Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30,

a	heck if opticable Addres change	I DAPAN CENTER FOR INTERNATIONAL EXCHANGE	Ε,	D Employer identific	ation number	
X	change Name change	INC Doing business as		13-28	366655	
H	Initial return		Room/suite	E Telephone number		
	TFinal	475 RIVERSIDE DRIVE, SUITE 731		212-0	579-4130	
	ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	576,557.	
	Amend			H(a) Is this a group re	turn	
H	Application			for subordinates'	Yes X No	
	pendin	475 RIVERSIDE DRIVE, SUITE 731, NEW YOR	K, NY	H(b) Are all subordinates in		
1 T	ax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c			list. (see instructions)	
. L V	Vebsit	e: ▶ WWW.JCIE.ORG		H(c) Group exemption		
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1976 N	State of legal domicile: NY	
	irt I	Summary				
	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{SEE}}$	SCHEDU	LE O.		
Se	1					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.	
ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	9	
ලි	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9	
ಶ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	9	
itie		Total number of volunteers (estimate if necessary)		6	0	
Ęį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
Ă	b	Net unrelated business taxable income from Form 990-T, line 34			0.	
			_	Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,851,549.	344,491.	
	9	Program service revenue (Part VIII, line 2g)		655.	2,553.	
S.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		115,524.	97,659.	
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,967,728.	444,703.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		602,971.	195,669.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	304,157.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
per	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		261 001	
й	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		285,950.	361,981.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,256,174.	861,807.	
	19	Revenue less expenses. Subtract line 18 from line 12		711,554.	-417,104.	
10			Be	eginning of Current Year	End of Year	
Assets	20	Total assets (Part X, line 16)		2,341,970.	1,944,650.	
AS	21	Total liabilities (Part X, line 26)		1,679.	1,930,628.	
Se	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	100793233	2,340,291.	1,930,020.	
Pa	art II	Signature Block			be evilades and holist it is	
Und	ler pena	lities of perjury, I declare that I have examined this return, including accompanying schedule.	s and statem	ents, and to the best of my	knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.		
			_	Date		
Sig	n	Signature of officer		Data		
Hei	re	JAMES GANNON, EXECUTIVE DIRECTOR				
_		Type or print name and title		Date Check	PTIN	
		Print/Type preparer's name Preparer's signature		10		
Pai	d	WILLIAM MINOFF, CPA WILLIAM MINOFF,	CPA (05/09/19 self-employ	46-4133700	
Pre	parer	Firm's name LM COHEN & CO LLP		Firm's EIN ▶	40.4772100	
Use	Only	Firm's address 535 FIFTH AVENUE, 12TH FL		Diana 21	2-967-2300	
_		NEW YORK, NY 10017		FRORE NO. ZI	X Yes No	
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		***************************************	Form 990 (2017)	
		1114 For Developed Deduction Act Notice see the senarate instruction	nns		101111 000 (2017)	

Form 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic digit wash its gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

tiling of this	form, visit www.irs.gov/elile, click on Ghantie.	3 (4 (10))	onts, and ener on a m	o to, onamico ana mom nomo.					
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed)						
All corporat	tions required to file an income tax return othe	r than For	m 990-T (including 11	20-C filers), partnerships, REMIC	s, and trusts				
must use F	orm 7004 to request an extension of time to f	ile income	tax returns.						
	940			Enter filer's identifying number	r, see Instructions				
	Name of exempt organization or other filer, see in	structions.		Employer identification number (El	N) or				
Type or									
print	JAPAN CENTER FOR INTERNATIONA	AL EXCHA	ANGE, INC.	13-2866655					
File by the		umber, street, and room or suite no. If a P.O. box, see instructions.							
due date for filing your	135 WEST 29TH STREET, SUITE 303								
retum. See	City, town or post office, state, and ZIP code. For								
instructions.	NEW YORK, NY 10001								
Enter the R	teturn Code for the return that this application	is for (file	a separate application	for each return)	0 1				
Elitel the iv	Retain Code for the retain that this application			56 Pernau					
Application		Return	Application		Return				
ls For		Code	is For		Code				
Form 990 c	or Form 990-EZ	01	Form 990-T (corpor	ation)	07				
Form 990-E		02	Form 1041-A		08				
Form 4720	(individual)	03	Form 4720 (other th	nan individual)	09				
Form 990-P		04	Form 5227		10				
Form 990-7	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
	(trust other than above)	06	Form 8870		12				
-	JAMES GANNON								
• The bool	ks are in the care of ▶ 135 WEST 29TH S	TREET,	SUITE 303 NEW	YORK NY 10001					
Telephor	ne No. ▶ 212 679-4130		Fax No. ►						
If the ord	panization does not have an office or place of	business ir	the United States, ch	neck this box	▶ 🔲				
 If this is 	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Numbe	r (GEN)	If this is				
for the who	ole group, check this box	f it is for pa	art of the group, check	k this box ▶ and	l attach				
a list with the	ne names and EINs of all members the extens	ion is for.	/						
1 requ	est an automatic 6-month extension of time u	ntil		0.19 _, to file the exempt organi	zation return				
for the	organization named above. The extension is	for the org	anization's return for:						
	•								
▶ □	calendar year 20 or								
X	calendar year 20 or tax year beginning 07/0	01_, 20 1	7 _, and ending	06/30, 20 18	=8:				
				¥===>					
2 If the	tax year entered in line 1 is for less than 12 m	onths, che	ck reason: Initial	return Final return					
	Change in accounting period								
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 472	0, or 6069, enter the	e țentative tax, less any					
nonre	fundable credits. See instructions.			3a \$	0.				
b If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any	refundable credits and	_				
estim:	ated tax payments made. Include any prior yea	ar overpayr	ment allowed as a cred	dit. 3b \$	0.				
c Balan	ice due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if	required, by using EFTPS					
(Elect	tronic Federal Tax Payment System). See instru	ictions.		3c \$	0.				
Caution. If y	ou are going to make an electronic funds withdrawa	al (direct deb	oit) with this Form 8868,	see Form 8453-EO and Form 8879-E	O for payment				
instructions.	· ·								
	Act and Paperwork Reduction Act Notice, see inst	ructions.		Form 88	368 (Rev. 1-2017)				

) (Revenue \$

Form 990 (2017)

Total program service expenses

140,578 . including grants of \$

827,948.

Page 3

Total St	CIV Checklist of Required conscious	_	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	110
1		1	х	
0	If "Yes," complete Schedule A	2	Х	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
.,	during the tax year? 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 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	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? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7-		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9	_	<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Constant	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	200	Blica	DECTOR!
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.0		х
	Part VI	11a		- 22
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
С		11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	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
13	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5	х	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- 21	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16	l l	Х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
18		18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G. Part III	19		Х
	COMMUNICACIONALE OF LANCING CONTRACTOR CONTR	Form	990	(2017)

INC.

