect (see instructions) 3b Oct the organization have unstated business gross income of \$1,000 or more during the year? 3c 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 accounts for the presentation 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 accounts for this requirements for Financial Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 3b Was the organization as purty to a prohibited tax shelter transaction at any time during the tax year? 3c If "Yes" to line 5 as of 5b, did the organization that a was or a a party to a prohibited tax shelter transaction? 3c If "Yes" to line 5 as of 5b, did the organization that a was or a party to a prohibited tax shelter transaction? 3c If "Yes" to line 5 as of 5b, did the organization that were not tax deductibles as charable contributions? 3c If "Yes" is often tax deductible in ordinary to the foreign tax of the property of the organization sheet are apprent in excess of 375 made party as a contribution and party for goods and services provided to the payor? 3c If "Yes" is discussed to the payor? 3d If "Yes," include the market of the organization financial market and the organization market and party than the organization received a combin | | | 1 | 1 | |
| reportable gambing (gambing) wirtnings to prize womens? Either the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return B of all best on are reported on the 2st, dait his organization file all required federal employment has returns? Note, if the sum of lines to and 2s is greater than 250, you may be required to e-file (see instructions) 3 Dolf the organization have unrelated business gross income of \$1,000 or more during the year? 3 I "Yes." has if filed a Form 990-T1 for the year? If "W1 to files 3b, provide an explanation in Schedule O. 4 At any time during the calendar year of the organization have an interest in, or a signature or other authority over, a faminatial account in eleginary over, a faminatial account in | | Chief the Mariner of Forms 17-20 and occord in Mile For | 1 | | |
| 2a Enter the number of emptyyees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary sear ending with or within the year covered by thit instrum If all lesist one is reported on the 2a, did the organization file all inequired federal emptyment tax returns? Note, If the sum of lines 1a and 2a is greater than 230, usuring the year of the comparation have underted observes a greater than 230, usuring the year of the organization file all required federal emptyment tax returns? 1b If "Yes," has it filed a form 360-T for this year? If Two to live 30, provide an explanation in Schoolube 0 3b If "Yes," and the organization file year of the organization have an interest in, or a signature or other endorring over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts for the organization file of the file of the securities account, or other financial accounts (FIBAR) 1b If "Yes," delivery notify the organization that all was or a a party to a prohibited tax shelter transaction at any time during the tax year? 2a Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 3b If "Yes," did the organization that all was or a a party to a prohibited tax shelter transaction? 3c If "Yes" to live 5 as or 5b, did the organization that all was or a party to a prohibited tax shelter transaction? 3c If "Yes," did the organization include with every solicitation and express statement that such contributions? 3c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as contributions or yellow the proparation method as analyment in excess of 3f5 made party as a contribution and party for goods and services provided to the payor? 3c If "Yes," include the number of Forms 2822 filed during the year 3c If "Yes," include the organization method as analyment in excess of 3f5 made party as a contribution or dur | С | | 1. | | x |
| Statements, filed for the calendar year ending with or within the year covered by this return | 2- | | - <u>'</u> - | | |
| b If at least one's reported on the 2a, dot the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 30 | 20 | | | | |
| Note. If the sum of trees 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 | ь | Communication for the control year cities and the control of the c | 2ь 🛚 | X | |
| 13 De the organization have unrelited business gross income of \$1,000 or more during the year? 38 If *Yes,* fast filled a Form 990-ff for this year? If *We for file all, purvoke an explanation in Schedule O. 38 At any time during the calendar year, did the organization have an intensi 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 accounts). 59 If *Yes,* enter the name of the foreign country ** ** ** ** ** ** ** ** ** ** ** ** ** | _ | | | | |
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| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 11 Section 501(c)(12) organizations. Enter: 12 Initiation fees and capital contributions included on Part VIII, line 12 13 Section 501(c)(12) organizations. Enter: 14 Initiation fees and capital contributions. Enter: 15 Gross income from embers or shareholders 16 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 18 Section 501(c)(12) organization charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 19 If Yes, enter the amount of tax-exempt interest received or accrued during the year 19 If Yes, enter the amount of capital information the organization must report on Schedule O. 19 Enter the amount of reserves the organization information the organization must report on Schedule O. 20 Enter the amount of reserves the organization information the organization must report on Schedule O. 21 Italia | đ | If "Yes," indicate the number of Forms 8282 filed during the year | 1 | İ | 1 |
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| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is iscensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b 14b 14c 14d 14d 14d 14d 14d 14d 14d | f | | | | <u> </u> |
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| against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. 13b Inter the amount of reserves the organization is required to maintain by the states in which the organization is kicensed to issue qualified health plans 13b Inter the amount of reserves on hand 13c Inter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b Inter the amount of reserves on hand Interest fill "No," provide an explanation in Schedule O. 14b Interest Text Text Text Text Text Text Text Tex | | | 7 | l | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 125 125 125 125 125 125 125 125 125 125 | | | ╛ | l | į. |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| a is the organization licensed to issue qualified health plans in more than one state? Nota. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | ь | | _ | | |
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| Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is iscensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | <u> </u> | 1 |
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| c Enter the amount of reserves on hand 14a Did the organization receive any payments for Indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | ь | | | 1 | 1 |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | - | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | C | | 1 | ┼─- | - |
| of it ites, this it they a form 720 to report these payments in 740, provide an explanation at exception of . | _ | | $\overline{}$ | ┼─ | ╀┻ |
| CAM WHITPIN | <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | , QQ | 0 (2017 |

