PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. C1332836

Form **990**

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

16

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

	101 1	and e	naing U	UN 30, ZUI	<u> </u>				
В	Check applica	if C Name of organization		D Employer identif	ication number				
	Ado	Japanese American National Museum							
	Nan	ne		95-3	3966024				
	Initi: retu								
	Fina	360 E Bingt Chrook		E Telephone numbe (213					
	term atec	in-		G Gross receipts \$	13,590,958.				
	Ame	Los Angeles, CA 90012		H(a) Is this a group r					
	App	F Name and address of principal officer: Natalie Ann Burroug	hs	for subordinate					
	pen	same as C above		H(b) Are all subordinates					
ī	Tax-e	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1 ' '	a list. (see instructions)				
		ite: ▶ www.janm.org		H(c) Group exemption					
		of organization: X Corporation Trust Association Other	L Year		M State of legal domicile: CA				
P	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities: The m	issio	n of the Ja	panese				
Activities & Governance		American National Museum is to promote un-							
ŗ	2	Check this box if the organization discontinued its operations or dispose			ssets.				
ove.	3			з	23				
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			22				
Se	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			63				
<u>Ķ</u>	6	Total number of volunteers (estimate if necessary)			125				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12							
٩		Net unrelated business taxable income from Form 990-T, line 34							
				Prior Year	Current Year				
Ф	8	Contributions and grants (Part VIII, line 1h)		2,931,489.					
'n	9	Program service revenue (Part VIII, line 2g)		226,842.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		401,316.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		731,208.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,290,855.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.					
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,869,539.					
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,375.					
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 670, 422							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,441,157.	3,747,036.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,312,071.					
	19	Revenue less expenses. Subtract line 18 from line 12		-2,021,216.	273,107.				
<u> </u>				inning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		50,662,586.	51,144,346.				
t As	21	Total liabilities (Part X, line 26)		4,274,925.	3,919,067.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		46,387,661.	47,225,279.				
Pa	art II	Signature Block							
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	ınd stateme	nts, and to the best of m	y knowledge and belief, it is				
		ct, and complete. Declaration of prepare (other than officer) is based on all information of which			,				
		x +the orps		× ON nS	118				
Sig	า	Signature of officer		Date	717				
Her	е	Natalie Ann Burroughs, President/CEO							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		ate Check	PTIN				
Paid		JOHN BOVARD MIRON The Evaid hung	_ 12	2/28/17 if self-employe	P01358141				
Prep	arer	Firm's name QUIGLEY & MIRON, CPAS		Firm's EIN ▶	95-4656881				
Use	Only	Firm's address 3550 WILSHIRE (BLVD/, #1660							
		LOS ANGELES, CA 90010		Phone no. (2)	13) 639-3550				
Мау	the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No				