Part IV | Checklist of Required Schedules (continued) Yes No Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes." complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O Form 990 (2017) JAPAN CENTER FOR INTERNATIONAL EXCHANGE,

	TNC 13-2866	655	P	age 5
-	990 (2017) INC.			
Par	Check if Schedule O contains a response or note to any line in this Part V		52,000	
	Check if Schedule O contains a response of note to any line when the contains a response of note to any line when the contains a response of note to any line when the contains a response of note to any line when the contains a response of note to any line when the contains a response of note to any line when the contains a response of note to any line when the contains a response of note to any line when the contains a response of note to any line when the contains a response of note to any line when the contains a response of note to any line when the contains a response of note to any line when the contains a response of the contain		Yes	No
	5 to 11 words a reported in Box 3 of Form 1096. Enter -0: if not applicable.	MEGIN.	04370	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	题		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- ii not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c		ment project
	(gambling) winnings to prize winners?	ESTE		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 9			
	filed for the calendar year ending with or within the year covered by this return	2b	Х	angua orior v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	TO SHIP	SALVE	Paris
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	За	Callinon	Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	- OIJ		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ISSUE:		100
b	If "Yes," enter the name of the foreign country:	E		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	STATE STATE	Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х
	any contributions that were not tax deductible as charitable contributions?	Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
	were not tax deductible?	6b	23.00	181714
7	Organizations that may receive deductible contributions under section 170(c).	70	NAME OF STREET	Х
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		х
	to file Form 8282?	7c	(Injett)	53434
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.0	CHARLES AND ADDRESS OF THE PARTY OF THE PART	Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		-	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Transiti	Name:
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	IIII III	SHEETS OF	Hamman
	sponsoring organization have excess business holdings at any time during the year?	8	100000	(45)(C)()
9	Sponsoring organizations maintaining donor advised funds.	ATTENIA OF	CHECK TO	SHEH
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	+	\vdash
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	910	2000	B0100
10	Section 501(c)(7) organizations. Enter:	1		量的
а	Initiation fees and capital contributions included on Part VIII, line 12	196	100	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1300	NE	33
11	Section 501(c)(12) organizations. Enter:	510-		
а	Gross income from members or shareholders	語	1	
b		1986	100	398
	amounts due or received from them.)	10100	100000	20000
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	li (Marie)	1550
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			HEALTH I
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	NAME OF	2 SOCIAL	district.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1 654504	A SIDE
	Note. See the instructions for additional information the organization must report on Schedule O.	18H	10.3	
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		SEA	
c	Enter the amount of reserves on hand	THE REAL PROPERTY.	1000	Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		+^
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1/0047
		For	III DA	2017

	JAPAN CENTER FOR INTERNATIONAL EXCHANGE,	655	О-	6
Form !	990 (2017) INC. 13-2866			ige 6
Parl	WI Governance, Management, and Disclosure Fur each "Yes" response to lines 2 through 7b below, and for a	No re	spons	7
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			X
	Check if Schedule O contains a response or note to any line in this Part VI		8584	44
Sect	ion A. Governing Body and Management		Yes	No
		16/19	i cs	NEGS)
1a	Enter the number of voting members of the governing body at the end of the tax year1a9			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	640120231	Х
	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		Х
	of officers, directors, or trustees, or key employees to a management company or other person?	4		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		Х
	more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
	persons other than the governing body?	luists		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	Х	
а	The governing body? Each committee with authority to act on behalf of the governing body?	8b		
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Cool	organization's mailing address? r "yes," provide the names and addresses in deflection of the liternal Revenue Code.)	****		
Sec	IION B. PONCIES (This Section B requests information about policies not required by the months have been also because of the section B requests information about policies not required by the months have been also been also because of the section between the section		Yes	No
40	Did the organization have local chapters, branches, or affiliates?	10a		X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			1
a	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
i ia	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	些或	21.50	DIE'S
120	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	_
13	Did the organization have a written whistleblower policy?	13	Х	37
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	14/6		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	50.0	22	Sales .
а	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	X	10025
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	6087
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	2011	MINISTERN .	Х
	taxable entity during the year?	16a	HERSELD.	_
b	If "Yes " did the organization follow a written policy or procedure requiring the organization to evaluate its participation	I Co.	100	腰根
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	matin)	PERS	100000
	exempt status with respect to such arrangements?	16b		<u></u>
Sec	tion C. Disclosure			

17	List the states with which a copy of this Form 990 is required to be filed	MI
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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.

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

JAMES GANNON - 212-679-4130 475 RIVERSIDE DRIVE, SUITE 731, NEW YORK, NY 10115

TARAN CENTER FOR INTERNATIONAL EXCHANGE.

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Form 990 (2017)	INC.			13-2866655	Page /
Part VII Compensa	ition of Office	rs, Directors,	Trustees, Key Employees, Highes	t Compensated	

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization	nor any related o	orga	nizat	tion	соп	npen	sate	ted any current officer, director, or trustee.				
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and Title	Average	/		Posi			nno.	Reportable	Reportable	Estimated		
rano ano mo	hours per	box,	(do not check more than on box, unless person is both a		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	offic	er an	d a di	recto	r/trus	(88	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	9	1 3		ated		organization	(W-2/1099-MISC)	from the organization		
	related	stee	ruste		۵.	pens		(W-2/1099-MISC)		and related		
	organizations	al tru	leuo	1	ploye	E CO M				organizations		
	below	Individual trustee or director	Instilutional trustee	Officer	Kay employee	Highest compensated employee	Former			Organization:		
11) PROGU DI INTENNITATI	line) 1.00	트	트	0	2	王高	<u></u>					
(1) PEGGY BLUMENTHAL	1.00	x						0.	0.	0.		
CHAIRMAN (2) RONALD ANDERSON	1.00	-				T	_					
DIRECTOR	1.00	x						0.	0.	0.		
(3) SUSAN BERRESFORD	1.00	-		Г								
DIRECTOR		x						0.	0.	0		
(4) GERALD CURTIS	1.00	Ħ				Т						
DIRECTOR		x						0	0.	0.		
(5) HIDEKO KATSUMATA	1.00	П										
DIRECTOR		x						0	0.	0.		
(6) CHARLES MORRISON	1.00									_		
DIRECTOR		X						0.	0 .	0.		
(7) SATORU MURASE	1.00											
DIRECTOR		X						0.	0.	0.		
(8) ARIEL PABLOS-MENDEZ	1.00											
DIRECTOR		X						0.	0.	0.		
(9) AKIO OKAWARA	1.00	ļ							0.	0 .		
DIRECTOR		X	_	⊢	-	-		0.	0.	0.		
(10) JAMES GANNON	40.00	-		,,				105 417	0 -	0.		
SEC., TREAS., EXEC DIRECTOR		-	H	X	⊢	-	-	105,417.	0.	, ·		
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Part VII Section A. Officers, Directors, Trus		Joy	ees,			gnes	11 00		(E)	(F)
(A)	(B)		(C) Position				Ш	(D) Reportable	(E) Reportable	Estimated
Name and title	Average hours per		not c	heck r ss per	nore	than o		compensation	compensation	amount of
	week			d a di				from	from related	other
	(list any	rector						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or di	99			sated		organization (W-2/1099-MISC)	(44-271099-141130)	organization
	organizations	Iruste	al trus		yee	omper		(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key emplayee	Hignest compensated employee	mer			organizations
	line)	<u>a</u>	ısı	iš.	Key	물통	교			
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		1								
THE PARTY AND ADD			_	_	-			105,417.	0.	
1b Sub-total c Total from continuation sheets to Part V	II. Section A	*****				35555		0.	0.	
d. Total (add lines th and 1c)						*****		105,417.	0.	0.
Total number of individuals (including but in	not limited to th	nose	liste	ed al	oove	e) wh	no re	eceived more than \$100	,000 of reportable	1
compensation from the organization					_		-			Yes No
					1.			highest componented o	mplovee on	
3 Did the organization list any former officer	, director, or tr	uste	e, K	ey er	npic	oyee	, or	nignest compensated e	mployee on	3 X
line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the s	such individual um of reportat	ile c	omp	ensa	tior	n and	d oth	her compensation from	the organization	高級 認施 美国
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	0.000? If "Yes	." co	amo	lete :	Sch	edul	e J 1	for such individual		4 X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion	from	any	y unr	elate	ed organization or indivi	dual for services	
rendered to the organization? If "Yes." con	mplete Schedu	le J	for s	uch	pers	son				5 X
Section B. Independent Contractors					_				\$100,000 of compose	ation from
Complete this table for your five highest co	ompensated in	dep	ende	ent c	ontr	racto	ors th	nat received more than	\$ 100,000 or compens	ation from
the organization. Report compensation for	the calendar	ear	ena	ny v	vitti	OI W)LI III	(B)	your	(C)
(A) Name and busines	s address	N	ON	E				Description of	services	Compensation
					_					
			_		-					
							_		2000	
2 Total number of independent contractors	(including but i	not I	imite	ed to	the	se li	sted	d above) who received n	nore than	
\$100,000 of compensation from the organ	nization >	_			_	0			072/16	Form 990 (2017