| | 1990 (2017) JAPANESE CHRISTIAN FELLOWSHIP 84-1272128 | | | age E |
|------------|---|--------------|--------|----------|
| Pa | irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 6 | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O | See ii | nstruc | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | لــــــ | Yes | No |
| 18 | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | | |
| ь | Enter the number of voting members included in line 1a, above, who are independent 1b 10 | | | |
| 2 | Old any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customanly performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 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 | | 6 | | X |
| 7a | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | and at more members of the appropriate hard a | 7a | | x |
| ь | Are any governance decisions of the organization reserved to (or subject to approval by) members. | | _ | |
| _ | stockholders, or persons other than the governing body? | 7ь | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | - | | |
| a | The governing body? | | x | |
| _ | | 8a | | |
| þ | 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 | ١. ١ | | - |
| 8 | the organization's making address? If "Yes," provide the names and addresses in Schedule O | بي | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenu | <u>e (co</u> | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | X | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | X | |
| Ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | | |
| 13 | Old the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did 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 property of CEO. Everythin Director, or tan management efficiel | 450 | | x |
| | Other officers or key employees of the organization | 15a | | X |
| • | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | 15b | | |
| | | | | |
| 108 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | 4.0 |
| | with a taxable entity during the year? | 16a | | <u> </u> |
| ь | if "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 1 | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| <u>Sec</u> | lion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA | | _ | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | - | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | | | |
| - | financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | TSU KURODA SHIMIZU 18842 TELLER AVENUE | | | |
| | VINE CA 92612-1615 949 | -30 | n_o | 751 |
| | ₩ 52012-1015 545 | | | |
| DAA | | Fom | 1 330 | (2017) |

DAA

| Form 990 (2017) JAPANESE Part VII Compensation | | | | | | | | | 2128 Highest Compensat | Page 7 |
|---|---------------------------------|------------------------|---------------|-----------------|---------------|-------------|----------|--|--|-----------------------------|
| Independent | Contractors | | | | | | | | • | |
| | | | | | | | | e to any line in this F | | <u></u> |
| Section A. Officers, Director 1a Complete this table for all person | | | | | | | | nest Compensated Empl | | |
| organization's tax year. | | | | - | | | | • | - | |
| List all of the organization's compensation. Enter -0- in columns | s (D), (E), and (F | if (| no a | omp | ensa | tion | was | paid. | | l of |
| List all of the organization's of List the organization's five or | • . | • | - | - | | | | • | , , | e) |
| who received reportable compensa organization and any related organ | tion (Box 5 of Fo nizations. | mi ¹ | W-2 | and | or`B | lox 7 | of I | Form 1099-MISC) of more | than \$100,000 from the | • |
| List all of the organization's f \$100,000 of reportable compensations | | | | | | | | | s who received more than | |
| List all of the organization's f | ormer directors | or | trus | tees | tha | t rec | eive | d, in the capacity as a for | ner director or trustee of th | e |
| organization, more than \$10,000 of List persons in the following order: | | | | | | | | | | |
| compensated employees; and form | er such persons | 3. | | | | | | • | , , , | |
| Check this box if neither the or | | ny n | elate | | | zatio | n cc | | ficer, director, or trustee | |
| (A) Name and Title | (B) Average | | | | C) altion | | | (D) Reportable | (E) Reportable | (F) Estimated |
| | hours per week | | | check ISS pe | | | | compensation | compensation from related | amount of other |
| | (list any hours for | offi | cer a | nd a | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related organizations | Individual or director | Institutional | Officer | Ę | indoyee | om e | (W-2/1099-MISC) | (************************************** | organization and related |
| | below dotted | | 1 | - | елпрюуее | 8 5 | * | j | | organizations |
| | ine) | 18 | bustee | | 1 | Compensable | 1 | | | |
| | | 1 | 2 | _ | _ | K | _ | | | <u> </u> |
| (1)MS. SETSU KUROD | | U | | 1 | 1 | 1 | | | | |
| INTERNATIONAL DIRECT | 40.00 | x | | x | 1 | | | 17,532 | o | 0 |
| | NAI | - | ┢ | - | | | ┢ | 17,332 | 1 | |
| | 0.00 | | | | | | | | | |
| CHAIRMAN (3) MS. CHIHIRO OKA | 0.00 | - | X | ├— | | | | 0 | 0 | 0 |
| (5)FES. CHIMIRO ORA | 0.00 | Ì | | | | | | | | |
| INTERIM INTERNATIONA | 0.00 | | x | | | | l | o | 0 | 0 |
| (4) MR. DOUG WHITTE | • | | | | | | | | | |
| BOARD MEMBER | 0.00 | | x | | | | | ٥ | l | 0 |
| | HIKORI | | ^ | | ┢ | - | - | | | |
| | 0.00 | | | | | | | | 1 | |
| BOARD MEMBER | 0.00 | L. | X | | <u> </u> | <u> </u> | <u> </u> | 0 | 0 | 0 |
| (6) REV. HIDENORI T | AKAHASHI 0.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | | x | | | | | ۰ ا | ol | 0 |
| (7) MRS. SACHI NAKA | | | | | | 1 | | | | |
| | 0.00 | | l | | | | | _ | | _ |
| BOARD MEMBER (8) MR. RYUICHI YAM | 0.00 | | X | _ | | | - | 0 | 0 | 0 |
| (o)MR. RIGICAL IAN | 0.00 | | | | | | | l | | |
| BOARD MEMBER | 0.00 | | x | | | | | o | 0 | 0 |
| (9) MR. RICK CHUMAN | | | | | | | | | | |
| BOARD MEMBER | 0.00 | | ا ا | | | | | ٥ | اه | ^ |
| (10) | <u> </u> | | X | | - | ┨ | ├ | | <u>- </u> | 0 |
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| 440 | | Щ | \vdash | L. | <u> </u> | - | <u> </u> | | | |
| (11) | | ١, | | | l | | | | | |