_	
	m 990 (2016) Japanese American National Museum 95-3966024 Page 2 art 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:
•	
	The mission of the Japanese American National Museum (the National
	Museum) is to promote understanding and appreciation of America's
	ethic and cultural diversity by sharing the Japanese American
	experience.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.
42	
4a	/ (nevertide 5
	Collections
	Pioneering actor and passionate civil rights activist George Takei,
	along with husband Brad Takei, donated his personal collection,
	representing the many facets of his life and career, to the museum in
	Contember 2016 The Many Facets of his file and Cafeer, to the museum in
	September 2016. The George and Brad Takei Collection features a wide
	range of two- and three-dimensional artifacts that demonstrate the
	magnitude and breadth of Takei's accomplishments. The collection served
	as the foundation of the 2017 exhibition, New Frontiers: The Many
	Worlds of George Takei.
	III iliging a total of many them (115 000 feet to Militian 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1
	Utilizing a total of more than \$115,000 from two National Park Service
4b	/ (Nevertible \$ ZIJ, JIJ)
	JANM Store and janmstore.com
	The JANM Store was the proud recipient of a 2017 Museum Store
	Association (MSA) Recognition Award for Product Development. The award
	recognized the Instructions to All Persons product line, which includes
	a tote bag and a t-shirt. Inspired by the Civilian Exclusion Orders
	nogted during World War II be information by the Civilian Exclusion Orders
	posted during World War II to inform persons of Japanese ancestry of
	their impending forced removal and incarceration, these products
	perfectly embody the museum's mission to promote understanding and
	appreciation of America's ethnic and cultural diversity by sharing the
	Japanese American experience. Maria Kwong, JANM's Director of Retail
	Enterprises and a current MSA board member, accepted the award at the
10	1 642 059
70	(Code:) (Expenses \$ 1,642,958. including grants of \$) (Revenue \$)
	Education and Visitor Engagement
	In FY17, total attendance at JANM was 105,022. Of this number, 35,845
	were museum walk-ins. The School Visits Program welcomed 20,962
	students and teachers, who participated in educational programming held
	in the museum's main building and the adjoining National Center for the
	Progression of Descenting and the adjoining National Center for the
	Preservation of Democracy.
	As a response to recent public policy initiatives that pose potential
	threats to immigrant communities, the museum's first "Teach-In" took
	place on December 8, 2016. We invited three speakers to share their
	perspectives. JANM volunteer Mas Yamashita spoke about being
4 4	
40	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,592,119.
	Form 990 (2016)

			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	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
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	ļ		
5	during the tax year? If "Yes," complete Schedule C, Part II	4		X_
J	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		3,
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			21
	Schedule D, Part III	8	Х	
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 temporarily restricted endowments, permanent	Y.		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	X	
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		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
لد	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
a	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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
•	the organization's separate or consolidated infancial 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	445	v	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	-21	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	i	i	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u> _
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	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	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		<u>X</u> _

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	, and the same of	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X_	
24a	o and the state of			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			77
26		25b		<u>X</u>
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
				v
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	07		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u>X</u>
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer director tructon or key employee? If "Voc." complete Schodule / Port II/	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 00		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		Х
33	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	33		X
	Was 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	34	i	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016) Japanese American National Museum 95-3966024 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
b		o l		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6.3	3	3	
b		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		.	
	to file Form 8282?	7c		_X_
d	74			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	$-\!\!\!\!\!-\!$	<u>X</u>
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_7g_		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
9	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	_	
10	Section 501(c)(7) organizations. Enter:	9b		
а				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	ļ		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form !	990 (2	2016)

Japanese American National Museum 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 23 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent ______ 1b 22 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? _____ Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? Х 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 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 in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 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 in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Χ 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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. Di	sclos	ure

- List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS 17
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website

Another's website

X Upon request

Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: Finance Department - 213-830-5662

<u> 369 E. First Street, Los Angeles, CA</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week	(da	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kathryn A Bannai Trustee	1.23	X						0.	0.	0.
(2) Mark H. Fukunaga Trustee	0.00	X						0.	0.	0.
(3) Gordon T. Yamate Trustee	1.41	X						0.	0.	0.
(4) Thomas M. Yuki	1.18			77						
Treasurer (5) Leslie K. Furukawa	0.79	Х		X				0.	0.	0.
Trustee (6) Koji F Fukumura, Esq.	1.04	Х						0.	0.	0.
Trustee (7) Robert T. Fujioka	0.77	X						0.	0.	0.
Trustee (8) Randall R. Lee	1.11	Х						0.	0.	0.
Vice-Chair (9) Douglas M. Goto	0.69	Х		Х				0.	0.	0.
Trustee	1.28	х						0.	0.	0.
(10) Harvey H. Yamagata Trustee		Х						0.	0.	0.
(11) The Honorable Norman Y. Mineta Chair	5.77	Х		х				0.	0.	0.
(12) Wendy C. Shiba <u>Vice-Chair</u>	1.94	х		Х				0.	0.	0.
(13) George H. Takei Chairman Emeritus	0.46	Х						0.	0.	0.
(14) Stephen L. Kagawa Trustee	0.96	Х						0.	0.	0.
(15) Rena Miwako Wheaton Secretary	0.88	Х		х				0.	0.	0.
(16) Linda Fitz-Horioka	1.59	X								
Trustee (17) Meloni Hallock	1.08		\dashv					0.	0.	0.
Trustee		X	[0.	0.	0.

Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	yees	s, an	d H	ighe	st C	ompensated Employe	es (continued)			
(A)	(B)			(C)				(D)	(E)		(F)	
Name and title	Average	(de	Position o not check more than one				one	Reportable	Reportable	F	Estimat	ed
	hours per	box	box, unless person is be officer and a director/true					compensation	compensation	e	amount	of
	week		icer a	nd a d	irecte	or/trus	stee)	from	from related		other	
	(list any hours for	recto	İ				1	the	organizations	1	mpensa	
	related	e or d	tee			saled		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th	
	organizations	ruste	l trus		ee ee	mpen		(***-2/1099-101130)			rganizat ınd relat	
	below	Individual trustee or director	Institutional trustee	=	mp(s)	sst co	la .			1	ganizat	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former				J	
(18) Richard I. Morimoto	0.50											
Trustee		X						0.	0.			0.
(19) Ken Hamamura	0.23											
Trustee		X						0.	0.			0.
(20) Natalie A. Burroughs	65.00											
President/CEO		X		X				91,610.	0.	,	1,7	99.
(21) Gregory W. Kimura	40.00											
Former President/CEO		_	<u></u>				X	232,467.	0.	ļ	6,6	06.
						_						
		ł										
		<u> </u>	_	\square						ــــــ		
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		ŀ					İ					
4b Cub Asasi		<u>L</u> i					=	224 077		-	0 4	<u> </u>
1b Sub-total								324,077.	0.	-	8,4	
c Total from continuation sheets to Part								324,077.	0.	├──	0 4	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but										<u> </u>	8,4	<u>us.</u>
compensation from the organization	t not iimited to tri	ose	nste	u ac	ove	e) vvi	o rec	ceived more than \$100	,000 of reportable			1
compensation from the organization	-			_				<u> </u>			Yes	No
3 Did the organization list any former office	er director or tru	etaa	. ka	v am	nlo	V00	or h	ighest componented or	nnlovee en		163	110
line 1a? If "Yes," complete Schedule J for										2	x	
4 For any individual listed on line 1a, is the	sum of reportable		mne	nee	 tion	and	oth:	or componentian from t	ho organization	3	1	
and related organizations greater than \$1										4	х	
5 Did any person listed on line 1a receive o										4	Λ	
rendered to the organization? If "Yes," co										5		х
Castian D. Indonesiant Control of the	p.oto ouncuare	, 0 10	,, JU	011 p	, , , , ,	O11		***************************************			1	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
All American Protective Services, Inc.,		
1605 W Olympic Blvd. Ste 1032, Los	Security	292,095.
Westin Bonaventure Hotel & Suites		
404 S. Figueroa St., Los Angeles, CA 90071	Hotel	208,711.
Vantage PC, Inc.		-
6108 San Fernando Rd., Glendale, CA 91201	Communications	174,769.
Orravan Mechanical, Inc.	HVAC service &	
6134 Faculty Ave., Lakewood, CA 90712	repairs	103,995.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 4		

Form **990** (2016)