INC.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
stunome a	a Federated campaigns b Membership dues c Fundraising events d Related organizations	1b					
f f	 Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ 	1f 3	344,491.				
e h	h Total. Add lines 1a-1f		>	344,491.			
2 a	a MISCELLANEOUS		900099	2,553.	2,553.		Kusan Al Asil M
Bevenue 2 a b c d e f	С						
	f All other program service revenue		>	2,553.		Nage (Case)	
3	g Total. Add lines 2a-2f Investment income (including divid other similar amounts)	ends, interes	t, and	23,513.			23,513
4 5	Income from investment of tax-exe Royalties	mpt bond pr	oceeds >		STOLD STURBERS OF SERVICE	PS (0.10) (0.07/21)	14 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6.2	a Gross rents	(i) Real	(ii) Personal				
b	b Less: rental expenses c Rental income or (loss)						
		Securities 6,000.	(ii) Other				
	b Less: cost or other basis and sales expenses 13 c Gain or (loss)	1,854.					
d	d Net gain or (loss)			74,146.			74,146
8 a	Gross income from fundraising ever including \$	ents (not of See					
	b Less: direct expenses	b					
[c	c Net income or (loss) from fundraisi		<u> </u>	No. peropet the late of		Francisco	MARKET MARKET
9 a	a Gross income from gaming activiti Part IV, line 19						
b	b Less: direct expensesc Net income or (loss) from gaming a	b	b			A Milani etc.	
	a Gross sales of inventory, less return	ทร					
	and allowances b Less: cost of goods sold	b	29				
	c Net income or (loss) from sales of			Principles of the second	Managaran II.		TO PARTY OF THE PARTY.
1	Miscellaneous Revenue		Business Code		DNIONE OF ROSESSAND		CORRECTOR OF
11 a	a	-					
1	C						
Ι,	d All other revenue	********			NGSSOUSONG/ZIESHONO	ESTORIO DE SERVICIO	Company State
I`					AND RESIDENCE AND STORE STORES.	Parties in the second second second second	A PERSONAL PROPERTY OF THE PARTY OF THE

INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Management and general expenses Do not include amounts reported on lines 6b, expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 195,669. 195,669. individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 9,488 105,417. 95,929. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 14,703. 163,370. 148,667. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,142. 12,692. 11,550. Other employee benefits 20,894. 1,784. 22,678. Payroll taxes 10 Fees for services (non-employees): a Management b Legal 960. 24,000. 23,040. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 85,158. 85,158. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 74. 1,467. 1,541. 13 Office expenses Information technology 14 Royalties 15 3,932. 87,328. 91,260. Occupancy 16 649. 138,143. 137,494. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 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.) 14,549. 495. 15,044. a PROGRAM EXPENSES 4,591. 190. 4,781. COMMUNICATION 1,612. 442. 2,054. c MISCELLANEOUS e All other expenses 33,859. 0 -827,948. 861.807. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)

INC.

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 144,145. 120,204. 2 Savings and temporary cash investments 521,680. 961,054. 3 Pledges and grants receivable, net 3 91,576. 109,184. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9,864. 2,294. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c b Less: accumulated depreciation 10b 1,148,948. 1,120,797. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 28,437. 28.437. 15 Other assets. See Part IV, line 11 15 2,341,970. 1,944,650. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 14.022. 1,679. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 14,022. 1.679. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,124,711. 1,078,445. 27 Unrestricted net assets 805,917. 1,261,846. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 1,930,628. 2,340,291. 33 Total net assets or fund balances 2,341,970. 1,944,650. 34 Total liabilities and net assets/fund balances

JAPAN CENTER FOR INTERNATIONAL EXCHANGE,

	JAPAN CENTER FOR INIDIAMITORIA Endiance	13-2866	6655	Pag	e 12
Form	990 (2017) INC.				
Par	t XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI	1			
		1	444	1,70)3.
1	Total revenue (must equal Part VIII, column (A), line 12)	2	861		
2	Total expenses (must equal Part IX, column (A), line 25)	3	-417		
3	Revenue less expenses. Subtract line 2 from line 1		2,340		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		7,44	
5	Net unrealized gains (losses) on investments	6		1 -	
6	Donated services and use of facilities	7			
7	Investment expenses	8			
8	Prior period adjustments	9			0.
9	Other 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,	10	1,930) 6:	28.
-	column (B))	10	-100		
Pai	T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	(On)		
0-			2a	X	
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		11501		
	Were the organization's financial statements audited by an independent accountant?		2b		_X_
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		AT LANGE		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		183	Bay
C	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	世 45		Hali
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit	E	196736	
За	As a result of a federal award, was the organization required to undergo an agent of a federal award. Act and OMB Circular A-133?	-	3a		
	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit			
b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	or audits, explain why in Schedule O and describe any steps taken to another season additional and all and a season and a		Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. JAPAN CENTER FOR INTERNATIONAL EXCHANGE,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-2866655 TNC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 university: 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (vi) Amount of other (v) Amount of monetary (iii) Type of organization (ii) EIN (i) Name of supported in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 INC .

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2017 (f) Total (b) 2014 (c) 2015 (d) 2016 (a) 2013 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 5409798. 1814108. 344,491. 960,766. 373,273. 1917160. 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 1814108. 5409798. 344,491. 373,273. 960,766. 1917160. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 4241102. column (f) 1168696. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total (d) 2016 (e) 2017 (b) 2014 (c) 2015 (a) 2013 Calendar year (or fiscal year beginning in) 5409798. 344,491 1814108. 1917160. 960,766. 373,273. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 116,937. 23,513. 26,462. 23,387. 17,679. 25,896. 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.) 5526735. 11 Total support. Add lines 7 through 10 7,631. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 21.15 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 14 22.00 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization ightharpoons Xmeets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 INC.

