TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2024

PREPARED FOR:

JAPAN CENTER FOR INTERNATIONAL EXCHANGE, INC. 475 RIVERSIDE DRIVE, SUITE 731 NEW YORK, NY 10115

PREPARED BY:

LMC ADVISORS LLC 1359 BROADWAY, SUITE 1710 NEW YORK, NY 10018 (212) 967-2300 WWW.LMCAS.COM

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2025.

Form 8879-TE		-	OMB No. 1545-0047						
	For calendar ye	ear 2023, or fi		nning <u>JUL 1</u> send to the IRS. K		-	30 ,:	20 <u>24</u>	2023
Department of the Treasury Internal Revenue Service		Go		s.gov/Form8879TE	• •		-		
Name of filer JAPAN INC •	CENTER			ATIONAL EX				EIN or SSN 13-286	6655
Name and title of officer or pe	rean cubiact to	tay KZ	AZUYO	<u> አ</u> ንፈህ				13-200	0033
	-	TI	REASUR	RER					
Part I Type of	Return and	Returr	n Inform	ation					
Check the box for the retu Form 5330 filers may enter or 10a below, and the amore whichever is applicable, bit than one line in Part I.	r dollars and c ount on that lir	ents. For he for the	all other fo	orms, enter whole d ng filed with this for	lollars only. If y m was blank, t	ou check the then leave line	box on lir • 1b, 2b,	ne 1a, 2a, 3a , 3b, 4b, 5b, 6 b	4a, 5a, 6a, 7a, 8a, 9a, , 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere	Хь	Total rev	enue, if any (Form	990, Part VIII,	column (A), lir	ne 12)	11	1,244,271.
2a Form 990-EZ che	ck here			renue, if any (Form)
3a Form 1120-POL	check here			(Form 1120-POL, I					
4a Form 990-PF che	ck here	b b	Tax base	ed on investment i	ncome (Form	990-PF, Part V	V, line 5)	4ł)
5a Form 8868 check	here	b b	Balance	due (Form 8868, lir	ne 3c)			5k	
6a Form 990-T chec	k here	b b	Total tax	(Form 990-T, Part I	III, line 4))
7a Form 4720 check	here)
8a Form 5227 check	here			ssets at end of tax)
9a Form 5330 check	here	b b	Tax due	(Form 5330, Part II,	, line 19))
10a Form 8038-CP ch				of credit payment)b
Part II Declarat	ion and Sig	gnature	e Authori	ization of Offic	er or Perso	on Subject	to Tax		
Under penalties of perjury, of entity)	I declare that	X I ar	m an office	er of the above entit					to (name amined a copy of the
of any refund. If applicable entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only	ution account t the entry to t prior to the pa re confidential nber (PIN) as n	indicated this accou ayment (s information ny signation	I in the tax unt. To revo settlement) ion necessa ure for the	preparation softwar oke a payment, I m date. I also authori: ary to answer inquir	re for payment ust contact the ze the financia ries and resolve	of the federa U.S. Treasur institutions in e issues relate	I taxes ov ry Financi nvolved ir ed to the j t to electr	ved on this ret al Agent at 1-8 n the processir payment. I hav onic funds wit	urn, and the 188-353-4537 no 19 of the electronic re selected a hdrawal.
X I authorize	C ADVIS	ORS 1	<u>יזר</u>				to	enter my PIN	
				ERO firm name					Enter five numbers, but do not enter all zeros
with a state age on the return's c	ncy(ies) regula lisclosure con	ting chari sent scree	ities as par en.	y filed return. If I ha t of the IRS Fed/Sta	ate program, I	also authorize	e the afore	ementioned El	RO to enter my PIN
return. If I have i IRS Fed/State p	ndicated withi rogram, I will e	in this retu	urn that a c	t to the entity, I will copy of the return is return's disclosure	s being filed wi	th a state age		egulating char	-
Signature of officer or person subject Part III Certifica	t to tax	uthenti	cation					Date	
				iantian					
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	•		-	lcation		1310441 Do not enter			
I certify that the above nur submitting this return in ac Business Returns.									
ERO's signature						Date	01/	20/25	
	Do No			Retain This For Form to the IRS			To Do S		
For Privacy Act and Pape	erwork Reduc	tion Act	Notice, se	e instructions.				F	orm 8879-TE (2023)
LHA 302521 01-05-24									