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a b Membership dues 1b 672,654 c Fundraising events 1c 972,513, d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 3,021,695 g Noncash contributions included in lines 1a-1f: \$ 150,941 Total. Add lines 1a-1f 4,666,862 Business Code Program Service Revenue 2 a Museum Admissions 713990 267,947 267,947 f All other program service revenue g Total. Add lines 2a-2f 267,947, Investment income (including dividends, interest, and other similar amounts) 237,123 237,123. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents 463,053 b Less: rental expenses 0. c Rental income or (loss) 463.053. d Net rental income or (loss) . 463,053 463,053. 7 a Gross amount from sales of (i) Securities (ii) Other 6,865,477. assets other than inventory b Less: cost or other basis and sales expenses ______6,466,404, **c** Gain or (loss) ______ 399_073. d Net gain or (loss) 399,073 399,073, 8 a Gross income from fundraising events (not Revenue including \$ 972.513. of contributions reported on line 1c). See Part IV, line 18 a Other | 347,106 b Less: direct expenses _____ b 347,106 c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____ 421,371 b Less: cost of goods sold _____ b 207,456, c Net income or (loss) from sales of inventory 213,915 213 915 Miscellaneous Revenue Business Code 11 a Other Revenue 900099 322,019 322 019. b d All other revenue e Total. Add lines 11a-11d 322,019 12 Total revenue. See instructions. 6.569.992 1.421.268. 481,862.

Sec	ction 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
	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
í					
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3					
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	175,457.	57,901.	59,655.	57,901
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	138,530.	45,715.	47,100.	45,715
7	Other salaries and wages	1,874,764.	1,269,395.	320,096.	285,273
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	208,529.	135,901.	39,221.	33,407.
10	Payroll taxes	152,569.	100,702.	25,146.	26,721.
11	Fees for services (non-employees):				
ā	Management				
b		8,342.		8,342.	
C	Accounting	126,528.		126,528.	
c	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25,	_			
	column (A) amount, list line 11g expenses on Sch 0.)	1,042,273.	836,290.	105,446.	100,537.
12	Advertising and promotion	42,068.	25,665.	16,403.	
13	Office expenses	260,996.	210,102.	37,465.	13,429.
14	Information technology				
15	Royalties				
16	Occupancy	489,204.	445,449.	31,755.	12,000.
17	Travel	182,633.	123,594.	29,257.	29,782.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	94,329.	79,194.	12,797.	2,338.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	843,250.	787,594.	35,352.	20,304.
23	Insurance	113,782.	49,571.	62,855.	1,356.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		ę.		
а	Security Services	289,746.	249,296.	36,131.	4,319.
	Supplies, Materials and	189,311.	149,441.	13,128.	26,742.
С		64,574.	26,309.	27,667.	10,598.
d		,			20,000.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,296,885.	4,592,119.	1,034,344.	670,422.
26	Joint costs. Complete this line only if the organization	, == - , = = + +			0,0,422.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	194,442.	1	113,772.
	2	Savings and temporary cash investments	581,742.	2	951,804.
	3	Pledges and grants receivable, net	389,472.	3	1,149,611.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ϋ́	8	Inventories for sale or use	371,369.		358,286.
	9	Prepaid expenses and deferred charges	268,315.		196,801.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 36,883,985.			
	b	Less: accumulated depreciation 10b 16,375,035.	21,059,720.	10c	20,508,950.
	11	Investments - publicly traded securities	12,433,551.		12,546,253.
	12	Investments - other securities. See Part IV, line 11	36,000.		36,000.
	13	Investments - program-related. See Part IV, line 11	30,000.	13	30,000.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	15,327,975.	15	15,282,869.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	50,662,586.	16	51,144,346.
	17	Accounts payable and accrued expenses	636,005.	17	606,223.
	18	Grants payable	030,003.	18	000,225.
	19	Deferred revenue		19	-
	20	Tax-exempt bond liabilities	3,370,000.	20	3,050,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	3/3/0/000	21	3,030,000.
S	22	Loans and other payables to current and former officers, directors, trustees,		21	
₽		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	37,500.	24	22,500.
	25	Other liabilities (including federal income tax, payables to related third	31,300.		22,300.
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	231,420.	25	240,344.
	26	Total liabilities. Add lines 17 through 25	4,274,925.	26	3,919,067.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	4,4,4,545	20	
S		complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	20,649,121.	27	19,900,416.
<u>a</u>	28	Temporarily restricted net assets	16,807,358.	28	18,358,462.
Š	29	Permanently restricted net assets	8,931,182.	29	8,966,401.
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	0,001,102.	23	0,000,401.
֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֓֡		and complete lines 30 through 34.			
Net Assets of	30	Capital stock or trust principal, or current funds		20	
2		Paid-in or capital surplus, or land, building, or equipment fund		30	
5		Retained earnings, endowment, accumulated income, or other funds	-	31	
2		Total net assets or fund balances	46,387,661.	32	17 225 270
		Total liabilities and net assets/fund balances	50,662,586.	33	47,225,279.
		rotal nashings and het assets/fully palatices	JU,004,300.	34	51,144,346. Form 990 (2016)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