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

(Complete only if you checked to qualify under the tests listed bel A. Public Support	he box on line 10		organization failed	to qualify under Pa	art II. If the organiz	ation fails to
ar (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
ar for tiscal vear beginning in F	(4) 2010	(6) 2011	101 ====			

Sec	tion A. Public Support							(6.00 mg)/ c	_
Caler	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20)17	(f) Total	-
	Gifts, grants, contributions, and			,					
	membership fees received. (Do not								
	include any "unusual grants.")								-
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose								
2	Gross receipts from activities that								
3	are not an unrelated trade or bus-				1 1				
	Tax revenues levied for the organ-								
4									
	ization'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								
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and				1				
	3 received from disqualified persons								_
b	Amounts included on lines 2 and 3 received from other than disqualified persons that		1						
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								_
С	Add lines 7a and 7b		PERSON NAMED IN	Ery CHANGOWN SO	mcoospers/stat/con	STATE OF STREET	SIGNAL SIGNAL		-
8	Public support. (Subtract line 7c from line 6.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	are a traditional	LICENSE MATERIAL SEC	NAME OF THE PARTY	E CALL	#40/(SU)		_
Sec	ction B. Total Support				1	4.50	047	(A) Tetal	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total	
	Amounts from line 6						-		
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								_
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses				1				
	acquired after June 30, 1975				ļ				_
	Add lines 10a and 10b								_
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
12	regularly carried on Other income. Do not include gain								
	or loss from the sale of capital								
40	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the organization	'e first second thi	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organizati	on,	
14	check this box and stop here	n life organization	3 (113), 3000110, 111				*******	> [
50	ction C. Computation of Publ	lic Support Pe	rcentage						
36	Public support percentage for 2017	ding 9 column (f)	divided by line 13	column (f))		15			%
	make the control of t					16			%
16	ction D. Computation of Inve	stment Incom							
		047 (inc 10c col	ump (f) divided by	ine 13 column (f))	Conserved Black IN VANDORS STORES	17			%
17		2017 (line roc, con	Dort III line 17	110 10, 00101111 (7)		18			%
18	Investment income percentage from a 33 1/3% support tests - 2017. If the	2016 Scriedule A	not check the how	on line 14, and lin	ne 15 is more than 3		nd line 17	is not	
19	a 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box a	e organization did	not check the box	alifies as a publicly	supported organiz	ation		>	
	more than 33 1/3%, check this box a	ing stop here. If	ne organization qui	annos as a publiciy an line 17 or line 10	and line 16 is mo	ore than 3	3 1/3%. an	d	
-	b 33 1/3% support tests - 2016. If th	e organization did	not check a box c	unitation qualifice	as a nublicly supp	orted orga	nization		
	line 18 is not more than 33 1/3%, ch	eck this box and s	stop nere. The org	gamzauvii qualiiles Qa or 19h check i	this hox and see in	structions	200000000000000000000000000000000000000		
20	Private foundation. If the organizati	on ala not check a	1 DOX ON HITE 14, 1	Ja, UI IJD, CHICCK	Cab	adula A /	Corm 000	or 990-EZ)	2017

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

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

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2	-	COLUMN 1
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.3b	Service of	100.54
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4b	SACIONIA SACIONIA	060050
4c	Parent Date	January 1
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5c		
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Sche	dule A (Form 990 or 990-EZ) 2017 INC.	3-286665	J P	age 5
Par				
		THE R. P. LEWIS CO., LANSING, MICH.	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	0.50	2.2	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			REE!
	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		
Sec	tion B. Type I Supporting Organizations		19.	
		Total Control Control	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			原設
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	C.C.	Patro	152/07
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_ 1		OR SHOULD BE
2	Did the organization operate for the benefit of any supported organization other than the supported	阿斯斯	120.00	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	TO STATE OF THE PARTY OF THE PA		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			lights:
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			189
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
-		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	14000		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1000	1889	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	(Salasta		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			120
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's	11/42/23	· Marie	Marie Control
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	13 2 2 2		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	ructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	Part VI how you comparted a part VI have you comparted a government entitle	(see instruction:	5)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	and the state of t		相與	Mile.
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	THE NEW	17-43	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			I I I
	how the organization was responsive to those supported organizations, and how the organization determined			ZEE
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	200	1000	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			EB.
	reasons for the organization's position that its supported organization(s) would have engaged in these		li li mi	375
	activities but for the organization's involvement.	2b	10000	Sept Sept
3	Parent of Supported Organizations. Answer (a) and (b) below.		HAST.	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
J	trustees of each of the supported organizations? Provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			250
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		· /F 000 (100 E	A 2017

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	dule A (Form 990 or 990-EZ) 2017 INC . tV Type III Non-Functionally Integraled 509(a)(3) Supporting	Organi	zations	2000033 Page
Par	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	ov 20 1970 (explain in Pa	rt VI.) See instructions.
1	Check here if the organization satisfied the integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-	nolete Sec	tions A through E.	
Secti	on A - Adjusted Net Income	Inploto out	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
	Depreciation and depletion	5		
5	Portion of operating expenses paid or incurred for production or			
6	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_		7		
7	Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
8	Adjusted Net Income (subtract lines 5, 6, and 7 hour line sy			(B) Current Year
Sect	on B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	SPACE IN		
1	instructions for short tax year or assets held for part of year):	计学研究		
_	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
		1d		
	Total (add lines 1a, 1b, and 1c)		VE MER BUSINESS PO	
е	Discount claimed for blockage or other			HER SELECTION SE
	factors (explain in detail in Part VI):	2		
2		3		
3_	Subtract line 2 from line 1d			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4	141	
	see instructions)	5		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6	Multiply line 5 by .035	7		
7	Recoveries of prior-year distributions	8		
8	Minimum Asset Amount (add line 7 to line 6)	- 0		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	SOUTH BOARD, LOVE AND	
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			
0	emergency temporary reduction (see instructions)	6	是其他由此是由於此的	
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

JAPAN CENTER FOR INTERNATIONAL EXCHANGE,

13-2866655 Page 7 Schedule A (Form 990 or 990-EZ) 2017 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (i) Underdistributions Distributable Excess Distributions Section E - Distribution Allocations (see instructions) Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 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) Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 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. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

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BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC,

COMMUNITY OR MEMBERSHIP GROUP INVOLVED. AMONG OTHER THINGS, CONSIDERATION

WILL BE GIVEN AS TO WHETHER THE SCOPE OF FUND RAISING IS REASONABLE IN

LIGHT OF THE ORGANIZATION'S CHARITABLE ACTIVITIES. THE FACT THAT THE

ORGANIZATION MEETS THE SUPPORT REQUIREMENT FROM A REPRESENTATIVE NUMBER OF

PERSONS WILL BE TAKEN INTO CONSIDERATION. IN DETERMINING WHAT IS A

REPRESENTATIVE NUMBER OF PERSONS, CONSIDERATION WILL BE GIVEN TO, AMONG

OTHER THINGS, THE TYPE OF ORGANIZATION INVOLVED AND WHETHER IT LIMITS ITS

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ACTIVITIES TO A PARTICULAR COMMUNITY OR REGION OR TO A SPECIAL FIELD WHICH

CAN BE EXPECTED TO APPEAL TO A LIMITED NUMBER OF PERSONS.