			EXTENDED TO MAY 15, 2025 Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047
Forr	_ Q	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2023
			Do not enter social security numbers on this form as it ma	· · · /	Open to Public
		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
AF	or the	e 2023 calend	ar year, or tax year beginning ${ m JUL}1,2023$ and ending	JUN 30, 2024	
	heck if oplicable			D Employer identification	tion number
	Addres		N CENTER FOR INTERNATIONAL EXCHANGE,		
]chang ∣Name			13-2866655	5
]chang Initial		usiness as and street (or P.O. box if mail is not delivered to street address) Room/)
]return Final return/	475	RIVERSIDE DRIVE, SUITE 731		130
	termin		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,259,437.
	Ameno return	ded NTETAT	YORK, NY 10115	H(a) Is this a group retu	
	Applic tion	F Name a	nd address of principal officer: KAZUYO KATO	for subordinates?	Yes X No
	pendir	4/5 R	· · · · ·	H(b) Are all subordinates inclu	
		empt status:		527 If "No," attach a lis	
	Vebsit			H(c) Group exemption r	
	orm of I rt I	Summary	X Corporation Trust Association Other L	Year of formation: 1976 M S	State of legal domicile: IN Y
			e the organization's mission or most significant activities: SEE SCHE	DULE O.	
ce	•	brieny describ			
Governance	2	Check this bo	x if the organization discontinued its operations or disposed of r	more than 25% of its net asset	S.
ver				3	7
	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)	4	7
Activities &	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)	5	9
ivitio			of volunteers (estimate if necessary)		0
Acti			d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0 . Current Year
	•	Oantiikutiana	and events (Dart) (III line 1b)	Prior Year 762,520.	1,163,488.
an			and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	31.	57.
Revenue		FIUUIAIII SEIVI			
Re		•		_	
		Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	27,170.	80,726.
	11	Investment ind Other revenue		27,170. 0. 789,721.	80,726.
	11 12	Investment ind Other revenue Total revenue	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,170. 0. 789,721. 563,122.	80,726. 0. 1,244,271. 318,587.
	11 12 13 14	Investment ind Other revenue Total revenue Grants and sir Benefits paid	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	27,170. 0. 789,721. 563,122. 0.	80,726. 0. 1,244,271. 318,587. 0.
es	11 12 13 14 15	Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10)	27,170. 0. 789,721. 563,122. 0. 513,125.	80,726. 0. 1,244,271. 318,587. 0. 524,764.
enses	11 12 13 14 15 16a	Investment ind Other revenue <u>Total revenue</u> Grants and sin Benefits paid Salaries, other Professional fi	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	27,170. 0. 789,721. 563,122. 0.	80,726. 0. 1,244,271. 318,587. 0.
Expenses	11 12 13 14 15 16a b	Investment ind Other revenue <u>Total revenue</u> Grants and sin Benefits paid Salaries, other Professional fr Total fundrais	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)	27,170. 0. 789,721. 563,122. 0. 513,125. 0.	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0.
Expenses	11 12 13 14 15 16a b 17	Investment ind Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fi Total fundrais Other expense	come (Part VIII, column (A), lines 3, 4, and 7d) • (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) • compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 0 •	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409.	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625.
Expenses	11 12 13 14 15 16a b 17 18	Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundrais Other expense Total expense	come (Part VIII, column (A), lines 3, 4, and 7d) • (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) • compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 0 • es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409. 1,429,656.	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976.
	11 12 13 14 15 16a b 17 18 19	Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundrais Other expense Total expense	come (Part VIII, column (A), lines 3, 4, and 7d) • (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) • compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 0 •	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409.	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625.
or	11 12 13 14 15 16a b 17 18 19	Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundrais Other expense Total expense	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 0. es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409. 1,429,656. -639,935.	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976. -40,705.
Assets or Balances	11 12 13 14 15 16a b 17 18 19 20 21	Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fi Total fundrais Other expense Revenue less Total assets (f	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 0. es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409. 1,429,656. -639,935. Beginning of Current Year 1,837,036. 82,643.	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976. -40,705. End of Year 2,016,991. 131,283.
Net Assets or Fund Balances	11 12 13 14 15 16a b 17 18 19 20 21 22	Investment ind Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundrais Other expense Revenue less Total assets (F Total liabilities Net assets or	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 0 - es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409. 1,429,656. -639,935. Beginning of Current Year 1,837,036.	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976. -40,705. End of Year 2,016,991.
Let Assets or Eund Balances	11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Investment ind Other revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundrais Other expense Revenue less Total assets (f Total lassities Net assets or Signature	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 0. es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409. 1,429,656. -639,935. Beginning of Current Year 1,837,036. 82,643. 1,754,393.	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976. -40,705. End of Year 2,016,991. 131,283. 1,885,708.
Def Net Assets or Sector Secto	11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Investment ind Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundrais Other expense Revenue less Total assets (fr Total liabilities Net assets or Signature atlies of perjury,	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 0. es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 e Block I declare that I have examined this return, including accompanying schedules and states	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409. 1,429,656. -639,935. Beginning of Current Year 1,837,036. 82,643. 1,754,393. atements, and to the best of my kr	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976. -40,705. End of Year 2,016,991. 131,283. 1,885,708.
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ent Part Assets or end Balances	11 12 13 14 15 16a b 17 18 19 20 21 22 rt II correc	Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fr Total fundrais Other expense Revenue less Total assets (F Total liabilities Net assets or Signature alties of perjury, ct, and complete	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 0. es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 e Block I declare that I have examined this return, including accompanying schedules and st: Declaration of preparer (other than officer) is based on all information of which prepared to the p	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409. 1,429,656. -639,935. Beginning of Current Year 1,837,036. 82,643. 1,754,393. atements, and to the best of my kr parer has any knowledge.	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976. -40,705. End of Year 2,016,991. 131,283. 1,885,708.
and the sects or sects or signatures.	11 12 13 14 15 16a b 17 18 19 20 21 22 rt II correc	Investment ind Other revenue Grants and sir Benefits paid Salaries, other Professional fr Total fundrais Other expense Revenue less Total assets (F Total liabilities Net assets or Signature atties of perjury, ct, and complete	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (D), line 25) 0 es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 e Block I declare that I have examined this return, including accompanying schedules and state that I have examined this return, is based on all information of which pre	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409. 1,429,656. -639,935. Beginning of Current Year 1,837,036. 82,643. 1,754,393. atements, and to the best of my kr	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976. -40,705. End of Year 2,016,991. 131,283. 1,885,708.
ent Part Assets or end Balances	11 12 13 14 15 16a b 17 18 19 20 21 22 rt II correc	Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fr Total fundrais Other expense Revenue less Total assets (F Total liabilities Net assets or Signature alties of perjury, ct, and complete	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 0. es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 e Block I declare that I have examined this return, including accompanying schedules and stat. Declaration of preparer (other than officer) is based on all information of which preparet ficer KATO, TREASURER	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409. 1,429,656. -639,935. Beginning of Current Year 1,837,036. 82,643. 1,754,393. atements, and to the best of my kr parer has any knowledge.	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976. -40,705. End of Year 2,016,991. 131,283. 1,885,708.
and the sects or sects or signatures.	11 12 13 14 15 16a b 17 18 19 20 21 22 rt II correc	Investment ind Other revenue Grants and sir Benefits paid Salaries, other Professional fr Total fundrais Other expense Revenue less Total assets (F Total liabilities Net assets or Signature atties of perjury, ct, and complete Signature of ot KAZUYO	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (D), line 25) 0. es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Part X , line 16) Declaration of preparer (other than officer) is based on all information of which preparer's signature ficer KATO , TREASURER ame and title parer's name	27,170. 0. 789,721. 563,122. 0. 513,125. 0. 353,409. 1,429,656. -639,935. Beginning of Current Year 1,837,036. 82,643. 1,754,393. atements, and to the best of my kr parer has any knowledge. Date	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976. -40,705. End of Year 2,016,991. 131,283. 1,885,708.
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Part Assets or build Balances	11 12 13 14 15 16a b 17 18 19 20 21 22 rt II correco arer	Investment ind Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundrais Other expense Revenue less Total assets (F Total liabilities Net assets or Signature Signature of ot KAZUYO Type or print n Print/Type pre EPHRAIM Firm's name	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (D), line 25) 0. es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Part X , line 16) Declaration of preparer (other than officer) is based on all information of which preparer's signature	$\begin{array}{c c} 27, 170. \\ \hline 0. \\ \hline 0. \\ \hline 789, 721. \\ \hline 563, 122. \\ \hline 0. \\ \hline 513, 125. \\ \hline 0. \\ \hline 353, 409. \\ \hline 1, 429, 656. \\ \hline -639, 935. \\ \hline \\ \hline \\ Beginning of Current Year \\ \hline 1, 837, 036. \\ \hline \\ 82, 643. \\ \hline 1, 754, 393. \\ \hline \\ \hline \\ atements, and to the best of my kr parer has any knowledge. \\ \hline \\ Date \\ \hline \\ Date \\ \hline \\ Date \\ \hline \\ \hline \\ Date \\ \hline \\ \hline \\ Check \\ \hline \\ if \\ self-employed \\ \hline \\ \hline \\ \\ check \\ \hline \\ check \\ check \\ \hline \\ check \\ chec$	80,726. 0. 1,244,271. 318,587. 0. 524,764. 0. 441,625. 1,284,976. -40,705. End of Year 2,016,991. 131,283. 1,885,708.

	Denerwork Deduction Act Nation, and the concrete instructions		Form 990 (2002
May the I	RS discuss this return with the preparer shown above? See instructions		X Yes No
	NEW YORK, NY 10018	Pr	none no.212-967-2300
Use only	FILM S address 1333 BROADWAL, SUILE 1/10		

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2023)

	JAPAN CENTER FOR INTERNATIONAL EXCHANGE,
Form	990 (2023) INC. 13-2866655 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO 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.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 454,888. including grants of \$) (Revenue \$)
	GLOBAL HEALTH AND HUMAN SECURITY PROGRAM - JAPAN CENTER FOR
	INTERNATIONAL EXCHANGE (JCIE) OPERATES A NUMBER OF INITIATIVES THAT
	ADDRESS CUTTING-EDGE ISSUES AFFECTING HUMAN SECURITY AROUND THE WORLD.
	PROMINENT EXAMPLES INCLUDE JCIE'S GLOBAL HEALTH PROGRAM, WHICH EXPLORES
	THE ROLE OF THE U.S. AND JAPAN TO IMPROVE GLOBAL HEALTH AND THE
	CONNECTIONS BETWEEN HEALTH SECURITY AND OTHER KEY ISSUES, INCLUDING ITS
	WORK THROUGH THE FRIENDS OF THE GLOBAL FUND, JAPAN (FGFJ), AND JCIE'S
	EXPLORATION OF WAYS TO PROMOTE HEALTHY AND ACTIVE AGING IN ASIA. ALL OF
	THESE INITIATIVES COMBINE POLICY ANALYSIS, INTERNATIONAL DIALOGUE AMONG
	POLITICAL LEADERS AND POLICYMAKERS, AND CIVIL SOCIETY ENGAGEMENTS.
46	(Code:) (Expenses \$ 440,784. including grants of \$ 244,387.) (Revenue \$)
4b	(Code:) (Expenses \$440, /84. including grants of \$444, 387.) (Revenue \$) POLICY RESEARCH AND DIALOGUES PROGRAM - JCIE ENGAGES IN A NUMBER OF
	PROJECTS FACILITATING POLICY-ORIENTED STUDIES AND CROSS-SECTORAL
	DIALOGUES ON CRITICAL POLICY ISSUES AFFECTING U.SJAPAN RELATIONS AS
	WELL AS THE BROADER REGION AND THE WORLD. PROMINENT EXAMPLES ARE OUR
	THEMATIC PROGRAMS EXPLORING HOW TO PROMOTE WOMEN'S LEADERSHIP IN THE
	U.S. AND JAPAN, AND HOW TO STRENGTHEN DEMOCRATIC RESILIENCE IN THE
	INDO-PACIFIC REGION AND GLOBALLY. JCIE WORKS IN COLLABORATION WITH
	OUTSIDE EXPERTS FROM AROUND THE WORLD TO CONTRIBUTE TO EXCHANGES OF
	LESSONS-LEARNED AND BEST PRACTICES AND TO THE GOALS OF DEVELOPING
	POLICY SOLUTIONS, STRENGTHENING BILATERAL, REGIONAL AND GLOBAL NETWORKS
	OF EXPERTISE, AND ENCOURAGING THE DEVELOPMENT OF PROMISING YOUNG
	INTELLECTUAL LEADERS AS THE NEXT GENERATION OF POLICY THINKERS.
4c	(Code:) (Expenses \$ 178,529. including grants of \$ 74,200.) (Revenue \$)
	LEGISLATIVE EXCHANGE PROGRAM - A MAJOR GOAL OF JCIE'S ACTIVITIES IS THE PROMOTION OF CLOSER WORKING RELATIONS BETWEEN US AND JAPANESE
	LEGISLATORS/PARLIAMENTARIANS, POLICY EXPERTS AND OPINION LEADERS.
	JCIE'S NON-PARTISAN LEGISLATIVE EXCHANGE PROGRAMS PROVIDE OPPORTUNITIES
	FOR A DIVERSE GROUP OF CURRENT AND FUTURE LEADERS TO SHARE VIEWS IN A
	FRANK, OFF-THE-RECORD SETTING ON PRESSING SECURITY, ECONOMIC, AND
	FOREIGN POLICY ISSUES. A PROMINENT EXAMPLE IS JCIE'S U.S.
	CONGRESSIONAL STAFF EXCHANGE PROGRAM, WHICH HAS BEEN RUNNING SINCE 1982
	AND HAS PROVIDED OVER 220 U.S. CONGRESSIONAL STAFF TO DATE WITH
	OPPORTUNITIES TO DEEPEN THEIR ENGAGEMENT ON U.SJAPAN RELATIONS
	THROUGH A WEEK-LONG STUDY TOUR IN JAPAN.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,074,201.
	Form 990 (2023)
332002	12-21-23 7