Form 990 (2017)

| | n 990 (2017) JAPANESE | CHRISTI | AN | E | EL | LO | WSI | HI | P 84-127 | 2128 ated Employees (continued) | | Pa | ge 8 | |
|-----------|---|--|-----------------------------------|---------------------------------|------------------------|----------------------------|---------------------------------|---------------|--------------------------------------|--|--|-------------------------------|-------------|--|
| | (A) Name and tite | (B) Average hours per week (list any | 8 | o mot o | Pos check sss pe | C) abon more ason | then o | one an | (U) Reportable compensation from the | (E) Reportable compensation from related organizations (W-2/1099-MISC) | Estina emous othe compen- from | ated nt of er sation | | |
| | | hours for related organizations below dotted line) | individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-AGSC) | (11-0 (U39-MISC) | organizati and relat organizati | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | _ | | _ | | | | | | | | | |
| · ·· | | | | _ | | | | | | | | | | |
| ·· | | | | | | | | | | | | | | |
| | | | | | | _ | | _ | | | | - | | |
| | | | | | _ | | | i | | | | | | |
| | | | | | | | | | 17,532 | | | | | |
| ¢ | Sub-total | eets to Part VII | limit | etlor | | | sted | ▶ ▶ abc | 17,532 | | | | | |
| 3 | Did the organization list any fi- employee on line 1a? If "Yes, For any individual listed on tin organization and related orga individual | ormer officer, di "complete Sche ie 1a, is the sun nizations greate | rectoridule n of r tha | or, o o <i>J f</i> o repo | or su rtabl | ich i e cc | ndivio mpe | dual nsat | tion and other compensation | on from the such | 3 | Yes | No X | |
| 5 Sect | Did any person listed on line for services rendered to the other tion B. Independent Contract | organization? # * | CTUE | e co: | | | | | | or individual | 5 | | x | |
| 1 | Complete this table for your for compensation from the organ | ive highest comparation. Report of | pens | sated sens: | l ind ation | eper for | ndent the c | cor | ndar year ending with or v | re than \$100,000 of within the organization's tax year. (3) | | (C) | | |
| | Name and | (A) I business address | | | | | | | Descrip | ación af services | <u>-</u> - | ompersa | | |
| | | | _ | | | | | | | | _ | | | |
| | | | | | | | | L | | | lacksquare | | | |
| 2 | Total number of independent received more than \$100,000 | | | | | | | | | 0 | | | | |
| <u>~~</u> | | | | • | | | | | | | Fo | m 990 | (2017) | |

| 990 t V | 0 (2017) JAPANESE C | | | N FELLA | WSHIP | 84-1272128 | | Pag |
|------------|---|--------------|-----------------|-------------|----------------------|--|---|--|
| . • | Check if Schedule | O ∞ | ntains : | a response | or note to any lin | ne in this Part VIII | | [|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Ravenue excluded from tax under sections 512-514 |
| 1a | Federated campaigns | 1a | | | | | | |
| b | Membership dues | 1b | | | • | | | |
| C | Fundraising events | 1c | | | | | | |
| | Related organizations | 1d | | | | | · | |
| | Government grants (constitutions) | 1e | | | | | | |
| f | All other contributions, gds, grants and similar amounts not included above | 11 | | 50,763 | | ĺ | | |
| _ | Noncash contributions included in lines to Total. Add lines 1a-1f | 10-11- | \$ | | 50,763 | | | |
| -,, | TOURS TREE 1 | | | Busn. Code | 30,703 | | | |
| 2a | CENTRAL CONFERENCE | ; | | 611710 | 14,185 | 14,185 | | |
| b | EQUIPPER CONFERENCE | | | 611710 | 3,610 | 3,610 | | · |
| c | WIT | | | 611710 | 3,100 | 3,100 | | |
| đ | | | | | | | | |
| 0 | | | | <u> </u> | | | | |
| | All other program service rev | | | | 20,895 | | <u></u> | |
| | Total. Add lines 2a-2f Investment income (including | | | | | · · · · · · · · · · · · · · · · · · · | т | |
| J | and other similar amounts) | | nas, inte | | 1,502 | | | 1,5 |
| 4 | Income from investment of ta | | | | | | | -/- |
| | Royalties | | 4. 55.15 | > | | | · | · · · · · · · · · · · · · · · · · · · |
| _ | (i) Real | | (11) | Personal | | | | |
| 6a | Gross rents | | | | | | | |
| ь | Less rental exps | | | | | | | |
| C | Rental inc or (loss | | | | | | 1 | |
| | Net rental income or (loss). | | | • | | | | |
| / B | Gross amount from (i) Securities | 3 | (10) | Other | | | | |
| | other than inventory | | | | | | | |
| ь | Less cost or other | | ĺ |] | | | i | |
| | bass & sales exps | | <u> </u> | | | | | |
| | Gain or (loss) | | L | | | | | |
| | Net gain or (loss) | | <u> </u> | | | + | | |
| 88 | Gross income from fundraising ev | vents | | | | | | |
| | (not including \$ of contributions reported on line 1 | | | j | | | | |
| | See Part IV, line 18 | | | 4,420 | | | | |
| ь | Less: direct expenses | . в | | 59 | | | | |
| Č | Net income or (loss) from fun | Aroieiu J | n evenis | | 4,361 | | | |
| | Gross income from garning activit | | y events | | 4,552 | | | |
| | See Part IV, line 19 | ~~ a | | į | | | | |
| ь | Less: direct expenses | | | | | | | |
| | Net income or (loss) from gain | | divities | | | | | |
| | Gross sales of inventory, less | | · | | | | | |
| | returns and allowances | _ a | | 10,293 | | | | |
| b | Less. cost of goods sold | 'ы | | 8,415 | | | | |
| С | Net income or (loss) from sal | es of in | ventory. | | 1,878 | 1,878 | | |
| | Miscellaneous Revenue | | | Busn. Code | | T | | |
| 1a | | | | | | | | |
| þ | | | | | | | · - | |
| C | | | | | | | | |
| | All other revenue | ••• | | L | | | | |
| | Total. Add lines 11a-11d | | | ▶ | | | | |
| 12 | Total revenue. See Instruction | ons | | . ▶ | 79,399 | 22,773 | 0] | 1,5 |