AS THE MISSION OF THE ORGANIZATION IS TO SUPPORT AND PROMOTE INTERNATIONAL

COOPERATION AND UNDERSTANDING BETWEEN JAPAN, THE UNITED STATES, AND OTHER

COUNTRIES THROUGH LEADERSHIP EXCHANGES, POLICY DIALOGUES AND RESEARCH, AND

THE FACILITATION OF PERSON-TO-PERSON INTERACTIONS; IT HAS APPEALED TO THE

GENERAL PUBLIC AND THROUGH AN EFFORT OF PERSONAL SOLICITATION THE

ORGANIZATION HAS IDENTIFIED A NUMBER OF NEW DONORS OVER THE LAST FEW

YEARS. THE ORGANIZATION WILL CONTINUE TO REACH OUT TO NEW DONORS IN THE

COMING YEARS WHILE CONSOLIDATING THE COMMITMENT OF THOSE THAT THE

ORGANIZATION HAS ALREADY SUCCESSFULLY SOLICITED.

3. REPRESENTATIVE GOVERNING BODY:

THE REGULATIONS PROVIDE THAT THE FACT THAT AN ORGANIZATION HAS A GOVERNING
BODY WHICH REPRESENTS THE BROAD INTERESTS OF THE PUBLIC, RATHER THAN THE
PERSONAL AND PRIVATE INTERESTS OF DONORS WILL BE TAKEN INTO ACCOUNT.

AN ORGANIZATION WILL BE TREATED AS MEETING THIS REQUIREMENT IF ITS
GOVERNING BODY IS COMPRISED OF PERSONS HAVING SPECIAL KNOWLEDGE OR
EXPERTISE IN THE PARTICULAR FIELD OR DISCIPLINE IN WHICH THE ORGANIZATION
IS OPERATING.

THE ORGANIZATION IS LED BY A BOARD OF DIRECTORS WHO HAVE MANY YEARS OF

EXPERIENCE, CAN PROMOTE AWARENESS AND IS WELL SUITED IN REPRESENTING THE

ORGANIZATION TO THE PUBLIC.

4. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES:

DUE TO THE NATURE OF THE ORGANIZATION'S ACTIVITIES (FUNDRAISING), THIS

TEST IS NOT APPLICABLE.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of the organization	APAN CENTER FOR INTERNATIONAL EXCHANGE,	Employer identification number
	NC.	13-2866655
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule X For an organization	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	r 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ar tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educa ruelty to children or animals. Complete Parts I, II, and III.	
year, contributions is checked, enter h purpose. Don't con	a described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious, inplete any of the parts unless the General Rule applies to this organization because it respectively, contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc., eceived nonexclusively
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Name of organization

JAPAN CENTER FOR INTERNATIONAL EXCHANGE,

Employer identification number

INC.		13	3-2866655
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	723452 11-01-17	\$\$	Person X Payroll
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2017)

Name of organization

JAPAN CENTER FOR INTERNATIONAL EXCHANGE,

INC.

Employer identification number

13-2866655

Part I	Contributors (see instructions). Use duplicate copies of Part I if		1 (n
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JAPAN CENTER FOR INTERNATIONAL EXCHANGE, INC.

13-2866655

(0)	Noncash Property (see instructions). Use duplicate copies of Pa		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
3		\$	K ===
(a)		(c)	(d)
No. from	(b) Description of noncash property given	FMV (or estimate)	Date received
Part I	Bood plan of name of property 3	(See instructions.)	
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		 :	-
15		\$	
(a)		(c)	
No.	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
from Part I	Description of noncasti property given	(See instructions.)	
3		\$	-
(a)	m.)	(c)	(d)
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(coo moneonary	
189		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
- 1			1

Employer identification number

JAPAN	CENTER	FOR	INTERNATIONAL	EXCHANGE,

TAT	$\overline{}$	
TTA	L	

13-2866655

		(e) Transfer of gift	-
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
a) No.	2.4		
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-		(e) Transfer of gift	
Part I			
a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
/s	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		(e) Transfer of gift	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization JAPAN CENTER FOR INTERNATIONAL EXCHANGE, 13-2866655 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (d) Activities conducted in the region (c) Number of (a) Region (b) Number of expenditures employees, agents, and (by type) (such as, fundraising, prois a program service, offices for and in the region gram services, investments, grants to describe specific type independent investments of service(s) in the region recipients located in the region) contractors in the region in the region

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

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Schedule F (Form 990) 2017

0.

0.

3 a Sub-total

b Total from continuation

sheets to Part I c Totals (add lines 3a

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	STATES AND	EAST ASIA AND THE	TO SUPPORT CERTAIN PROGRAMS OVERSEAS	195,669.	WIRE	0.		
								10.00
by the IRS, or for whi	ch the grantee or cou		recognized as charities by the tion 501(c)(3) equivalency lette					1

INC.

13-2866655

Page 3

	INC.	·		-	13-2866655		Page 3
Part III Grants and Other Assistance			ites. Complete i	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is neede		,				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			US				II F
, 							
2							
()							
	J						

JAPAN CENTER FOR INTERNATIONAL EXCHANGE,

13-2866655 Page 4 Schedule F (Form 990) 2017 INC. Part IV | Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the 1 organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Yes X No

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2017

JAPAN CENTER FOR INTERNATIONAL EXCHANGE,

Schedule F (Form 990) 2017 INC.	13-2866655	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	g method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)	; and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information	tion. See instructions.	
PART I, LINE 2:		
THE ORGANIZATION HAS PROCEDURES IN PLACE FOR MONITORING THE	USE OF THE	
THE ORGANIZATION HAD INCOMBONIZED IN THREE TOX HONETONIZED IN	052 01 1	
GRANTS OUTSIDE THE UNITED STATES. THE GRANT RECIPIENT ORGAN	IZATIONS	
PROVIDE REPORTS FOR USE OF GRANTS.		

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JAPAN CENTER FOR INTERNATIONAL EXCHANGE, INC.

Employer identification number 13-2866655

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION:
TO PROMOTE INTERNATIONAL COOPERATION AND UNDERSTANDING BETWEEN JAPAN,
THE UNITED STATES, AND OTHER COUNTRIES THROUGH LEADERSHIP EXCHANGES,
POLICY DIALOGUES AND RESEARCH.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
(A) POLITICAL LEADERSHIP EXCHANGE PROGRAM - A MAJOR GOAL OF JCIE
ACTIVITIES IS THE PROMOTION OF CLOSER WORKING RELATIONS BETWEEN
AMERICAN AND JAPANESE POLITICAL AND OPINION LEADERS. JCIE'S
NONPARTISAN POLITICAL EXCHANGE PROGRAMS PROVIDE OPPORTUNITIES FOR
LEADERS TO SHARE VIEWS IN A FRANK, OFF-THE-RECORD MANNER ON PRESSING
SECURITY, ECONOMIC, AND FOREIGN POLICY ISSUES.
(B) EARTHQUAKE RELIEF AND RECOVERY PROGRAM - JCIE FUNDS ARE BEING USED
TO HELP JAPANESE NON-PROFIT ORGANIZATIONS THAT ARE NOT LIKELY TO
RECEIVE SUFFICIENT SUPPORT FROM GOVERNMENT, BUSINESS, AND OTHER
SOURCES, BUT THAT ARE TACKLING ISSUES ESSENTIAL FOR A SUSTAINABLE
RECOVERY.
EXPENSES \$ 140,578. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S OFFICERS AND BOARD OF DIRECTORS RECEIVED A DRAFT COPY OF
THE FORM 990 TO REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