INC.

Part IV Checklist of Required Schedules

Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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 Rev. Proc. 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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	12-21-23	Form	990	(2023)

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Part W Checklist of Required Schedules. (continued) Yes No. 22 Did the organization report more than 55.000 of grants or other assistance to or for demestic individuals on Partix. Count NJ, line 21 ****, compares Schedule / Parts 1 and 1 22 X 23 Did the organization answer "Yes" to Part MJ, Berclon A, line 3, 4, or 5, about componention of the organization's current and former offices, director, trustees, key enaloyees, and highest componention of more than 5100.000 as of the assistance to the second part of the second of more than 5100.000 as of the assistance to the second part of the second of more than 5100.000 as of the assistance to the second occur of the run an ethical second or and the second occur of the run and the second occur of the run and the second occur of the run and run former office. (Increte, trustees, key enalogies) regulations are not a second accur of the run and the second occur of the run and run run and run run and run	Form	990 (2023) INC . 13-286	6655	Р	_{age} 4
22 Did the organization report more than 55,000 of grants or other assistance to or domestic individuals on Part X, Guines Carton, Trustees, Kay employees, and highest compensation of the organization sourcet. 22 23 Did the organization asseer. "Yes" to Part NI, Section A, Ine 3, 4, or 5, aboxt compensation of the organization is source as taxe second after Decomber 31, 2002? If "Yes," complete Schedule V, If "No," to Unite 25a 24a 24a Did the organization market any proceeds of tax-exempt bonds beyond a lemporary period exception? 24a 25 Did the organization market any proceeds of tax-exempt bonds beyond a lemporary period exception? 24a 26 Did the organization market any proceeds of tax-exempt bonds beyond a lemporary period exception? 24a 26 Did the organization market any proceeds of tax-exempt bonds beyond a lemporary period exception? 24a 27 Z Z Z 28 Section 50(C)(25, 50(C)(4), 40(C)(4), 40(C)(4), 50(C)(4),	Par	rt IV Checklist of Required Schedules (continued)			
Part IX, column (A), line 27 (f 'res, ' complete Schedule (Perts) and ff. 20 Deft the organization answer 'res' to Part IV, Schedul A, line 3, 4, or 5, about compensation of the organization sourcet 30 and former offices, directors, trustees, key employees, and highest compensated employees? If 'res, ' complete Schedule K, if 'No, 'g or to line 25e 24a Dd the organization have a tax exempt bonds beyond a temporey pend exception? 24b Dd the organization meets any proceeds of tax exempt bonds beyond a temporey pend exception? 24c Dd the organization meets any oncelled of tax exempt bonds beyond a temporey pend exception? 24d Dd the organization meets any oncelled of tax exempt bonds beyond a temporey pend exception? 24d D Dd the organization meets any oncelled of tax exempt bonds beyond a temporey pend exception? 24d D Dd the organization meets any oncelled of tax exempt bonds beyond a temporey pend exception? 24d D Dd the organization meets any oncelled of tax exempt bonds beyond a temporey pend exception? 24d D Dd the organization areas and 'on behalf of issuer for bonds outstanding at any time during the year to delute any time during the year to delute any tax-exempt bonds? 24d D Dd the organization areas that the nagaed in an excess beneft transaction with a discualified person on a phoryeer, and that the transaction has not been reported an any of H 'res', complete Schedule L, Part I 25e D Dd the organization provide a grant or them a situation four form 39D 0 90D // H 'res', complete Schedule L, Part I 25e D Dd the organization provide a grant or them assistance to any current or form or fload, record, husbes, key employee, creator of founder, orabitantial contributor or employee bettered, grant and the assistance to any orthoge agrant or them assistance to any current or former officer, director, trustee, key employee, creator or founder, orabitantial contributor? 25e X 25e D Dd the organization neques that subconstant contributors if H 'res', complete Schedule L, Part II 26a X 27e D Dd the organization				Yes	No
22 Det the organization answer "Ves" to Fav III, Section A, line 3, 4, or 5, about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule K, If "No," to time 25a 23 X 24 Det the organization market as a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the tast day of the year, that was lates date Te December 31, 2002? If "Yes," answer lines 25b through 25d and complete Schedule K, If "No," to time 25a 24a X 25 Det the organization market any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 26 Did the organization and at an "on behalf of issuer for bonds outstanding at any time during the year? 24d 25a 26 Section 60(16)(25), 601(c)(4), 601(c)(4), 601(c)(4), 600(c)(4), 743(c)(4), 74	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and tormer offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 24 24 24a Did the organization have a tax-exampt bonds beyond a temporary period exception? 24a 24b 25b Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 24a 25b Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 24a 25b Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 24a 25b Bectors 051C(3), 501(54), and 051C(20) organizations. Dot the organization engage in an except bonds 24a 25a Section 051C(3), 501(54), and 051C(20) organizations. Dot the organization senge in an except bonds 25a 25a Did the organization report any amount on Part X, time 5 or 22, for reservables from or payables to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, to 356 25b 25b Did the organization report any amount on Part X, time 5 or 22, for reservables from or payables to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, to 356 25b 27b Did the organization provide a grant or other assistance to any or the second bar. L. Part II 25b X 27b Did the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributors in a 356 25b X 27b Did the organization reported on any tan		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / 23 X 24a D dthe organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K, If Yob.' go to line 25a X 24b D dthe organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b D dthe organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c D dthe organization amaintan an escrew account other than a refuring the year? 24d 25a Section 50(16)(3, 501(4)(4), and 501(c)(20) organizations. Do the organization engage in an excees centrell transaction with a disqualified person during the year? 24d 25a Section 50(16)(3, 501(4)(4), and 501(c)(20) organizations. Do the organization any other tar engaged na necesses thereft transaction in a prior year, and that the transaction name that in engaged na necesses thereft transaction in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivable from or payabes tary current or forme officer, director, trustes, key angloyae, cataboratic current or forme officer, director, nutues, key angloyae, cataborator or any others personary? If 'Yea,' complete Schedule L, Part I 25 27 D dthe organization avel target or than assistance to ary current or forme officer, director, trustes, key employee, cataborator or forme of forme officer, director, nutues, key employee, cataborator or fame officer, director, nutues, key employee, cataborator or target again or other assistance to ary current or forme officer, director, nutues, key employee, cataborator or target again or other assistance to ary current or forme officer, director, nutues, key employee, cataborator, fame officer, dinector, nutues, k	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
244 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 issue after December 31, 2002? // 'Yas,' answer lines 24b strongle 24d and complete Schedule K, If 'No,' 'go to line 25a 24a X b Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X c Did the organization mixed any proceeds of tax-exempt bonds outstanding at any time during the year to defeate any tax-exempt bonds? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization areasces senterft transaction what a disqualified person in a plor year, and that the transaction what a disqualified person in a plor year, and that the transaction may amount on Part X, line 6 or 22, for secenvables from or payables to any current or former officer, director, trustee, key employee, creator or tounder, substantial controllar or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial controllar or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial controllar or payables to any current or the second line pay the second line pays these person ? / 'Yes,' complete Schedule L, Part I 26a X 28 Ub the organization proved as grant or other samistance to any current or former officer, director, trustee, key employee, creator or founder, arbstantial contributor? 9 Yes, 'complete Schedule L, Part I 26a X 29 Did the organization proved as grant or other sastanton with one of the foloning parties? (See the Sch		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24b Schedule K, If "No," go to line 25a 24b b Did the organization invest any proceeds of tax evempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax evempt bonds beyond a temporary period exception? 24b d Did the organization maintain an encrow account other than a refunding acrow at any time during the year? 24d 25a Section 50(16(3), 501(44), and 501(42) organizations. Did the organization ange in an excess period transaction with a disqualified perion during the year? 24d 25a Section 50(16(3), 501(44), and 501(42) organizations. Did the organization ange in an excess period transaction with a disqualified perion during the year? 25b X 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contrition or a 33b; conclude L, Part I 26 X 27 Did the organization provide a grant or oftamile substantial contributions or a 35b; conclude L, Part II 26 X 28 Was the organization any of the substantial ontro organization any or these perion? If "Yes," complete Schedule L, Part II 28a X 29 Was the organization approve thereof, or family member of any of these perion? If "Yes," complete Schedule L, Part II 28a X 29 Ubt the organization approve thereof, a grant selection contribution? If "Yes," complet		Schedule J	23		X
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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 spicer Forms 990 or 990-827. If 'Nes,' complete Schedule I, Part I 25b 25D Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor, a grant selection committe member, or to a 35% controlled entity or founder, substantial contributor, a grant selection committe member, or to a 35% controlled entity or founder, substantial contributor, a grant selection committe member, or to a 35% controlled entity or founder, substantial contributor, a grant selection committe member, or to a 35% controlled entity or founder, substantial contributor, a grant selection parties? (Bee the Schedule L, Part II) 26 X 28 Was the organization applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? II Yes, ' complete Schedule L, Part IV 28a X 29 Did the organization inquictuals and/or organization described in line 28a or 28b? II Yes, ' complete Schedule L, Part IV 28a X 29 Did the organization inquictuals terminator or disclow and cease operations? II 'Yes, ' complete Schedule N, Part I 30 X 30 Did the organization liquiduiduals and/or organization discould in line	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 28 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /f 28a X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /f 28a X 29 A family member of any individual described in line 28a? /f *Yes, * complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? /f *Yes, * complete Schedule M 29 X 30 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? /f *yes, * complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? /f *yes, * complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If *yes, * complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 33 Did the organization neated to any tax exempt or taxable entity? If *Yes, * complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part V b A family member of any individual described in line 28a? # 'Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # 'Yes," complete Schedule L, Part IV D bit the organization receive more than \$25,000 in noncash contributions? # 'Yes," complete Schedule M 22e X D bit the organization receive more than \$25,000 in noncash contributions? # 'Yes," complete Schedule M 22e X D bit the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # 'Yes," complete Schedule M 30 D it the organization liquidate, terminate, or dissolve and cease operations? If 'Yes," complete Schedule N, Part I 31 D id the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes," complete Schedule R, Part I 31 W as the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If 'Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 35a D id the organization related to any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes," complete Schedule R, Part V, line 2 36 D id the organization conduct more than 5% of its activities through an entity that is not a related organization? 37 X 38 D id the organization. Did the organization make any transfers to an exempt non-charitable related organization? 38 X Part V Iselements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line i		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "yes," complete Schedule L, Part IV A family member of any individual described in line 28a? # "yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # 28b X 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? # "yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in noncash contributions? # "yes," complete Schedule M 29 X 31 Did the organization is device contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "yes," complete Schedule M. Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "yes," complete Schedule N, Part I 31 X 33 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 33 X 34 Was the organization neave than 3% of its activities through an entity that is not a related organization 33 X 35a Did the organization receive any payment from or engage in any transaction with a c	28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
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332004 12-21-23 Form 990 (2023)		(gambling) winnings to prize winners?			
	332004	¥ 12-21-23	Form	990	(2023)

