# **Short Form** Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

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

**Open to Public** Inspection

| Department of the Treasury Internal Revenue Service  Information about Form 990-EZ and its instructions is at www.irs.gov/fo   | 10990  | Inspection                    |
|--|--|-------------------------------|
| A For the 2014 calendar year, or tax year beginning , 2014, and end  |  | , 20                          |
| B Check if applicable: C Name of organization  |  | Employer dentification number |
| Address change   |  | U                             |
| Name change JCAW FOUNDATION, INC.  | 1 2  | 27-3734561                    |
| Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suit   | e E  | Telephone number              |
| Final return/terminated 1819 L STREET, NW, SUITE B2  |  | (202 ) 463-3947               |
| Amended return  City or town, state or province, country, and ZIP or foreign postal code   | F  | Group Exemption               |
| Application pending WASHINGTON, DC 20036   |  | Number >                      |
| T T T T T T T T T T T T T T T T T T T  | Check ▶  | if the organization is not    |
| Website: ▶ WWW.JCAWF.ORG/ENGLISH   | required   | to attach Schedule B          |
| J Tax-exempt status (check only one) - X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527   | (Form 99   | 0, 990-EZ, or 990-PF).        |
| K Form of organization: X Corporation Trust Association Other  |  |                               |
| L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to  | tal assets   |                               |
| (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  | ▶  | \$ 65,792.                    |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see  | the instr  | ructions for Part I)          |
| Check if the organization used Schedule O to respond to any question in this Pa  | rt I   | X                             |
| 1 Contributions, gifts, grants, and similar amounts received   | 1  | 53,875.                       |
| 2 Program service revenue including government fees and contracts  |  | 11,917.                       |
| 3 Membership dues and assessments  |  |                               |
| 4 Investment income  |  |                               |
| 5 a Gross amount from sale of assets other than inventory 5a   |  |                               |
| b Less: cost or other basis and sales expenses   | 0  |                               |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c   |                               |
| 6 Gaming and fundraising events  |  |                               |
| a Gross income from gaming (attach Schedule G if greater than  |  |                               |
| \$15,000)  |  |                               |
| \$15,000)  | 3,5  |                               |
| from fundraising events reported on line 1) (attach Schedule G if the  |  |                               |
| sum of such gross income and contributions exceeds \$15,000) 6b  |  |                               |
| c Less: direct expenses from gaming and fundraising events 6c  |  |                               |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt  | ract   |                               |
| line 6c)   | 6d   |                               |
| 7 a Gross sales of inventory, less returns and allowances  |  |                               |
| b Less: cost of goods sold   | 0  |                               |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   |  |                               |
| 8 Other revenue (describe in Schedule O)   | 8  |                               |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | ▶ 9  | 65,792.                       |
| Grants and similar amounts paid (list in Schedule O) ATCH. 5   |  | 124,509.                      |
| 11 Benefits paid to or for members   | 11   |                               |
| Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance   |  |                               |
| Professional fees and other payments to independent contractors  |  | 8,195.                        |
| 14 Occupancy, rent, utilities, and maintenance   |  |                               |
| Printing, publications, postage, and snipping  |  | 34 100                        |
| 16 Other expenses (describe in Schedule O) ATCH. 1   |  | 74,123.                       |
| 17 Total expenses. Add lines 10 through 16   |  | 206,827.                      |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)   | the state of the s | -141,035.                     |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v  |  | 567 100                       |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wend-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) |  | 567,123.                      |
| Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  |  | 426,088.                      |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20   | <b>2</b> 1   | Form <b>990-EZ</b> (2014)     |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014) Page 2 Part II Balance Sheets (see the instructions for Part II)