	JAPAN CENT	TER FOR IN	TERNATIONA	L EXCHANGE,	Employer identification number
I	INC.				13-2866655
COMPLIANCE WITH	THEIR WR	ITTEN CON	FLICT OF I	NTEREST POLI	CY.
FORM 990, PART	VI, SECTI	ON B, LIN	E 15:		
THE ORGANIZATIO	N'S BOARD	OF DIREC	TORS REVIE	WED AND APPR	OVED THE
COMPENSATION OF					
COMI ENDATION OF	THE BASE	.01212 221			
			п. 10		
FORM 990, PART					T OF TYPESTOR
THE ORGANIZATIO					
POLICIES AND FI	NANCIAL S	TATEMENTS	AVAILABLE	TO THE PUBL	IC UPON REQUEST.
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3				-	
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CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Sen'd with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2017

Open to Public Inspection

1. General Information								
For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2017 and Ending (mm/dd/yyyy) 06/30/2018								
Check if Applicable: X Address Change	Name of Organization: JAPAN CENTER F	OR INTERNATION	AL EXCHANGE,	Employer Identification Number (EIN): 13-286655				
Name Change	Mailing Address:		NY Registration Number: 02-07-31					
Final Filing	arraing 4/3 KTVIKBIBB BKLTE, See 1							
Amended Filing		10115		212 679-4130				
Reg ID Pending	Website:			Email:				
	WWW.JCIE.ORG			JGANNON@JCIE.ORG				
Check your organization's registration category:	Check your organization's Confirm your Registration Category in the							
2. Certification								
See instructions for certif	ication requirements. Improper	r certification is a violation o	f law that may be subject	to penalties. The certification requires				
two signatories.								
144	anoltics of porium that we ravi	ewed this report including a	Il attachments, and to the	best of our knowledge and belief,				
we certify under p	re true, correct and complete in	accordance with the laws o	of the State of New York ap	oplicable to this report.				
undy di	<u></u>	2.2						
President or Authorized	Officer:	COPY						
Tresident of nationals	Signature		Print Name	e and Title Date				
r	Cignatero		JAMES GANNO	ON				
Chief Financial Officer o	r Treasurer		EXECUTIVE I	DIRECTOR				
Giller Fillancial Officer o	Signature		Print Name	e and Title Date				
	0.9.1212.10							
3. Annual Reporting	g Exemption							
Check the exemption(s) t	hat apply to your filing. If your	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both				
categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or								
additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable								
	schedules and attachments and pay applicable fees.							
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not								
exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit								
contributions during the fiscal year.								
Vacces								
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time								
during the fiscal year.								
4 Cabadulas and Attachments								
4. Schedules and Attachments								
APPARET OF THE PARET OF THE PAR		TT						
See the following page	□ Vaa [¥] No. 4a Dida	rour organization use a prof	essional fund raiser, fund r	raising counsel or commercial co-venturer				
See the following page for a checklist of								
See the following page for a checklist of schedules and		our organization use a prof raising activity in NY State?						
See the following page for a checklist of schedules and attachments to	for fund	raising activity in NY State?	If yes, complete Schedule	e 4a.				
See the following page for a checklist of schedules and	for fund		If yes, complete Schedule	e 4a.				
See the following page for a checklist of schedules and attachments to	for fund	raising activity in NY State?	If yes, complete Schedule	e 4a.				
See the following page for a checklist of schedules and attachments to complete your filing.	for fund	raising activity in NY State?	If yes, complete Schedule	e 4a. mplete Schedule 4b.				
See the following page for a checklist of schedules and attachments to complete your filing.	for fund Yes X No 4b, Did to 7A filing fee:	raising activity in NY State?	If yes, complete Schedule	e 4a. mplete Schedule 4b. Make a single check or money order				
See the following page for a checklist of schedules and attachments to complete your filing. 5. Fee See the checklist on the	for fund Yes X No 4b, Did to 1 7A filing fee:	raising activity in NY State?	If yes, complete Schedule	e 4a. mplete Schedule 4b.				

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

JAPAN CENTER FOR INTERNATIONAL EXCHANGE, INC.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Condisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public X Review Report if you received total revenue and support greater than \$250,000 Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is a	ort is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.
\$1500, II the NET WOMM is \$50,000,000 or more	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22
NYS Office of the Attorney General	- IRS Form 990 EZ Part I, line 21
Charities Bureau Registration Section	IBS Form 990 PF calculate the difference between

Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Total Assets at Fair Market Value (Part II, line 16(c)) and

FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017



Table of Contents

June 30, 2018 (Reviewed) and 2017 (Audited)

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535 Fifth Avenue, 12th Floor New York, NY 10017 P: (212) 967.2300 F: (212) 967.2656 www.limcohencpa.com

INDEPENDENT ACCOUNTANTS' REVIEW REPORT

To the Board of Directors Japan Center for International Exchange, Inc.

We have reviewed the accompanying financial statements of Japan Center for International Exchange, Inc. (a non-profit organization) which comprise the statement of financial position as of June 30, 2018, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Accountants' Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

Accountants' Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Supplementary Information

The supplementary information included on page 11 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management. We have not audited or reviewed such information and we do not express an opinion, a conclusion, nor provide any assurance on it.

Report on 2017 Financial Statements

The financial statements of Japan Center for International Exchange, Inc. as of June 30, 2017 were audited by other auditors who have merged with LM Cohen & Company, and whose report dated June 7, 2018, stated that, based on their audit, the financial statements present fairly, in all material respects, the financial statements of Japan Center for International Exchange, Inc. as of June 30, 2017, and the changes in its net assets and cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

L.M. Cohen & Co.

New York, New York May 6, 2019

JAPAN CENTER FOR INTERNATIONAL EXCHANGE, INC. Statements of Financial Position

June 30, 2018 and 2017

ASSETS Cash Investments, at fair value Pledges receivable Advances to JCIE - Japan Prepaid expenses	2018 (Reviewed) \$ 144,145 1,148,948 521,680 76,622 9,864	2017 (Audited) \$ 120,204 1,120,797 961,054 62,418 2,294
Due from JCIE - Japan	14,954	46,766
Security deposits Total assets	\$ 1,944,650	28,437 \$ 2,341,970
LIABILITIES AND NET ASSETS Liabilities Accrued expenses and other current liabilities Commitments	\$ 14,022	\$ 1,679
Net Assets Unrestricted Temporarily restricted Total net assets	1,124,711 805,917 1,930,628	1,078,445 1,261,846 2,340,291
Total liabilities and net assets	\$ 1,944,650	\$ 2,341,970