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Part V Statements Regarding Other IRS Filings and Tax Compliance continued Yes No 2a Enter the number of employees reported on form W3, Transmittal of Wage and Tax Statements. 2a Statements 2a X b If at least one's reported on the 2a, did the organization file all required teesial employment tax returns? 2a X b If at least one's reported on the 2a, did the organization have an interson ore suiting the year? 3a X b If a test one's reported to mise 2a, did the organization have an interson in ore suiting the year? 3a X b If "Yes, "rest the nume of the foreign country such as a bank account, securities account, or other suthorty ore, a financial accountry fiscula as bank account, securities account, or other suthorty ore, a financial accountry fiscula as ontiket tax sheller transaction at any to a prohibited tax sheller transaction at any contraction life frame 80807 5a X b If "Yes," refut the organization life frame 80807 5a X 5b X c If "Yes," refut the organization life frame 80807 5a X 5b X c If "Yes," refut the organization necessor 5b The organization sheller transaction sheller transaction at any contr	Form	990 (2023) INC .		13-2866	655	Р	age 5
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Page 6 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 7 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule 0. 7 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes." provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? х The organization's CEO, Executive Director, or top management official 15a а Х 15b Other officers or key employees of the organization b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\$ NY17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Other (explain on Schedule O) Describe on 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 20 KAZUYO KATO - 212-679-4130 475 RIVERSIDE DRIVE, SUITE 731, NEW YORK, NY 10115 Form **990** (2023) 332006 12-21-23 6

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Page 7

Form 990 (INC.							3-28
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensat	ed
	Employees, an	d Independe	ent Contrac	ctors					

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per	box, unless person is both an compensation com							(E) Reportable compensation	(F) Estimated amount of other		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) KAZUYO KATO SEC., TREAS., EXEC. DIRECT	40.00			x				139,800.	0.	0.		
(2) PEGGY BLUMENTHAL	2.00		-	<u> </u>				139,000.	0.	0.		
CHAIR	2.00	x				[0.	0.	0.		
(3) SUSAN BERRESFORD	1.00											
DIRECTOR		х						0.	0.	0.		
(4) GERALD CURTIS	1.00											
DIRECTOR		Х						0.	Ο.	0.		
(5) CHARLES MORRISON	1.00											
DIRECTOR		Х						0.	0.	0.		
(6) MARIE KISSEL	1.00				ľ –							
DIRECTOR		Х		<u> </u>				0.	0.	0.		
(7) ISAO KANO	1.00									•		
DIRECTOR	1 00	X	-			-		0.	0.	0.		
(8) GLENN OSAKA	1.00	~							0	0		
DIRECTOR		X				-		0.	0.	0.		
						+						
						\uparrow						
332007 12-21-23						1				Form 990 (2023)		

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Form 990 (2023)