| | 1 990 (2017) JAPANESE CHRISTI | | 84-127 | 2128 | Page 10 |
|----------|--|----------------------------|------------------------------------|---|-------------------------------|
| _ | on 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a response | omplete all columns All ot | | mplete column (A), | |
| | ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundrasing expenses |
| 1 | Grants and other assistance to domestic organizations | | | | <u>-</u> |
| 2 | and domestic governments. See Part IV, line 21 | 3,962 | 3,962 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, tines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | 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) | | | · | |
| 7 | | 39,782 | 208 | 39,574 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 2,841 | 16 | 2,825 | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| | Legal | 850 | | 850 | |
| ď | Accounting Lobbying | 830 | | 830 | |
| _ | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| Q | Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| _ | (A) amount, fist line 11g expenses on Schedule (1) | 52 | | 52 | |
| 12 | Advertising and promotion | 125 | 125 | | |
| 13 | Office expenses | 6,974 | 2,770 | 4,204 | |
| 14 | Information technology | | | | |
| 15 | Royalties | C 207 | 100 | 6 007 | |
| 16 | Occupancy | 6,307 5,036 | 100 977 | 6,207 4,059 | |
| 17 18 | Payments of travel or entertainment expenses | 3,036 | 317 | 4,039 | |
| 10 | for any federal, state, or local public officials | | l l | | |
| 19 | | 24,834 | 22,714 | 2,120 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | | 937 | | 937 | |
| | Insurance | 1,715 | | 1,715 | |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column | | | | |
| _ | (A) amount, list line 24e expenses on Schedule O.) STAFF SUPPORT IN JAPAN | 6,066 | | 6,066 | |
| 8 | BANK SERVICE CHARGE | 3,590 | 759 | 2,831 | |
| C | MEMBERSHIP DUES | 150 | 733 | 150 | |
| d | PENALTY | 45 | | 45 | |
| _ | All other expenses | | | | |
| | Total functional expenses. Add ines 1 through 24e | 103,266 | 31,631 | 71,635 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if | | | | |
| DAA | tallowing SOP 98-2 (ASC 958-720) | | | | Form 990 (2017) |

| m 990 (2017) JAPANESE CHRISTIAN FELLOWSHIP 84- | -1272128 | | Page 11 |
|--|--------------------------|-------------|--------------------|
| Check if Schedule O contains a response or note to any line in this Parl X | | | |
| | (A) Beginning of year | | (B) End of year |
| 1 Cash—non-interest bearing | 87,174 | 1 | 55,396 |
| 2 Savings and temporary cash investments | 132,452 | 2 | 133,953 |
| 3 Pledges and grants receivable, net | | 3 | |
| 4 Accounts receivable, net | 627 | 4 | |
| 5 Loans and other receivables from current and former officers, directors, | | | |
| trustees, key employees, and highest compensated employees. | | | |
| Complete Part II of Schedule L | | 5 | |
| 6 Loans and other receivables from other disqualified persons (as defined under section | | | |
| 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and | ı İ | | |
| sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| 7 Notes and loans receivable, net | | 7 | |
| 8 Inventores for sale or use | 4,773 | 8 | 8,554 |
| 9 Prepaid expenses and deferred charges | 2,500 | 9 | 5,015 |
| 10a Land, buildings, and equipment, cost or | | | |
| other basis. Complete Part VI of Schedule D 10a 11,115 | | - 1 | |
| b Less accumulated depreciation 10b 5, U49 | 7,003 | 10c | 6,066 |
| 11 Investments—publicly traded securities | | 11 | |
| 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| 13 Investments—program-related See Part IV, line 11 | | 13 | |
| 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | _9,084 | | 8,436 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 243,613 | | 217,420 |
| 17 Accounts payable and accrued expenses | 1,936 | | 1,171 |
| 18 Grants payable | | 18 | |
| 19 Deferred revenue | | 19 | |
| 20 Tax-exempt bond liabilities | | 20 | |
| 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| 22 Loans and other payables to current and former officers, directors, | • | | |
| trustees, key employees, highest compensated employees, and | | | |
| disqualified persons. Complete Part II of Schedule L | | 22 | |
| 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 Other liabilities (including federal income tax, payables to related third | | | |
| parties, and other liabilities not included on lines 17-24) Complete Part X | 3 530 | | 1 050 |
| of Schedule D | 3,520 5,456 | | 1,959 3,130 |
| 26 Total Illabilities, Add lines 17 through 25 | 3,430 | 20 | 3,13 |
| | | | |
| complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | 238,157 | 27 | 214,290 |
| | 230,137 | 28 | 224,250 |
| | | 29 | |
| 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34 | | | |
| complete lines 30 through 34. | | | |
| Contract the state of the state | | 30 | |
| 31 Pard-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 22 Total not negate or find bolingers | 238,157 | | 214,290 |
| 34 Total liabilities and net assets/fund balances | 243,613 | 34 | 217,420 |
| The Transfer and the transfer and the transfer and transf | | | Form 990 (201 |

| Form 990 | (2017) JAPANESE CHRISTIAN FELLOWSHIP 84-1272128 | | | Pa | ge 12 |
|--------------|---|----|------|------|--------|
| Part X | Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | Л |
| 1 Tot | al revenue (must equal Part VIII, column (A), line 12) | 1 | | 79, | 399 |
| 2 (0) | al expenses (must equal Part IX, column (A), line 25) | 2 | 1(|)3, | 266 |
| 3 Kev | Penue less expenses. Subtract line 2 from line 1 | 3 | -2 | 23, | 867 |
| 4 Net | assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2: | 38, | 157 |
| 5 Net | unrealized gains (losses) on investments | 5 | | | |
| 6 Dor | nated services and use of facilities | 6 | | | |
| / Inve | estment expenses | 7 | | | |
| 8 Pno | r penod adjustments | 8 | | | |
| 9 Oth | er changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 Net | assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| 33, | column (B)) | 10 | 21 | L4,: | 290 |
| Part X | Il Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | <u> </u> | | | Yes | No |
| 1 Acc | ounting method used to prepare the Form 990. Cash X Accrual Other | | | | |
| If th | e organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| Sch | edule O. | | | | |
| | re the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X | |
| H | es," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | ewed on a separate basis, consolidated basis, or both. | | | | |
| X | Separate basis Consolidated basis Both consolidated and separate basis | | | ١. | |
| b Wer | the organization's financial statements audited by an independent accountant? | | 2b | | X |
| If "Y | 'es," check a box below to indicate whether the financial statements for the year were audited on a | • | | | |
| sepa | arate basis, consolidated basis, or both: | | i ! | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| c If "Y | 'es" to line 2s or 2b, does the organization have a committee that assumes responsibility for oversight | | 1 1 | l | |
| of t | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | X |
| If th | e organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| Sch | edule O. | | | | |
| 3a Asa | a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | 1 | |
| the | Single Audit Act and OMB Circular A-133? | | 3a | | X |
| b If "Y | es," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| requ | ired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3ь | | |
| | | | Form | 990 | (2017) |

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.