Japanese American National Museum 95-3966024 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (ii) EIN (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2016 Japanese American National Museum 95-3966024 Page 2 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.)

Se	ction A. Public Support		- · · · · ·				
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					[
	include any "unusual grants.")	5,254,157.	4,097,255.	4,270,674.	2,931,489.	4,666,862,	21,220,437.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					İ	
	or expended on its behalf		14				
3	The value of services or facilities		}		1	7	
	furnished by a governmental unit to						
	the organization without charge	941,616.	927,336.	912,164.	895,888.	878,591.	4,555,595.
4	Total. Add lines 1 through 3	6,195,773.	5,024,591.	5,182,838.	3,827,377.	5,545,453.	25,776,032.
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)						1,693,299.
	Public support. Subtract line 5 from line 4.						24 082 733.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	6,195,773.	5,024,591.	5,182,838.	3,827,377.	5,545,453.	25,776,032.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	560,723.	602,473.	785,603.	803,343.	1,210,628.	3,962,770.
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					İ	
	assets (Explain in Part VI.)	91,816.	189,950.	196,453.	206,641.	320,511.	1,005,371.
	Total support. Add lines 7 through 10						30,744,173.
	Gross receipts from related activities,						546,130.
13	First five years. If the Form 990 is for				•	, ,, ,	
500	organization, check this box and stop		contogs		<u></u>		>
	etion C. Computation of Publi		_	-1 (0)			70 22
	Public support percentage for 2016 (li					14	78.33 %
	Public support percentage from 2015					15.	80.61 %
16a	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2015. If the o	-					
47.	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test						,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test						U% or
	more, and if the organization meets the				-		
10	organization meets the "facts-and-circ						
ıö	Private foundation. If the organization	i did flot check a b	oux on line 13, 16a	, 100, 17a, or 17b	, cneck this box ai	na see instructions	<u> </u>

(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

Section A. Public Support	below, please con	iipiete Fait II.)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")					<u> </u>	
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in		İ	i			
any activity that is related to the	2			V		
organization's tax-exempt purpose				27		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				G		
ization's benefit and either paid to	-			1		
or expended on its behalf						
5 The value of services or facilities				Į.		
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	š					
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.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨		(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						1 1
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						C
c Add lines 10a and 10b						
11 Net income from unrelated business	,					
activities not included in line 10b, whether or not the business is						
regularly carried on				i i		
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				K.		
14 First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
check this box and stop here				-		
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2016	(line 8, column (f) d	livided by line 13, c	olumn (f))		15	%
16 Public support percentage from 201	5 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Incom	e Percentage	<u> </u>			-
17 Investment income percentage for 2					17	%
18 Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly s	supported organiz	ation	>
b 33 1/3% support tests - 2015. If the				=		
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Τ	
	Yes	No
0		
11		
2		
3a		
0.0		
3b		
30		
3c		
4a		
4b		
40		
4c		
5a		-
5b		
5с		
6		
,		
7		
8		
9a		
9b		
	6	
9c		
10a		
10b		
, ,,,,,,		

3a

3b

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

trustees of each of the supported organizations? Provide details in Part VI.