Form	<u>1990 (2023)</u> INC •	ENTER FOF	. 1	. 11 1	. ER	.INA	<u>тт</u>	Or	NAL EXCHANGE,	13-28	866	655	Page 8
Par	t VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	(C) Position do not check more than one ox, unless person is both an fficer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga and	ensation m the nization related nizations
	Subtotal Total from continuation sheets to Part				_				139,800.		0.		0.
	Total (add lines 1b and 1c)					_			139,800.		0.		0.
2	Total number of individuals (including bu compensation from the organization	t not limited to th	iose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			1
						7					I		Yes No
3	Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo			(ey e	empl	oye	e, or	hig	hest compensated emp	loyee on		3	x
4	For any individual listed on line 1a, is the	sum of reportabl	le co	-						-			X
5	and related organizations greater than \$1 Did any person listed on line 1a receive of											4	
- Soc	rendered to the organization? <i>If "Yes," co</i> tion B. Independent Contractors	omplete Schedul	e J f	or sı	ıch j	oers	on .					5	X
1	Complete this table for your five highest	compensated inc	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fror	n
	the organization. Report compensation for (A)	or the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y (B)	ear.		(C)	
	Name and busine	ss address	N	ONE	2				Description of s	ervices	С	ompens	
2	Total number of independent contractors \$100,000 of compensation from the orga		ot lir	nited	d to	thos (`	ted	above) who received mo	ore than			

Form 990 (2023)

			2023) INC.				13-2866	655 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response	or note to any lin		(P)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
								sections 512 - 514
, Gifts, Grants nilar Amounts	1		Federated campaigns 1a					
Gra			Membership dues 1b					
ts, (Arr			Fundraising events 1c					
ilar İlar			Related organizations 1d					
ns, Sim			Government grants (contributions) 1e					
er (f	All other contributions, gifts, grants, and	162 100				
Oth				163,488.				
Contributions, Gift and Other Similar		-	Noncash contributions included in lines 1a-1f		1,163,488.			
0 0		n	Total. Add lines 1a-1f	Business Code	1,105,400.			
	2	2	MISCELLANEOUS	900099	57.	57.		
Program Service Revenue	2	a b			57.	5/1		
Ser		c						
E E		d						
Be		e						
Pro			All other program service revenue	-				
			Total. Add lines 2a-2f		57.			
	3		Investment income (including dividends, intere					
			other similar amounts)		26,374.			26,374.
	4		Income from investment of tax-exempt bond p	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss)	(ii) Others				
	7	а	Gross amount from sales of assets other than inventory 7a 69 , 518 .	(ii) Other				
Ð		D	Less: cost or other basis and sales expenses					
evenue		~	and sales expenses 7b 15,166. Gain or (loss) 7c 54,352.					
leve			Net gain or (loss)		54,352.			54,352.
er R			Gross income from fundraising events (not		5175521			51/5521
Other	Ŭ	-	including \$ of					
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b		1			
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses9b					
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10k					
		С	Net income or (loss) from sales of inventory	Business Code				
sn		_		Business Code				
ine l	11							
ellaneo: evenue		b c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12	-	Total revenue. See instructions		1,244,271.	57.	0.	80,726.
33200		·21-						Form 990 (2023)

15560120 142671 036121.0

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Form 990 (2023)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

INC.

	Check if Schedule O contains a response		0		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		1		
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	Ũ				
	organizations, foreign governments, and foreign	318,587.	318,587.		
	individuals. See Part IV, lines 15 and 16	510,507.	510,507.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 000	100 001	20 070	
-	trustees, and key employees	139,800.	108,821.	30,979.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	339,411.	264,199.	75,212.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,966.	6,201.	1,765.	
10	Payroll taxes	37,587.	29,258.	8,329.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3,864.	1,189.	2,675.	
с	Accounting	51,080.	15,718.	35,362.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	56,003.	56,003.		
12	Advertising and promotion				
13	Office expenses	2,353.	2,000.	353.	
14	Information technology	30,316.	9,329.	20,987.	
15	Royalties				
16	Occupancy	45,802.	38,932.	6,870.	
17	Travel	149,257.	147,239.	2,018.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,066.		23,066.	
23	Insurance	-		-	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	72,571.	71,011.	1,560.	
b	COMMUNICATION	6,289.	5,370.	919.	
с	MISCELLANEOUS	1,024.	344.	680.	
d		-			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,284,976.	1,074,201.	210,775.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
33201					Form 990 (2023
		10			(202)

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INC.

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or I	note to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			102,251.	2	254,144.
	3	Pledges and grants receivable, net			204,798.	3	75,623.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	t or former off	icer, director,			
		trustee, key employee, creator or founder, su	bstantial cont	ributor, or 35%			
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disqu	•	·			
		under section 4958(f)(1)), and persons descril				6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2 0 0 1	8	
◄	9	Prepaid expenses and deferred charges	3,831.	9	2,426.		
	10a	Land, buildings, and equipment: cost or othe		000 650			
		basis. Complete Part VI of Schedule D		230,658. 126,863.	100 001		102 505
		Less: accumulated depreciation	126,861.	10c	103,795.		
	11	Investments - publicly traded securities		1,391,802.	11	1,573,510.	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin	······		13		
	14	Intangible assets	7,493.	14	7 402		
	15	Other assets. See Part IV, line 11			1,837,036.	15	7,493. 2,016,991.
	16	Total assets. Add lines 1 through 15 (must e			8,948.	16	6,723.
	17	Accounts payable and accrued expenses			0,940.	17	0,125.
	18 19	Grants payable				18 19	
	20	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Comple				20	
	22	Loans and other payables to any current or fo				21	
Liabilities	~~	trustee, key employee, creator or founder, su					
billi		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D			73,695.	25	124,560.
	26	Total liabilities. Add lines 17 through 25			82,643.	26	131,283.
		Organizations that follow FASB ASC 958, o	heck here	X			
sec		and complete lines 27, 28, 32, and 33.					
lano	27	Net assets without donor restrictions			1,462,290.	27	1,511,142.
Ba	28	Net assets with donor restrictions			292,103.	28	374,566.
pur		Organizations that do not follow FASB ASC	C 958, check	here			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
set	30	Paid-in or capital surplus, or land, building, or				30	
t As	31	Retained earnings, endowment, accumulated		F	4	31	
Ne	32	Total net assets or fund balances			1,754,393.	32	1,885,708.
	33	Total liabilities and net assets/fund balances			1,837,036.	33	2,016,991.
							Form 990 (2023)

JAPAN	CENTER	FOR	INTERNATIONAL	EXCHANGE,
TNC				

Form	1 990 (2023) INC.	13-28	866655	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
					- 4
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,244		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,284		
3	Revenue less expenses. Subtract line 2 from line 1	3		-	05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,754		
5	Net unrealized gains (losses) on investments	5	172	2,02	20.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1 005		~ ~
De	column (B))	10	1,885),/(08.
Fa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			 Vee	
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1	° 11 — — — — —		-		
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		0-		x
za			<u>2</u> a		
	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:				
h	Separate basis Consolidated basis Both consolidated and separate basis		2b	x	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		20		
	consolidated basis, or both:	- Dasis,			
	X 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			
U	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		20		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2023)
				·	. ,

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service		Co	omplete if the organ 49⁄ At Go to www.irs.gov/	rity Status an ization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo Form990 for instruction	(c)(3) orga ritable tru orm 990-E ns and the	anization Ist. Z. Iatest inf	or a section		OMB No. 1545-0047
Name of	the organizati		N CENTER FO	OR INTERNATIO	ONAL E	EXCHAN	IGE,		identification number
Part I	Reason	INC.	Charity Status.	(All organizations must c	omplete th	nis part) S	ee instruction		3-2866655
				For lines 1 through 12, cl					
1 📩		-		n of churches described	•		I)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state	-							
5				lege or university owned	l or operate	ed by a go	overnmental u	init describe	ed in
c \Box			Complete Part II.)						
6 🗔 7 X			•	nental unit described in a ntial part of its support fr				ho gonoral i	public described in
1 [23]			omplete Part II.)	ntial part of its support if	on a gove	annentai		ne general j	
8				(1)(A)(vi). (Complete Par	t II.)				
9	-			in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
	university:								
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, an	d gross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro	m busines	ses acqui	red by the or	ganization a	after June 30, 1975.
44			mplete Part III.)		atu Car		O(-)(A)		
11 🛄 12 🔲				vely to test for public sat vely for the benefit of, to				arry out the	purposes of one or
				d in section 509(a)(1) o					
				f supporting organization					
a	-			upervised, or controlled					giving
				gularly appoint or elect a					
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
		0		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	oorted
	¬ ~	.,	t complete Part IV,						
с 🗌				g organization operated				lly integrate	ed with,
d [-). You must complete F				rtad argani	zation(a)
d 🔽				orting organization oper ation generally must sat					
				nplete Part IV, Sections					1000
e				written determination from				II, Type III	
		-		nally integrated supporti			51 <i>/</i> 51		
f Ente	er the number	of supported of	organizations						
			about the supporte		(i) In the even	aiantina linta d			
	 (i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ng document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No			
									ļ
									<u> </u>
Total									

Schedule A (Form 990) 2023 INC .