Statements of Activities

For the Years Ended June 30, 2018 and 2017

		2018		2017
	(R	leviewed)	(Audited)	
Unrestricted net assets				
Revenues				
Contributions	\$	153,907	\$	568,885
Interest and dividend income		23,513		23,387
Realized and unrealized gains on investments		81,587		104,833
Other income		2,553		655
Total revenues		261,560		697,760
Net assets released from restrictions		(01.550		555 500
Satisfaction from program restrictions	-	621,572	-	575,739
Total unrestricted revenues		883,132		1,273,499
Expenses				
Program services				
Human Security and Global Cooperation		422,472		905,168
Global Think Net		128,756		61,178
Civil Net and Grass Roots		136,142		21,875
Political Leadership Exchange		101,335		156,104
Earthquake Relief and Recovery		14,302		13,265
Total program services		803,007		1,157,590
Supporting services		22.050		(1.142
Management and general		33,859		61,143
Total expenses	_	836,866		1,218,733
Increase in unrestricted net assets		46,266		54,766

Statements of Activities (continued)

For the Years Ended June 30, 2018 and 2017

	2018 (Reviewed)	2017 (Audited)
Temporarily restricted net assets Contributions Net assets released from restrictions	\$ 165,643 (621,572)	\$ 1,245,223 (575,739)
(Decrease) increase in temporarily restricted net assets (Decrease) increase in net assets	(455,929) (409,663)	724,250
Net assets - beginning	2,340,291	1,616,041
Net assets - ending	\$ 1,930,628	\$ 2,340,291

Statements of Cash Flows

For the Years Ended June 30, 2018 and 2017

		2018		2017
	(F	Reviewed)	(_	Audited)
Cash flows from operating activities				
(Decrease) increase in net assets	_\$_	(409,663)	\$_	724,250
Adjustments to reconcile (decrease) increase in net				
assets to net cash used in operating activities:				
Realized and unrealized gains on investments		(81,587)		(104,833)
Changes in operating assets:				
Decrease (increase) in pledges receivable		439,374		(961,054)
(Increase) decrease in advances to JCIE - Japan		(14,204)		109,131
(Increase) decrease in prepaid expenses		(7,570)		10,855
Decrease (increase) in due from JCIE - Japan		31,812		(26,805)
Increase (decrease) in accrued expenses and				
other current liabilities		12,343		(2,891)
Total adjustments		380,168		(975,597)
Net cash used in operating activities		(29,495)		(251,347)
Cash flows from investing activities				
Purchase of investments		(129,510)		<u>=</u> :
Proceeds from sale of investments		182,946		129,768
Net cash provided by investing activities		53,436		129,768
Net increase (decrease) in cash		23,941		(121,579)
				5 (4) 222
Cash - beginning		120,204		241,783
			ф	100.004
Cash - ending	\$	144,145	<u>\$</u>	120,204

Notes to Financial Statements June 30, 2018 (Reviewed) and 2017 (Audited)

Note 1 - Nature of Organization and Summary of Significant Accounting Policies

Nature of Organization

Japan Center for International Exchange, Inc. ("Center") was incorporated in June 1976 as a non-profit corporation chartered by the State of New York. The Center was created for the purpose of promoting, enhancing and contributing to the advancement of world peace, international cooperation and mutual understanding between Japan and the United States in political, social, cultural and other areas. The Center is an affiliate of Japan Center for International Exchange - Japan ("JCIE - Japan"). During the years ended June 30, 2018 and 2017, the Center contributed \$386,305 and \$687,011 to JCIE - Japan, respectively. During the years ended June 30, 2018 and 2017, the Center received \$215,577 and \$121,481 from JCIE - Japan for reimbursement of funds expended by the Center on behalf of JCIE - Japan.

Basis of Presentation

The Center follows the requirements of the Not-for-Profit Entities, Presentation of Financial Statements Topic of the FASB Accounting Standards Codification. Under this Topic, the Center is required to report information regarding its financial position and activities according to three classes of net assets, unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Investment Valuation and Income Recognition

Investments in mutual funds are valued at the net asset value of the shares held by the Center at year-end and are reported at their fair values in the statements of financial position. Unrealized gains and losses are included in the statements of activities. Interest income is reported on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

Contributions

Contributions are recognized when the donor makes a promise to give to the Center that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions are met in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Notes to Financial Statements June 30, 2018 (Reviewed) and 2017 (Audited)

Note 1 - Nature of Organization and Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost. Depreciation and amortization are provided by straightline methods at rates calculated to amortize the cost of property and equipment over their estimated useful life. Maintenance and repairs are charged to expenses while major replacements are capitalized. The cost of equipment, retired or disposed of, and the related depreciation are eliminated from the accounts, with the resulting gains or losses included in operations.

Concentration of Credit Risk

Financial instruments that potentially subject the Center to credit risk consist principally of cash in financial institutions which, from time to time, exceeds the Federal Deposit Insurance Corporation limit.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Tax Status

The Center is exempt from Federal and State income taxes under Section 501 (c)(3) of the U.S. Internal Revenue Code. Accordingly, no provision for income taxes has been made in the financial statements.

The Center evaluates the effect of uncertain tax positions, if any, and provides for those positions in accordance with the provisions of ASC 450, Contingencies.

Subsequent Events

Management has evaluated subsequent events through May 6, 2019, the date the financial statements were available to be issued.

Notes to Financial Statements

June 30, 2018 (Reviewed) and 2017 (Audited)

Note 2 - Investments, at Fair Value

The Center complies with the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value in various levels. Level 1 consists of unadjusted quoted prices for identical assets or liabilities in active markets that the Center has the ability to access.

The following table sets forth by level, within the fair value hierarchy, the Center's assets at fair value as of June 30, 2018 and 2017:

Assets at Fair Value as of June 30,						
		2017				
	Level 1)		Level 1)			
\$	833,996	\$	832,626			
	314,952		288,171			
\$	1,148,948	\$	1,120,797			
	\$	Jun 2018 (Level 1) \$ 833,996	June 30, 2018 (Level 1) \$ 833,996 314,952			

Note 3 - Pledges Receivable

Pledges receivable are recorded at their net realizable value. For pledges receivable that are expected to be collected in future years, net realizable value is the present value of the estimated future cash flows discounted using a risk free rate of 4.25% as of June 30, 2017. At June 30, 2018, pledges receivable were due in less than one year.

Pledges receivable consist of the following:

	 2018				
Amounts due in: Less than 1 year	\$ 521,680	\$	525,000		
1 to 2 years	12		500,000		
- · · · · ·	 521,680		1,025,000		
Present value discount	-		(63,946)		
	\$ 521,680	\$	961,054		

Note 4 - Advances to JCIE - Japan

The Center advanced funds in the amount of \$76,622 and \$62,418 at June 30, 2018 and 2017, respectively to be expended by JCIE - Japan within one year for the Human Security and Global Cooperation, Civil Net and Grass Roots, and Global Think Net programs.

Notes to Financial Statements

June 30, 2018 (Reviewed) and 2017 (Audited)

Note 5 - Due from JCIE - Japan

The Center paid for certain program expenses on the behalf of their affiliate for joint programs for which funding was obtained by the Center. At June 30, 2018 and 2017, the affiliate owed the Center \$14,954 and \$46,766, respectively.

Note 6 - Temporarily Restricted Net Assets

Temporarily restricted net assets are subject to donor-imposed stipulations that may or will be met either by actions of the Center and/or the passage of time.