2017

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection Go to www.irs.gov/Form990 for instructions and the latest Information. JAPANESE CHRISTIAN FELLOWSHIP Name of the granization NETWORK 84-1272128 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see Instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part (V, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally Integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s) (I) Name of supported (III) EIN (Iv) is the organization (III) Type of prognization (v) Amount of monetan (A) Amount of escribed on lines 1-10 isted in your governing other support (see support (see . sbove (see instructions)) instructions) enstructions) Yes No (A) (B) (C)

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

Schedule A (Form 890 or 990-EZ) 2017

(D) (E)

| Sche | dule A (Form 990 or 990-EZ) 2017 JF | PANESE C | <u>HRISTIAN </u> | FELLOWSHI! | | -1272128 | Page 2 |
|---------------|--|----------------------|-----------------------|----------------------|---------------------|--|--------------------|
| Pa | art II Support Schedule for | Organization | is Described in | n Sections 17 | 0(b)(1)(A)(iv) | and 170(b)(1)(/ | 4)(vi) |
| | (Complete only if you c | hecked the bo | x on line 5, 7, o | r 8 of Part I or | if the organiza | ation failed to qu | ualify under |
| | Part III. If the organizat | ion fails to qua | lify under the te | ests listed below | w, please con | iplete Part III.) | |
| | tion A. Public Support | | | | , | T | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 | | | ļ | | | |
| 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) | `\ | | | | <u> </u> | |
| 6_ | Public support. Subtract line 5 from line 4 | | | | <u> </u> | <u> </u> | |
| | tion B. Total Support | | | 1 | | | |
| Cater | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | | | ļ | | | |
| 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 VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | <u> </u> | | | |
| 12 | Gross receipts from related activities, of | etc. (see instructio | ns) | | | <u>12</u> | |
| 13 | First five years. If the Form 990 is for | _ | first, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) | . — |
| 7. | organization, check this box and stop | here | | | | | ····· |
| | extion C. Computation of Public Public support percentage for 2017 (lin | | | (0) | | 14 | % |
| 14 15 | Public support percentage from 2016 \$ | | | num (1) · · · · il | | 15 | % |
| 16a | 33 1/3% support test—2017. If the or | rosporation did not | chack the how on li | ne 13 and line 14 | is 33 1/3% or mo | | |
| 108 | box and stop here. The organization of | | | | 100 11000 01 1110 | | ▶ □ |
| b | 33 1/3% support test—2016. If the or | | | | ne 15 is 33 1/3% (| or more, check | |
| _ | this box and stop here. The organizat | | | | 1 | | ▶□ |
| 17a | 10%-facts-and-circumstances test- | • | | - , ,, | 3, 16a, or 16b, and | d line 14 is | ··· · · · · · |
| | 10% or more, and if the organization in | neets the "facts-er | nd-circumstances" te | est, check this box | and stop here. I | Explain in | |
| | Part VI how the organization meets the | e "facts-and-circum | nstances" test. The | organization quald | ies as a publicly | supported | |
| b | 10%-facts-and-circumstances test- | -2016. If the orga | | ck a box on line 13 | | | ▶⊔ |
| | 15 is 10% or more, and if the organiza | | | | | | |
| | Explain in Part VI how the organization | | | | • | a honicia | ▶ □ |
| 18 | Private foundation. If the organization | n did not check a | | 16b. 17a. or 17b, | check this box ar | nd see | · 🗀 |
| | Instructions | | | . <u></u> | <u>.</u> | | . <u>}</u> |
| | | | | | | Schedula A (Form 9 | 90 or 190-EZ) 2017 |

| | | | | <u>FELLOWSHI</u> | | -1272128 | Page 3 |
|--|--|----------------------|-------------------|----------------------|----------------------|--------------------|-------------------|
| Part III Support Schedule for Organizations Described in Section 509(a)(2) | | | | | | | |
| | (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) | | | | | | |
| | | qualify under | the tests list | ed below, pleas | e complete Pai | t II.) | |
| | tion A. Public Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 107,439 | 97,15 | 148,357 | 141,159 | 50,763 | 544,870 |
| 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 | 173,233 | 164,66 | 25,883 | 167,392 | 35,608 | 566,776 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tex revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 280,672 | 261,81 | 2 174,240 | 308,551 | 86,371 | 1,111,646 |
| 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 | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 1,111,646 |
| Sec | tion B. Total Support | | | | | | |
| Caler | idar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | 280,672 | 261,81 | 174,240 | 308,551 | 86,371 | 1,111,646 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources. | 1,392 | 6,39 | 1,794 | 910 | 1,502 | 11,988 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 1,392 | 6,39 | 1,794 | 910 | 1,502 | 11,988 |
| 11 | Net income from unrelated business 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.) | | L | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 282,064 | 268,20 | 176,034 | 309,461 | 87,873 | 1,123,634 |
| 14 | First five years. If the Form 990 is for the | | | | | | |
| | organization, check this box and stop he | re . | | | | | ▶ |
| Sec | tion C. Computation of Public | Support Perce | entage | | <u> </u> | | <u></u> |
| 15 | Public support percentage for 2017 (line | -, | - | lumn (f)) | | 15 | 98.93% |
| 16 | Public support percentage from 2016 Sch | | | · | | 16 | 98.89 % |
| - | tion D. Computation of Investm | | | | | | |
| 17 | Investment income percentage for 2017 | | | : 13, column (f)) | | 17 | 1% |
| 18 | Investment income percentage from 201 | | | | : lo moss share 22 d | /39/ and fine | 1% |
| 19a | 33 1/3% support tests—2017. If the org | | | | | | > 🔀 |
| b | 17 is not more than 33 1/3%, check this t 33 1/3% support tests—2016. If the org | panization did not d | check a box on li | ne 14 or line 19a, a | nd line 16 is more | than 33 1/3%, and | |
| 20 | line 18 is not more than 33 1/3%, check the Private foundation. If the organization of | • | _ | | | - | ∷∷. ╏ |
| | | | | | | chedule A (Form 99 | n or 990-E71 2017 |