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)	A)(iv) and 170(b)(1)(A)(vi)
----------------------------------------------------------------------------	-----------------------------

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	710,958.	1092141.	1435206.	762,520.	1163488.	5164313.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	710,958.	1092141.	1435206.	762,520.	1163488.	5164313.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2416069.
6	Public support. Subtract line 5 from line 4.						2748244.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	710,958.	1092141.	1435206.	762,520.	1163488.	5164313.
	Gross income from interest,	-					
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	21,663.	19,371.	21,298.	27,170.	26,374.	115,876.
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	4					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5280189.
12		etc. (see instructio	ons)			12	3,104.
	First 5 years. If the Form 990 is for th			fourth. or fifth tax \	/ear as a section 5		
	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	52.05 %
	Public support percentage from 2022					15	54.66 %
	33 1/3% support test - 2023. If the c					ore. check this bo	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	e e					
	meets the facts-and-circumstances te		-	•			
h	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the	-					,
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
				., 100, 170, 01 170	., 511001 tills box a		(Form 990) 2023

JAPAN (CENTER	FOR	INTERNATIONAL	EXCHANGE

INC.

Schedule A (Form 990) 2023

13-2866655 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		ļ				
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						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- 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						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(0) 2010	(6) 2020		(0) 2022	(0) 2020	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4	\mathbf{X}				
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	\bigcirc					
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	he organization's fir	rst, second. third.	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	tion,
	check this box and stop here	•		•	•		·
Sec	ction C. Computation of Publ						
15	Public support percentage for 2023 (line 8, column (f), d	ivided by line 13, (column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	Percentage				
	Investment income percentage for 2					17	%
	Investment income percentage from			on line 14 and line		2 1/20/ and line	%
198	33 1/3% support tests - 2023. If the						
Ŀ	more than 33 $1/3\%$, check this box a	-	-		• •		and
D	33 1/3% support tests - 2022. If the	-					
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	JE UIU HOL CHECK A		a, ULISD, CHECK IN	IIS DUX AND SEE INS		A (Form 990) 2023
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INC.

Schedule A (Form 990) 2023 Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c 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")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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 line 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.)

16

332024 12-21-23

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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1

2

Yes No

10b Schedule A (Form 990) 2023

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	adule A (Form 990) 2023 INC. 13-2	86665	D Pa	ige 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization and more than one supported organization's activities. If the organization had more than one supported organization's activities. If the organization had more than one supported organization's activities.</i>			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 instructions).
- 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 [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
------------	--	---------------------------------------------------	---------------------------------------------------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____ Schedule A (Form 990) 2023

Yes No

332025 12-21-23

	JAPAN CENTER FOR INTERNA	TION		
Sche	dule A (Form 990) 2023 INC .			3-2866655 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970(<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	integra	ted Type III supporting orgar	nization (see

instructions).

Schedule A (Form 990) 2023

	dule A (Form 990) 2023 INC. t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizatione / //		3-2866655 Page 7
	on D - Distributions	a)(5) Supporting Orga	nizations (continu	ied)	Current Year
<u>3ect</u>	Amounts paid to supported organizations to accomplish exer	matauraaaa		1	Gurrent fear
2	· · · · · ·			-	
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	•	2	
4	Amounts paid to acquire exempt-use assets		•	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotailo in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
-	(provide details in Part VI). See instructions.	ie elgamination le reeperterre		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	is	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022				
	Excess from 2023				
-					

Schedule A (Form 990) 2023

	JAPAN CENTER FOR INTERNATIONAL EXCHANGE,
chedule A (Part VI	Form 990) 2023 INC. 13-2866655 Page 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.)

Schedule A

323171 04-01-23

Identification of Excess Contributions Included on Part II, Line 5

13-2866655

2023

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BILL AND MELINDA GATES FOUNDATION	2,229,741.	2,124,137.
JAPAN-UNITED STATES FRIENDSHIP COMMISSION	320,000.	214,396.
JAPAN FOUNDATION	183,140.	77,536.
		~
Fotal Excess Contributions to Schedule A, Part II, Line 5		2,416,069.

Schedule B

(Form 9	90)
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Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.	
Go to www.irs.gov/Form990 for the latest informatio	on.

2023

Employer identification number

Name of the organization

JAPAN CENTER FOR INTERNATIONAL EXCHANG	Ξ,
----------------------------------------	----

13-2866655

Organization	type	(check one):
••• 5••••••		(0000).

INC.

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of th

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023) Page 2					
	rganization CENTER FOR INTERNATIONAL EXCHANGE,			yer identification number	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	1		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
1	JAPAN FOUNDATION 1700 BROADWAY, 15TH FLOOR NEW YORK, NY 10019	\$89,7	<u>79.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No. 2	(b) Name, address, and ZIP + 4 JAPAN-UNITED STATES FRIENDSHIP COMMISSION	(c) Total contribution	ns	(d) Type of contribution Person X	
	COMMISSION1201 15TH STREET NW, STE 330WASHINGTON, DC 20005	\$	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution	
3	NATIONAL ENDOWMENT FOR DEMOCRACY 1201 PENNSYLVANIA AVENUE NW, SUITE 1100 WASHINGTON, DC 20004	\$236,3	83.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution	
4_	JCIE-JAPAN 4-9-17 MINAMI AZABU, MINATO-KU TOKYO, JAPAN 106-0047	\$61,8	86.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution	
5	NATIONAL DEMOCRATIC INSTITUTE 455 MASSACHUSETTS AVENUE NW, 8TH FLOOR WASHINGTON, DC 20001	\$62,1	<u>47.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution	
6_	BILL AND MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$465,1	60.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
323452 12-26		1		Schedule B (Form 990) (2023)	

	B (Form 990) (2023)			Page 2
	rganization CENTER FOR INTERNATIONAL EXCHANGE,			yer identification number
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 contribution	ns	(d) Type of contribution
7	US STATE DEPARTMENT			Person X Payroll
	2201 C STREET N.W. WASHINGTON, DC 20001	\$85,1	92.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
8_	FUND FOR THE GLOBAL FUND EUROPE			Person X Payroll
	2 RUE COGNACQ JAY PARIS, FRANCE 75007	\$	60.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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	rganization		Employer identification num
APAN NC.	CENTER FOR INTERNATIONAL EXCHANGE,		13-2866655
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	l bebeen si space is needed	
			·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
3453 12-26-		\$	Schedule B (Form 990) (

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Schedule E	3 (Form 990) (2023)		Page 4							
Name of or	rganization		Employer identification number							
	CENTER FOR INTERNATION	AL EXCHANGE,								
INC.			13-2866655							
Part III	from any one contributor. Complete columns (a)	through (e) and the following line entry. For o	rganizations							
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or less for t space is needed.	he year. (Enter this info. once.)							
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
ļ										
		(e) Transfer of gift								
ŀ	Transferee's name, address, a		elationship of transferor to transferee							
(a) No. from			(d) December of how sift is hold							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
ŀ	(e) Transfer of gift									
	(e) transier of girt									
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee									
ľ										
(a) No.			I							
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I										
	(e) Transfer of gift									
-	Transferee's name, address, a	nd ZIP + 4 F	elationship of transferor to transferee							
(a) No. from										
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-										
		(e) Transfer of gift								
	Transforco's name address a		Valationship of transforor to transforoo							
ŀ	Transferee's name, address, a		elationship of transferor to transferee							
323454 12-26	-23		Schedule B (Form 990) (2023)							