Time restricted temporarily restricted net assets at June 30, 2018 and 2017, were restricted for use by donors for the following purposes:

	2018	2017
Human Security and Global Cooperation		
programs	\$ 704,220	\$ 1,076,420
Global Think Net programs	12,486	73,627
Civil Net and Grass Roots programs	78,911	106,396
Political Leadership Exchange programs	10,300	5,403
	\$ 805,917	\$ 1,261,846

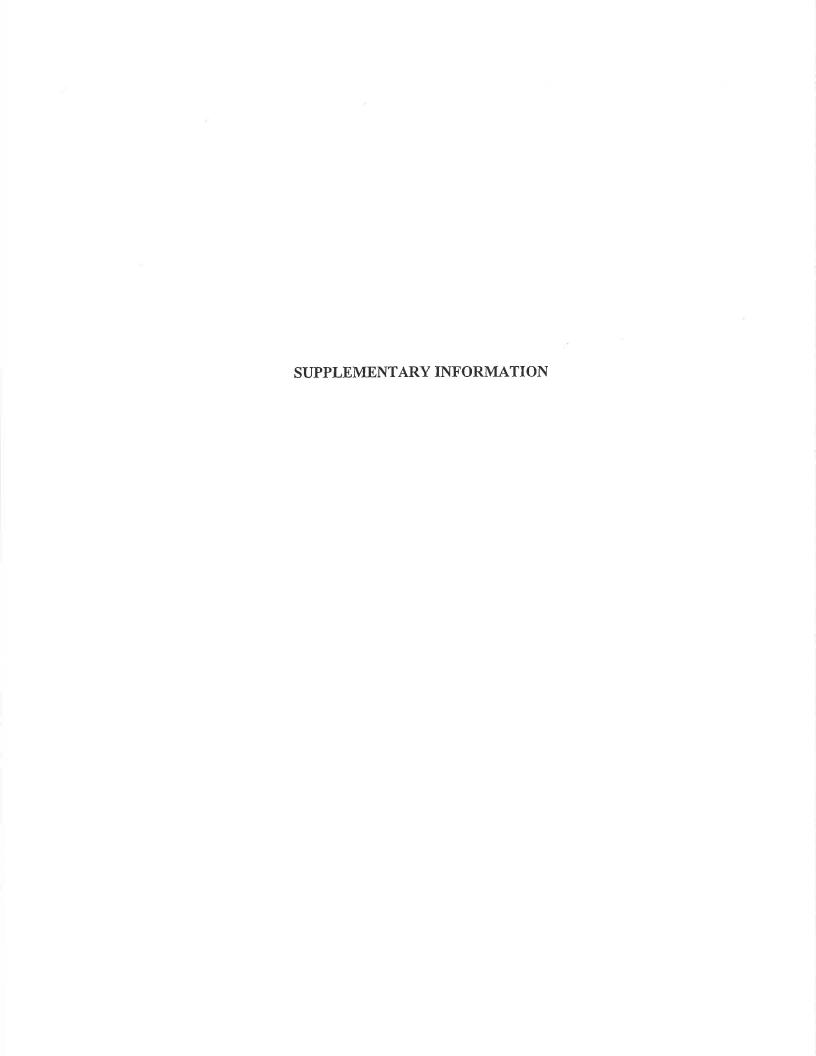
Note 7 - Commitments

Leases

The Center conducts its operations from a facility leased under an operating lease expiring on December 31, 2028. The lease includes an escalation clause for real estate taxes and operations. Minimum future annual rental payments under the noncancelable operating lease as of June 30, 2018 are as follows:

Years ending June 30,		Amount
2019	\$	63,108
2020		36,780
2021		37,147
2022		37,519
2023		37,894
Thereafter		215,243
Total minimum future rental payments		427,691

Rent expense for the years ended June 30, 2018 and 2017 amounted to \$75,511 and \$67,278, respectively.



Schedule of Functional Expenses

For the Year Ended June 30, 2018 (Reviewed)

					F	Program S	ervio	ces					pporting ervices									
		an Security						Political		thquake	Total	Ma	nagement									
)*	an	d Global		Global	Civil Net and		Civil Net and		Civil Net and		Civil Net and		Civil Net and		nd Leadership		Re	lief and	Program	and		Total
	Co	operation	<u>T</u>	hink Net	Gra	ass Roots	Ex	change	Recovery		Recovery Services		General	Expenses								
Salaries and benefits	\$	207,247	\$	29,677	\$	29,416	\$	8,700	\$	2,000	\$ 277,040	\$	27,117	\$ 304,157								
Occupancy		39,164		13,761		11,795		18,676		3,932	87,328		3,932	91,260								
Communication		2,263		665		570		903		190	4,591		190	4,781								
Equipment and supplies		557		260		223		353		74	1,467		74	1,541								
Professional fees		11,280		3,360		2,880		4,560		960	23,040		960	24,000								
Travel		19,923		22,524		21,612		70,081		3,354	137,494		649	138,143								
Program expenses		27,486		24,894		14,153		20,902		3,350	90,785		495	91,280								
Miscellaneous	_	5,116	=	1,548	_	1,327	-	2,101	-	442	10,534	-	442	10,976								
Total before JCIE - Japan contributions		313,036		96,689		81,976		126,276		14,302	632,279		33,859	666,138								
Contributions (outlay) to JCIE - Japan	-	109,436	-	32,067		54,166		(24,941)		: #1 	170,728	-		170,728								
Total	\$	422,472	\$	128,756	\$	136,142	\$	101,335	\$	14,302	\$ 803,007	\$	33,859	\$ 836,866								

Schedule of Functional Expenses

For the Year Ended June 30, 2017 (Audited)

Program Services													pporting ervices																
	Hum	an Security						olitical	Ear	thquake	Total	Ma	nagement																
	an	d Global		Global	Civil Net and		Leadership		Net and Leadersh		Relief and		Relief and		Relief and		Relief and		Relief and		dership Ro		-		Program	and		Τ	otal
	Co	Cooperation Think Net		Think Net		Think Net		Think Net		Think Net		Think Net		Grass Roots		change 1		Exchange Recover		ecovery	Services		General	Exp	enses				
Salaries and benefits	\$	236,333	\$	46,015	\$	3,880	\$	14,842	\$	4,500	\$ 305,570	\$	61,683	\$ 3	67,253														
Occupancy		50,418		8,663		4,332		8,663		5,775	77,851		3,610		81,461														
Communication		1,647		350		175		350		234	2,756		146		2,902														
Equipment and supplies		480		94		47		94		63	778		39		817														
Professional fees		9,120		1,920		960		1,920		1,280	15,200		800		16,000														
Travel		34,259		20,992		4,349		41,781		2,528	103,909		832	1	04,741														
Program expenses		29,767		3,433		4,301		11,071		1,798	50,370		1,144		51,514														
Miscellaneous		16,254	<u></u>	3,422	ş	1,711	_	3,422	_	2,281	27,090		1,425		28,515														
Total before JCIE - Japan contributions		378,278		84,889		19,755		82,143		18,459	583,524		69,679	6	53,203														
Contributions (outlay) to JCIE - Japan	: -	526,890		(23,711)		2,120	_	73,961	_	(5,194)	574,066	23	(8,536)	5	65,530														
Total	\$	905,168	\$	61,178	\$	21,875	\$	156,104	\$	13,265	\$ 1,157,590	\$	61,143	\$ 1,2	18,733														