| | | 4-1272128 | | Page - |
|----------|--|--------------------|----------------|--|
| Pa | rt IV Supporting Organizations | | | |
| | (Complete only if you checked a box in line 12 on Part I. If you checked 12a of I | Part I, complete S | Section | s A |
| | and B. If you checked 12b of Part I, complete Sections A and C. If you checked | | | |
| <u> </u> | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, | and complete Pa | <u>rt V.)</u> | |
| Sec | tion A. All Supporting Organizations | | | |
| | Annual of the construction of the second sec | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | ł | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | l | |
| 2 | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | ┼── | ├- |
| 4 | 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 supporter | 1 | | |
| 3a | organization was described in section 509(e)(1) or (2) | . 2 | | |
| 9a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | Į. | 1 | |
| | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an | 3a | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | ١ . | 1 | |
| | organization made the determination. | 36 | l | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(2) | | - | |
| _ | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | l |
| 4.0 | Was any supported organization not organized in the United States ("foreign supported organization")? If | 30 | - | ┢┈┈ |
| •• | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| ь | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | 140 | | |
| - | supported organization? If "Yes," describe in Pert VI how the organization had such control and discretion | 1 | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 46 | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination | <u> </u> | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | , | l • | |
| | 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 | n | | l |
| | was accomplished (such as by amendment to the organizing document). | 5a | | l |
| ь | 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 | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | , | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or | | | 1 |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6_ | | <u> </u> |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | r | | i |
| | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity wit | ľ | | 1 |
| _ | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | ļ | - |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 | | | |
| | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | <u> </u> |
| 9a | and a supplied to the supplied | | | i |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | 1 | | 1 |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a_ | | |
| þ | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | | ł | 1 |
| _ | the supporting organization had an interest? If "Yes," provide detail in Part VI | 8P | ├ | - |
| С | The state of the s | | | |
| 46- | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | • | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | i i | 1 | ı |

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

| | #e A (Form 990 or 990-EZ) 2017 JAPANESE CHRISTIAN FELLOWSHIP 84-12721 IV Supporting Organizations (continued) | 28 | | Page 5 |
|--------|---|---|---------|----------|
| | | | 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) | 1 1 | 1 | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | 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 | | |
| Secti | 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 | 1 1 | | |
| | 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 | 1 1 | | |
| | 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 | 1 1 | | |
| | VI how providing such benefit camed out the purposes of the supported organization(s) that operated, | 1 1 | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| 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 | | ŀ | |
| | 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) | | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | \vdash | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | 1 1 | | |
| | organization's lax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 1.1 | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 11 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1 1 | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | _ | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | l |
| | significant voice in the organization's investment policies and in directing the use of the organization's | 1 1 | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | i | |
| Conti | supported organizations played in this regard | 3_ | | |
| | on E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1_ | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instruct). The organization satisfied the Activities Test. Complete line 2 below. | ons) | | |
| a b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in | struction. | s) | |
| • | The digestation supported a governmental study. Dood about 177 to 177 for supported a government study (cooking | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -7 | |
| 2 / | Activities Test. Answer (a) and (b) below. | | _Yes | No |
| a | Old 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 1 | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 1 1 | | |
| | that these activities constituted substantially all of its activities. | _2a_ | | |
| ь | 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 | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | ŀ |
| | activities but for the organization's involvement. | 2b | | L |
| 3 | Parent of Supported Organizations Answer (a) and (b) below | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | l |
| | trustees of each of the supported organizations? Provide details in Part VI. | За | | |
| Ь | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b_ | | <u> </u> |
| DAA | Schedula A I | Form 990 | or 990- | EZ) 2017 |

| Schedule A (Form 890 or 990-EZ) 2017 JAPANESE CHRISTIAN FELLO | | 84-1272 | 2128 Page 6 |
|--|------------|---------------------------------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting | | | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust | on Nov 20 | , 1970 (explain in Part V | 1) See |
| Instructions. All other Type III non-functionally integrated supporting organization | s must con | nplete Sections A throug | |
| Section A - Adjusted Net Income | | (A) Pnor Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | . = | ļ |
| 3 Other gross income (see instructions) | 3 | | <u> </u> |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | <u> </u> |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | 1 |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| 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). | | | <u> </u> |
| a Average monthly value of secunites | ta | | |
| 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 | | 1 |
| 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 Recovenes of pnor-year distributions | 7 | | 1 |
| 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 | · · · · · · · · · · · · · · · · · · · | I |
| 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-functionally integ | | III supporting organization | on (see |
| instructions). | , , , , - | er- | - •· |
| | | Schedule / | A (Form 990 or 990-EZ) 201 |

| Part V Type III Non-Functionally Integrated 509(a Section D - Distributions | | 1 | Current Year |
|---|-----------------------------|--|--|
| 1 Amounts paid to supported organizations to accomplish exempt | ourooses | | Guirent Tear |
| 2 Amounts paid to perform activity that directly furthers exempt pur | | | |
| organizations, in excess of income from activity | person or coppenses | | |
| 3 Administrative expenses paid to accomplish exempt purposes of | supported organizations | | |
| 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. | | | |
| 7 Total annual distributions. Add lines 1 through 6. | | ·. <u></u> | |
| 8 Distributions to attentive supported organizations to which the organizations | panization is responsive | ••• | |
| (provide details in Part VI) See instructions. | • | | |
| 9 Distributable amount for 2017 from Section C, line 8 | | | |
| 10 Line 8 amount divided by line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (il) Underdistributions Pre-2017 | (iii) Distributable Amount for 201 |
| Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 | | | |
| (reasonable cause required-explain in Part VI). See | | | |
| instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| <u>a</u> | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | · | |
| Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from | | | |
| | - | | |
| | | | |
| a Applied to underdistributions of prior years b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if | | | |
| any. Subtract lines 3g and 4a from line 2. For result | | | |
| greater than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h | | - | |
| and 4b from line 1. For result greater than zero, explain in | | | |
| Part VI See instructions | | | |
| 7 Excess distributions carryover to 2018. Add lines 3 | | | |
| and 4c. | | | |
| 8 Breakdown of line 7. | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | ··· · · · · · · · · · · · · · · · · · | |
| d Excess from 2016 | | | |
| e Excess from 2017 | - | | ····· |