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SC		Supplementa	al Financial Statements	6	OMB No. 1545-0047
	n 990)		nization answered "Yes" on Form 990,	L.	2023
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 .ttach to Form 990.	D.	Open to Public
Interna	Revenue Service		0 for instructions and the latest informa		Inspection
Nam	e of the organization		NTERNATIONAL EXCHANGE		r identification number
Par	t I Organiza	INC. ations Maintaining Donor Advise	d Funds or Other Similar Funds		
. a		n answered "Yes" on Form 990, Part IV, lin			Complete il the
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value at	t end of year			
5	Did the organizatio	on inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No
6	•	on inform all grantees, donors, and donor a	• •		
		oses and not for the benefit of the donor o			
Par	impermissible priva	ate benefit? ation Easements. Complete if the org			Yes No
				Part IV, line 7.	
1		ervation easements held by the organization of land for public use (for example, recrea		a historically impo	rtant land area
		f natural habitat		a certified historic	
		of open space			Structure
2		through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation e	asement on the last
	day of the tax year				at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с	Number of conserv	vation easements on a certified historic stru	ucture included on line 2a	2c	
d	Number of conserv	vation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic struct	ture listed in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during	g the tax
	year				
4		where property subject to conservation eas			
5		tion have a written policy regarding the per			
6	,	orcement of the conservation easements it r hours devoted to monitoring, inspecting,			
0		i nours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easement	s during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements dur	ing the year
•	, and and or expense		ing of violations, and officially concervat		ing the your
8	Does each conserv	vation easement reported on line 2d above	satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?			Yes No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense	statement and	
	balance sheet, and	d include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes	the
	organization's acco	ounting for conservation easements.			
Par		ations Maintaining Collections of		ner Similar As	Sets.
		the organization answered "Yes" on Form			
1 a	0	elected, as permitted under FASB ASC 95	, 1		
		easures, or other similar assets held for put		-	
h	-	Part XIII the text of the footnote to its finar			o of
b		elected, as permitted under FASB ASC 95 ures, or other similar assets held for public			
		ng amounts relating to these items.			
	-	ded on Form 990, Part VIII, line 1		<u>*</u>	
				•	
2	.,	received or held works of art, historical trea			
		unts required to be reported under FASB A			
а	-	on Form 990, Part VIII, line 1	-	\$	
		Form 990, Part X			
		eduction Act Notice, see the Instructions			dule D (Form 990) 2023
332051	09-28-23				
			27		

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TRATANOT ----~ _ _ _ _ _ _ _ _

_		ENTER FOR	TNLER	INA'I' I OI	NAL EXC.	HANGE	•	<i></i>		~
	dule D (Form 990) 2023 INC . TIII Organizations Maintaining C	ollections of Ar	t Hists	rical Tra		Othor	<u>13-28</u> Similar Assets			age 2
								(contin	ued)	
3	Using the organization's acquisition, accessio	on, and other record	s, check a	any of the f	following that	make sigi	nificant use of its			
	collection items (check all that apply).		. —.							
a	Public exhibition	c			hange progra					
b	Scholarly research	e		other						
С	Preservation for future generations									
4	Provide a description of the organization's co	•			•			XIII.		
5	During the year, did the organization solicit or							٦		1
De	to be sold to raise funds rather than to be ma							Yes		No
Fai	t IV Escrow and Custodial Arrang		ete if the o	organization	n answered "Y	es" on Fo	orm 990, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par									
1 a	Is the organization an agent, trustee, custodia		-					٦.,		1
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	ble:				A.m.o.unt		
								Amount		
с	Beginning balance									
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance							7		1
	Did the organization include an amount on Fo						/?	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Fai	T V Endowment Funds Complete if				(c) Two years		d) Three years back	(e) Four	voare	hack
		(a) Current year	(D) Pr	ior year	(C) Two years	S DACK (C	a) Three years Dack	(e) roui	years	Jack
-	Beginning of year balance			-						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g,	column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administere	ed for the		r		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Scl	hedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o		• •	or other	• •	cumulated	(d) Book	k value	3
		basis (investr	nent)	basis	(other)	depr	eciation			
	Land									
	Buildings							107		<u>.</u>
	Leasehold improvements			23	0,658.	1.	26,863.	10:	3,79	15.
	Equipment									
-	Other							107		
Tota	I. Add lines 1a through 1e. (Column (d) must et	nual Form 990 Part	X line 10	c column	(B))			TU:	3,79	10.

Schedule D (Form 990) 2023

332052 09-28-23

JAPAN	CENTER	FOR	INTERNATIONAL	EXCHANGE,
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tives	on Form 990, Part IV, line 1 (b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	nd-of-year market value
CURITY OF Category (including name of security)			nd-of-year market value
	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
tives			,
uity interests			
	++		
	++		
augl Form 000 Port V line 10 col (P))			
tments - Program Belated	<u> </u>		
-	on Form 990 Part IV line 1	1c See Form 990 Part X line 13	
			nd-of-vear market value
gual Form 990 Part X line 13 col (B))			
r Assets			
ete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
			(b) Book value
ust equal Form 990. Part X. line 15. co	I. (B))		
r Liabilities			•
ete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	25.
(a) Description of liability			(b) Book value
ome taxes			
JCIE/JAPAN			124,560.
	escription of investment qual Form 990, Part X, line 13, col. (B)) r Assets ete if the organization answered "Yes" (a) must equal Form 990, Part X, line 15, co r Liabilities ete if the organization answered "Yes" (a) Description of liability ome taxes	attments - Program Related. ete if the organization answered "Yes" on Form 990, Part IV, line 1 escription of investment (b) Book value (b) Book value (c) Description of liability ome taxes	stiments - Program Related. etc if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. escription of investment (b) Book value (c) Method of valuation: Cost or e

332053 09-28-23

Schedule D (Form 990) 2023

JAPAN	CENTER	FOR	INTERNATIONAL	EXCHANGE
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Sche			2866655	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	1,354,	405.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a 172,020.			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e		020.
3	Subtract line 2e from line 1	3	1,182,	385.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b 61,886.			
с	Add lines 4a and 4b	4c		886.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,244,	271.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	1,223,	090.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments2b			
с	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	1,223,	090.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b 61,886.			
с	Add lines 4a and 4b	4c		886.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	5	1,284,	976.
Pa	rt XIII Supplemental Information			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE CENTER IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL
AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE 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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES REIMBURSED BY AFFILIATE JCIE - JAPAN

SHOWN AS AN OFFSET TO EXPENSES ON FINANCIAL STATEMENTS

JAPAN CENTER FOR INTERNATIONAL EXCHANGE,Schedule D (Form 990) 2023INC.13-2866655Page 5
Part XIII Supplemental Information (continued)
PART XII, LINE 4B - OTHER ADJUSTMENTS:
EXPENSES REIMBURSED BY AFFILIATE JCIE - JAPAN
SHOWN AS AN OFFSET TO EXPENSES ON FINANCIAL STATEMENTS 61,886.
Schedule D (Form 990) 2023

SC			Stateme	nt of Acti	ivities Outside the Un	ited Sta	tes	OM	IB No. 1545-0047	
	rm 990)		Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, c	or 16.	2	023	
	ment of the Treasury		. .		Attach to Form 990.	<i>.</i>			en to Public	
	I Revenue Service e of the organization		Go to _W	ww.irs.gov/Form	990 for instructions and the latest in	nformation.	Employor	Inspe	ction cation number	
	PAN CENTER		R INTERNA	ATIONAL B	EXCHANGE ,		Employer	luentin		
INC	2.						13-28			
Pa				ctivities Out	side the United States. Comple	ete if the organ	ization answ	vered "Y	es" on	
1	Form 990, P			maintain rocord	ls to substantiate the amount of its gra	nts and other a	esistanco			
•					he selection criteria used to award the			X	Yes 🗌 No	
2	For grantmakers. United States.	Desci	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and otl	ner assistan	ce outsi	de the	
3		n. (Th			n be duplicated if additional space is n					
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	is a prog	vity listed in gram service specific typ	э,	(f) Total expenditures for and	
				contractors in the region	recipients located in the region)		(s) in the reg		investments in the region	
				6						
3 a	Subtotal		0	0					0.	
	Total from continua									
	sheets to Part I		0	0					0.	
с	Totals (add lines 3a and 3b)	a 	0	0					0.	