| Г              | Dalance Sheets (see the motifications for Faith)   | 100  |  |         |  |  |
|----------------|--|--|--|---------|--|--|
|                | Check if the organization used Schedule O to re  | espond to any q  |  |         |  |  |
|                | A THE A CHANGE O   | -  | (A) Beginning of year  | 2       |  | and of year                                  |
| 22             | Cash, savings, and investments ATTACHMENT . 2  |  | 567,12   |         | 22   | 426,088.                                     |
| 23             | Land and buildings   |  |  | -       | 23   | 0  |
| 24             | Other assets (describe in Schedule O)  |  | 567,12   |         | 24   | 426,088.                                     |
| 25             | Total assets   |  | 307,12   | -       | 25   | 420,000.                                     |
| 26<br>27       | Total liabilities (describe in Schedule O)   |  | 567,12   |         | 26<br>27   | 426,088.                                     |
| Maria Desar    | art III Statement of Program Service Accomplishme  |  |  |         |  |  |
| ГС             | Check if the organization used Schedule O to resp  | are the state of t | •  |         | (Required fo   | penses                                       |
| A/h            | at is the organization's primary exempt purpose? _ATTACHME   |  | Alon III tho Fare III  | •       | 501(c)(3) an   |  |
| Des<br>as r    | scribe the organization's program service accomplishments f<br>measured by expenses. In a clear and concise manner, de-<br>sons benefited, and other relevant information for each prog  | or each of its thre<br>scribe the service  |  |         |  | s; optional for                              |
| 28             | ATTACHMENT 4   |  |  |         | -  |  |
|                |  | es foreign grants, ch  | eck here   |         | 28a  | 193,078.                                     |
| 29             | Totalità d' / Il tillo difficultà l'indiade  |  |  |         |  |  |
|                |  |  |  |         | -  |  |
|                |  |  |  |         |  |  |
|                | (Grants \$ ) If this amount include  | es foreign grants, ch  | eck here   |         | 29a  |  |
| 30             | X-200-1  |  |  |         |  | ***  |
|                |  |  |  |         |  |  |
|                |  |  | and the same   | -       |  |  |
|                | (Grants \$ ) If this amount include  | es foreign grants, ch  | eck nere   | 3       | 30a  |  |
|                | Other program services (describe in Schedule O)  |  |  |         |  |  |
| 31             | Other program services (describe in Schedule O) (Grants \$ ) If this amount include  | es foreign grants, ch  |  |         | 31a  | 102 070                                      |
| 31             | Other program services (describe in Schedule O) (Grants \$ ) If this amount include Total program service expenses (add lines 28a through 31a)   | es foreign grants, ch  | eck here   | 3       | 31a<br>32  | 193,078.                                     |
| 31             | Other program services (describe in Schedule O) (Grants \$ ) If this amount include Total program service expenses (add lines 28a through 31a)  Int IV List of Officers, Directors, Trustees, and Key Emplo                        | es foreign grants, ch  | eck here   |         | 31a<br>32<br>see the instru                            | ctions for Part IV)                          |
| 31             | Other program services (describe in Schedule O) (Grants \$ ) If this amount include Total program service expenses (add lines 28a through 31a)   | es foreign grants, ch<br>covees (list each cound to any question<br>(b) Average<br>hours per wee   | eck here   | ated -: | 32 see the instru  Health benefits, utions to employee | ctions for Part IV)                          |
| 31             | Other program services (describe in Schedule O)  | es foreign grants, ch<br>copees (list each cound to any question)  | eck here   | ated -: | 31a 32 See the instruction                             | ctions for Part IV)  (e) Estimated amount of |
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JSA

Form 990-EZ (2014)

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization JCAW FOUNDATION, INC. Employer identification number 27-3734561

PART VI, SECTION B, LINE 11B

THE TREASURER REVIEWS THE FORM 990 WITH THE PAID PREPARER AND THE RESULTS ARE REPORTED TO THE BOARD.

PART VI, SECTION B, LINE 12C

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSONS COMPLY WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY.

PART VI, SECTION C, LINE 19

THESE DOCUMENTS ARE AVAILABLE IN THE ORGANIZATION'S WEBSITE.

|  | ATTACHMENT 1 |
|--|--------------|
| FORM 990EZ, PART I - OTHER EXPENSES    |              |
| CHERRY BLOSSOM & OTHER CULTURAL EVENTS | 68,569.      |
| OFFICE                                 | 4,534.       |
| INSURANCE                              | 670.         |
| WEB DESIGN                             | 350.         |
|  |              |
| TOTAL                                  | 74,123.      |
|  |              |

|  | ATTACHM              | ENT 2          |  |
|--|----------------------|----------------|--|
| FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS  DESCRIPTION | BEGINNING<br>OF YEAR | END<br>OF YEAR |  |
| CASH   | 567,123.             | 426,088.       |  |
| TOTALS   | 567,123.             | 426,088.       |  |

Schedule O (Form 990 or 990-EZ) 2014

Page 2

Name of the organization JCAW FOUNDATION, INC. Employer identification number 27-3734561

ATTACHMENT 3

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE FOUNDATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, LITERARY AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

ATTACHMENT 4

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

#### PROGRAM SERVICE ACCOMPLISHMENT 1

IN 2014, THE FOUNDATION WAS ENGAGED IN THE FOLLOWING PROJECTS FOR THE COMMEMORATION OF CHERRY BLOSSOM TREES SENT FROM TOKYO TO WASHINGTON DC: (A) SUPPORT FOR JAPANESE LANGUAGE EDUCATION IN THE U.S.; (B) NATIONWIDE CHERRY BLOSSOM TREE PLANTING INITIATIVE; (C) SUPPORT FOR CULTURAL EXCHANGE PROGRAMS.

THE FOUNDATION CONTINUES TO SUPPORT ORGANIZATIONS PROMOTING COMMUNITY RELATIONS AND OTHER CULTURAL PROGRAMS SUCH AS JAPANESE NEW YEAR'S FESTIVAL IN WASHINGTON DC.

27-3734561

2

ATTACHMENT

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS P

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS GRANTS PAID

IN EXCESS OF \$5000

FOUNDATION STATUS OF RECIPIENT

COMMUNITY RELATIONS

6,000.

NATIONAL CHERRY BLOSSOM FRESTIVAL, INC. 1250 H STREET, NW, SUITE 1000 WASHINGTON, DC 20005

WASHINGTON JAPANESE LANGUAGE SCHOOL PO BOX 71

GARRETT PARK, MD 20896

NONPROFIT

NONE

NONPROFIT

NONE

GOVERNMENT ENTITY

NONE

JAPANES AMERICANS' CARE FUND

ANNANDALE, VA 22003

4022-N HUMMER RD

CHERRY BLOSSOM EVENT

50,000.

20,000.

COMMUNITY RELATIONS

TOTAL CONTRIBUTIONS PAID

76,000.

ATTACHMENT 5

7865DW F854 5/1/2015

V 14-4.6F

10278