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 2017 Open to Public

Go to www.irs gov/Form990 for instructions and the latest information. Inspection Name of the organizati JAPANESE CHRISTIAN FELLOWSHIP NETWORK 84-1272128 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (dunng year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a histonically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2ь c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of oublic service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| | de D (Form 990) 2017 JAPANESE | | | | | | Page 2 |
|-------------|--|---|--------------------|-----------------------|--|-----------------|---------------------|
| | III Organizations Maintaini sing the organization's acquisition, acce- offection items (check all that apply): | | | | | | ets (conunuea) |
| | ¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | ٠, ٦ | | | | | |
| å | Public exhibition | °H | Loan or exchan | ge programs | | | |
| ~ - | Scholarly research | ٠LJ | Juler | | | | |
| _ | Preservation for future generations rovide a description of the organization's | and neckage and supla | in hour thou first | the a-saisati | ' | one in Bod | |
| | rowce a description of the organization : III. | conections and expla | in now they full | ner ine organizaut | on a exempt purp | ose in Pait | |
| | uring the year, did the organization solic | t or make donations | of art historica | transcurae or oth | ner similar | | |
| | ssets to be sold to raise funds rather the | | | | | | ☐ Yes ☐ No |
| Part | | | part or one orga | THE BUSINESS CONCESS. | "", | | 1 103 1 140 |
| | Complete if the organizat | | s" on Form 9 | 90. Part IV. lii | ne 9. or repor | ted an amo | unt on Form |
| | 990, Part X, line 21. | | | | | | |
| 1a Is | the organization an agent, trustee, cust | todian or other interme | diary for contrib | utions or other as | sets not | | |
| | | | | | | | Yes No |
| b 11 | nduded on Form 990, Part X? "Yes," explain the arrangement in Part 3 | XIII and complete the I | ollowing table | | | | |
| | | • | • | | | | Amount |
| сВ | leginning balance | | | | | 1c | |
| | dditions during the year | | | | | 1d | |
| e D | distributions during the year | | | | | 1e | |
| | | | | | | 1f | |
| 2a D | id the organization include an amount or | | | | | | Yes No |
| b If | "Yes," explain the arrangement in Part 3 | Kill. Check here if the | explanation has | been provided on | Part XIII | · · _ · | ш |
| Part | V Endowment Funds. | | | | | | |
| | Complete if the organizat | ion answered "Ye | s" on Form 9 | 90, Part IV, li | ne 10. | | |
| | | (a) Current year | (b) Prior year | (c) Two ye | sera back (d) Ti | tree years back | (e) Four years beck |
| | leginning of year balance | | | | | | |
| ьс | Contributions | | | | | | |
| c N | let investment earnings, gains, and |] | l | | Ĭ | | 1 |
| ю | esses | | | | | | _ |
| d G | Frants or scholarships | | | | | | <u></u> |
| e Q | ther expenditures for facilities and | | | ļ | ļ | | İ |
| þı | rograms | | | | | | |
| | dministrative expenses | ļ | | | | | <u> </u> |
| - | nd of year balance | L | | | | | L |
| | rovide the estimated percentage of the o | | te (line 1g, colu | nn (a)) held as | | | |
| | oard designated or quasi-endowment | | | | | | |
| | ermanent endowment > % | | | | | | |
| | emporarily restricted endowment | | | | | | |
| | he percentages on lines 2a, 2b, and 2c | · · | | -0.000-1-0 | | | |
| | re there endowment funds not in the pos | ssession of the organiz | ation that are h | eld and administe | red for the | | Yes No |
| | rganization by: | | | | | | |
| |) unrelated organizations | | | | | | 3a(i) 3a(ii) |
| | l) related organizations "Yes" on line 3a(ii), are the related orga | orations listed as soon | imd on Sahadi | lo 0 2 | ••• ••• | | 3b |
| | escribe in Part XIII the intended uses of | • | | | | | |
| Part | | | owners funds. | | | | |
| rait | Complete if the organizat | | s" on Form (| Q0 Part IV lis | ne 11a See F | om 990 P | Part X line 10 |
| | Description of property | (a) Cost or other I | | ost or other bases | (c) Accumula | | (d) Book value |
| | | (investment) | \- | (other) | depreciation | | (0) |
| 10 14 | and | | | | | | |
| b B | and | | | | | | |
| | easehold improvements | | | | | | |
| | quipment | · | | 10 070 | | ,012 | 6,066 |
| d F | | | | 10.075 | | | |
| | ther | ——— | | 10,078 1,037 | | ,037 | <u> </u> |