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

13-2866655

Schedule F (Form 990) 2023

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)
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	TO SUPPORT CERTAIN					
		BRUNEI, BURMA,	PROGRAMS OVERSEAS.	318,587.	WIRE	0.		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

13-2866655

Part III Grants and Other Assistance Part III can be duplicated if ad			tes. Complete	if the organization answered "Yes" of	n Form 990, Parl	t IV, IINE 76.	
(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)
					Ó		
)		

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

Page 3

Schedu	ule F (Form 990) 2023 INC.	13-2866655	Page 4
Part			T ugo T
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	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 the Instructions for Form 5471)	Yes	X No
4	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	Yes	XNo
	Fund (see the Instructions for Form 8621)		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	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		
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

JAPAN CENTER FOR INTERNATIONAL EXCHANGE,	12 2066655	
Schedule F (Form 990) 2023 INC . Part V Supplemental Information	13-2866655	Page 5
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accountin investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method (estimated number of recipients), as applicable. Also complete this part to provide any additional inform	l); and Part III, column (c)	
PART I, LINE 2:		
THE ORGANIZATION HAS PROCEDURES IN PLACE FOR MONITORING THE	E USE OF THE	
GRANTS OUTSIDE THE UNITED STATES. THE GRANT RECIPIENT ORGAN	IZATIONS	
PROVIDE REPORTS FOR USE OF GRANTS.		
332075 11-29-23	Schedule F (Form	990) 2023
36 60120 142671 036121.0 2023.05040 JAPAN CENTER		

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization	JAPAN CENTER FOR INTERNATIONAL EXCHANGE, INC.		r identification number 866655
FORM 990, PAR	RT I, LINE 1, DESCRIPTION OF ORGANIZATION'S MI	SSION:	
TO PROMOTE IN	TERNATIONAL COOPERATION AND UNDERSTANDING BET	WEEN J	APAN,
THE UNITED ST	TATES, AND OTHER COUNTRIES THROUGH LEADERSHIP	EXCHAN	IGES,
POLICY DIALOG	GUES AND RESEARCH.		
FORM 990, PAR	RT VI, SECTION B, LINE 11B:		
THE ORGANIZAT	TION'S OFFICERS AND BOARD OF DIRECTORS RECEIVE	D A DR	AFT COPY OF
THE FORM 990	TO REVIEW PRIOR TO FILING.		
FORM 990, PAR	RT VI, SECTION B, LINE 12C:		
THE ORGANIZAT	TION REGULARLY AND CONSISTENTLY MONITORS AND E	NFORCE	S
COMPLIANCE W	TH THEIR WRITTEN CONFLICT OF INTEREST POLICY.		
FORM 990, PAR	RT VI, SECTION B, LINE 15:		
THE ORGANIZAT	TION'S BOARD OF DIRECTORS REVIEWED AND APPROVE	D THE	
COMPENSATION	OF THE EXECUTIVE DIRECTOR.		
FORM 990, PAR	RT VI, SECTION C, LINE 19:		
THE ORGANIZAT	TION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTE	REST
POLICIES AND	FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON R	EQUEST.
			_

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

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2023 DEPRECIATION AND AMORTIZATION REPORT

FO

FORM 9	DRM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	LEASEHOLD IMPROVEMENTS	01/01/19	SL	10.00	НҮ	17	230,658.				230,658.	103,797.		23,066.	126,863.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						230,658.				230,658.	103,797.		23,066.	126,863.
	* GRAND TOTAL 990 PAGE 10 DEPR						230,658.				230,658.	103,797.		23,066.	126,863.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2024

PREPARED FOR:

JAPAN CENTER FOR INTERNATIONAL EXCHANGE, INC. 475 RIVERSIDE DRIVE, SUITE 731 NEW YORK, NY 10115

PREPARED BY:

LMC ADVISORS LLC 1359 BROADWAY, SUITE 1710 NEW YORK, NY 10018 (212) 967-2300 WWW.LMCAS.COM

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT: HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion								
For Fiscal Year Beginning	g (mm/dd/yyy	y) 07/01/	2023	and Ending (mm/dd/	yyyy) 06/30/	2024		
Check if Applicable:	Name of Or					· · · · ·	Employer Identification Number (EIN): 13-2866655		
Name Change	Mailing Address:NY Registration Number:475 RIVERSIDE DRIVE, SUITE 73102-07-31								
Final Filing	City / State / ZIP: Telephone: NEW YORK, NY 10115 212 679-4130								
Reg ID Pending	5								
Check your organization's	5								
registration category:	7A o	nly EPTL	only	X DUAL (7A 8	EPTL)		Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .		
2. Certification									
See instructions for certifities two signatories.	ication requir	ements. Imprope	certifica	tion is a violation	of law th	nat may be subject	to penalties. The certification requires		
We certify under n	enalties of p	erium that we revi	wed this	report including	all attac	hments and to the	best of our knowledge and belief,		
							oplicable to this report.		
	,	, ,					, · · · · · · · · · · · · · · · · · · ·		
President or Authorized	Officer:								
		Signature				Print Name	e and Title Date		
		Signature			к	AZUYO KAT			
Chief Financial Officer or	Trogeuror:					REASURER	5		
	Treasurer.	Signature				Print Name	e and Title Date		
		Signature				FIIILINGIN	e and fille Date		
3. Annual Reporting	a Exempti	on							
			organizat	ion is claiming an	exempt	ion under one cate	gory (7A or EPTL only filers) or both		
			-				ed Char500. No fee, schedules, or		
-							e exemption, you must file applicable		
schedules and attachmer			anexen	iption of are a DC		that claims only one	e exemption, you must lie applicable		
	no and pay a	pplicable lees.							
	a exemption	· Total contributio	ne from l	NV State includin	n rosido	ate foundations or	overnment agencies, etc. did not		
							raising counsel (FRC) to solicit		
	ons during th		, not ong	uge u prefeccient					
	5								
	filing avampti	ion: Croco receint	a did nat	average \$25,000	and the	market value of oor	este did not evened \$25,000 et envitime		
	fiscal year.	ion. Gross receipt	s dia not	exceed \$25,000	and the	market value of ass	sets did not exceed \$25,000 at any time		
	noour your.								
4. Schedules and A	ttachmen	ts							
See the following page									
for a checklist of	Yes	X No. 42 Didy		vization uso a pro	fossiona	l fund raison fund r	aising counsel or commercial co-venturer		
-									
schedules and			aising ac	avity in NY State	r ii yes,	complete Schedule	5 4a.		
attachments to				Totion	(OND	t grant=0 lf	malata Cabadula 45		
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.									
5. Fee									
See the checklist on the	7A filin	g fee:	EPTL f	iling fee:	Total	fee:	Make a single check or money order		
next page to calculate yo	ur								
fee(s). Indicate fee(s) you							payable to:		
are submitting here:	\$	25.	\$	250.	\$	275.	"Department of Law"		
		-				_			
CHAR500 Annual Filing for *The "Exempt" category re		•		•	not refe	r to its IRS tax desi	gnation.		

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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.

Annual Filing Checklist

CHAR500

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 <u>both</u> 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:	PER) Fund Raising Counsel (ERC), Commercial Co-Venturers (CCV)					
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants						
 Check the financial attachments you must submit vith your CHAR500: IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cont disclosure 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. 	e exceeded \$25,000 and/or our assets exceeded \$25,000 in the					
Review Report if you received total revenue and support greater than \$250,000						
X Audit Report if you received total revenue and support greater than \$1,000,000						
If the fiscal year begins before that date, an Audit Report is required if total reven	nue and support is greater than \$750,000					
No Review Report or Audit Report is required because total revenue and suppor	rt is less than \$250,000					
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is re	equired					
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	7A filers are registered to solicit contributions in New York					
X \$25, if you did not check the 7A exemption in Part 3a	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.					
\$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	EXEMPT filers have registered with the NY Charities Bureau					
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration					
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	Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.					
	Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>					
Send Your Filing	<u></u>					
	Where do I find my organization's NET WORTH?					

Send your CHAR500, all schedules and attachments, and total fee to:

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

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov

³⁶⁸⁴⁶¹ ⁰⁴⁻⁰¹⁻²³ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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NET WORTH for fee purposes is calculated on:

- IRS Form 990 PF, calculate the difference between

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

- IRS Form 990 Part I, line 22

- IRS Form 990 EZ Part I, line 21

Total Liabilities (Part II, line 23(b)).