| Schedule D (Form 990) 2017 JAPANESE CHRISTIAN F. | ELLOWSHIP | 84-1272128 | Page |
|--|--|-------------------------------|--|
| Part VII Investments—Other Securities. | - Farm 000 Dad N/ | line 11h Con Form M | 00 Dad V line 12 |
| Complete if the organization answered "Yes" or | | | |
| (a) Description of security or category | (b) Book value | (c) Method | |
| (induding name of security) | | Cost or end-of-ye | sar market value |
| Financial denvatives | <u></u> | L | |
| Closely-held equity interests | ſ | | |
| Other | | · · · | |
| (A) | | | |
| | | | |
| .(B) | | | |
| . <u>(C)</u> | | | |
| (D) | ļ | | |
| . (E) , | | | |
| .(F), | | | |
| .(G) | | | |
| (H) | | | |
| tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | |
| Part VIII Investments—Program Related. | | L | |
| | - E 000 Bad IV | line 11e See Form Of | M Port V line 12 |
| Complete if the organization answered "Yes" or | | | |
| (a) Description of investment | (b) Book value | (c) Method | |
| | | Cost or end-of-ye | HIT MARKET VALUE |
| 1 | l | L | |
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| 3) | 1 | <u> </u> | |
| 9) | | | |
| stal. (Column (b) must equal Form 990, Part X, col. (8) line 13) | T | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" or | n Form 990. Part IV | ine 11d See Form 9 | 00 Part X line 15 |
| (a) Description | | <u> </u> | (b) Book value |
| | | | (4) 235 (200 |
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| tal. (Column (b) must equal Form 990, Part X, col. (8) line 15.) | | <u> </u> | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" or | n Form 990, Part IV, | line 11e or 11f. See F | form 990, Part X, |
| line 25. | | | |
| (a) Description of Rability | (b) Book value | T | |
| | | 1 | |
|) Federal income taxes | 1 | | |
| 100000 | 1 172 | 1 | |
|) DEPOSIT RECEIVED (SEEK/DUNAMIS) | 1,173 | | |
|) DEPOSIT RECEIVED (SEEK/DUNAMIS)) PAYROLL LIABILITIES | 460 | | |
|) DEPOSIT RECEIVED (SEEK/DUNAMIS)) PAYROLL LIABILITIES) ADVANCE RECEIPT | 460 150 | | |
|) DEPOSIT RECEIVED (SEEK/DUNAMIS)) PAYROLL LIABILITIES) ADVANCE RECEIPT | 460 150 96 | | |
| DEPOSIT RECEIVED (SEEK/DUNAMIS) PAYROLL LIABILITIES DADVANCE RECEIPT SALES TAX PAYABLE | 460 150 | | |
| DEPOSIT RECEIVED (SEEK/DUNAMIS) PAYROLL LIABILITIES ADVANCE RECEIPT SALES TAX PAYABLE ADVANCE RECEIPT - EC | 460 150 96 | | |
| DEPOSIT RECEIVED (SEEK/DUNAMIS) PAYROLL LIABILITIES ADVANCE RECEIPT SALES TAX PAYABLE ADVANCE RECEIPT - EC | 460 150 96 | | |
| P) DEPOSIT RECEIVED (SEEK/DUNAMIS) PAYROLL LIABILITIES P) ADVANCE RECEIPT S) SALES TAX PAYABLE P) ADVANCE RECEIPT - EC P) | 460 150 96 | | |
| 2) DEPOSIT RECEIVED (SEEK/DUNAMIS) 3) PAYROLL LIABILITIES 4) ADVANCE RECEIPT 5) SALES TAX PAYABLE 6) ADVANCE RECEIPT - EC 7) 8) | 460 150 96 80 | | |
| 2) DEPOSIT RECEIVED (SEEK/DUNAMIS) 3) PAYROLL LIABILITIES 4) ADVANCE RECEIPT 5) SALES TAX PAYABLE 6) ADVANCE RECEIPT - EC 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 25) | 460 150 96 80 | | |
| DEPOSIT RECEIVED (SEEK/DUNAMIS) PAYROLL LIABILITIES ADVANCE RECEIPT SALES TAX PAYABLE ADVANCE RECEIPT - EC ADVANCE RECEIPT - EC Lab. (Column (b) must equal Form 990. Part X, col. (B) line 25) Liab. (Column (c) must equal Form 990. Part X, col. (B) line 25) | 1,959 | s financial statements that r | |
| DEPOSIT RECEIVED (SEEK/DUNAMIS) PAYROLL LIABILITIES ADVANCE RECEIPT SALES TAX PAYABLE ADVANCE RECEIPT - EC D D | 1,959 | s financial statements that r | |

| Schedule D (Form 990) 2017 JAPANESE CHRISTIAN FELLOWSHIP 84-1272 | 128 Page 4 |
|--|---------------------------------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | |
| 1 Total revenue, gains, and other support per audited financial statements | 11 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, tine 12 | 1 1 |
| a Net unrealized gains (losses) on investments | |
| b Donated services and use of facilities 2b | |
| c Recovenes of prior year grants 2c | |
| d Other (Describe in Part XIII.) | |
| e Add lines 2a through 2d | . 26 |
| 3 Subtract line 2e from line 1 | . 3 |
| 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 | |
| b Other (Describe in Part XIII) 4b | |
| c Add lines 4a and 4b | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expense | . 5 Datum |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | s per Ketuin. |
| 4 Yetel average and leaves are middled Consolidated and the | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, tine 25 | |
| a Departed consists and too of facilities | [] |
| b Prior year adjustments Zb | ⊣ i |
| C Other lesses | |
| c Other losses 2c 2c d Other (Describe in Part XIII) 2d | |
| e Add lines 2a through 2d | 2e |
| 3 Subtract line 2e from line 1 | 3 |
| 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 | 1 1 |
| b Other (Describe in Part XIII) | |
| e Add lines de and dh | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 |
| Part XIII Supplemental Information. | : |
| 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, lines | ne 4: Part X line |
| 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

FELLOWSHIP

OMB No. 1545-0047

2017 Open to Public

Inspection

| | NETWORK | 84-1272128 |
|------------|---|---------------------------------------|
| Form 990, | Part III, Line 4d - All Other Accomplishment | · · · · · · · · · · · · · · · · · · · |
| | DMINISTRATIVE EXPENSES FOR PROGRAM SERVICES. | |
| Form 990, | Part V, Line 4b - Financial Accounts in Fore | |
| Japan | | |
| | | |
| Form 990, | Part VI, Line 11b - Organization's Process t | o Review Form 990 |
| THE ENTIRE | BOARD REVIEWS THE DRAFT VERSION OF THE FORM | |
| | | |
| Form 990, | Part VI, Line 19 - Governing Documents Discl | losure Explanation |
| JCFN MARES | S FINANCIAL STATEMENTS AND OTHER NECESSARY GO | OVERNING DOCUMENTS |
| AVAILABLE | TO THE PUBLIC THROUGH ITS PERIODICAL NEWSLET | TER |
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