	edule A (Form 990 or 990-EZ) 2016 Japanese American Natio			95-3966024 Page 6
	Type in item i anotheriany integrated ecotal(e) capperin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	(D) O 114
Sect	tion 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		2. It administration of the Atlantique	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
_ 8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_ 1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

	apanese American National Museum	95-3966024	
Organization type (check	Organization type (check one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.	
General Rule			
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling vane contributor. Complete Parts I and II. See instructions for determining a contributor's		
Special Rules			
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from	
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from a attions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educa cruelty to children or animals. Complete Parts I, II, and III.		
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled monere the total contributions that were received during the year for an exclusively religious, implete any of the parts unless the General Rule applies to this organization because it read, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc., eceived <i>nonexclusively</i>	
out it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

Japanese	American	National	Museum
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95-3966024

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	1
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
5		\$ 543,562. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
6		\$ 1,002,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

Japanese American Nat	<u>ional</u> 1	Museum
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95-3966024

Part I	Contributors (See instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part I! for noncash contributions.)

Employer identification number

Japanese American National Museum

95-3966024

Part II	Noncash Property (See instructions). Use duplicate copies of	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

ame of organiza	tion		Employer identification number		
apanese	American National M	ໂນຊະນາຫ	95-3966024		
art III	xclusively religious, charitable, etc., con ne year from any one contributor. Complete	tributions to organizations described	95-3966024 d in section 501(c)(7), (8), or (10) that total more than \$1,000 for		
C	ompleting Part III, enter the total of exclusively religiou	is, charitable, etc., contributions of \$1,000 c	or less for the year. (Enter this info. once.)		
	Ise duplicate copies of Part III if addition	nal space is needed.			
n) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
art I					
—					
		(e) Transfer of gi	ft		
	Turneferente maner adduses		Polisia de la companya del companya de la companya del companya de la companya de		
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee		
	,				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
art i					
		(e) Transfer of git	ft		
	Transferee's name, address, a	10 ZIP + 4	Relationship of transferor to transferee		
) No.					
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
arti			-		
İ		(e) Transfer of gif	π		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
) No.					
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_ _					
		-			
	(e) Transfer of gift				
		(5) Transition of gir	•		
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee		
1					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

_	Japanese American National Museum	95-3966024			
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds			
	are the organization's property, subject to the organization's exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring			
	impermissible private benefit?				
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply).	·			
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	important land area			
	Protection of natural habitat				
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last			
_	day of the tax year.	Held at the End of the Tax Year			
а	Total number of conservation easements	2a			
b	Total acreage restricted by conservation easements	2b			
c	Number of conservation easements on a certified historic structure included in (a)	2c 2c			
d	Number of conservation easements on a detailed historic structure after 8/17/06, and not on a historic structure	20			
u	listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ				
	year	iization duning the tax			
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
•		Yes No			
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation.				
Ü	Stant and volunteer flours devoted to monitoring, inspecting, flandling of violations, and emolcing conservation	on easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	comente during the year			
•	\$	sements during the year			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	ova)			
٥	and section 170(h)(4)(B)(ii)?	```			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater				
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.				
	conservation easements.	garlization's accounting for			
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	a. 7.00010.			
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	ad balance sheet works of ort			
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of				
	the text of the footnote to its financial statements that describes these items.	public service, provide, in Fart Alli,			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	alance about works of ort. biotoxical			
D	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	· ·			
	relating to these items:	vice, provide the following amounts			
	•	• •			
	(i) Revenue included on Form 990, Part VIII, line 1	7 —			
0	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following expenses required to be reported under SEAS 116 (ASC 059) relation to those items:	provide			
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	• •			
a	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X	> \$			

		<u>se American</u>			•			<u>96602</u>		age 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical T	reasures,	or Oth	<u>er Simi</u>	lar Asse	e ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	e following th	nat are a s	significant	t use of its	collectio	n item	ıs
	(check all that apply):									
а	X Public exhibition	C	X Loan or exc	change prog	ırams					
b	X Scholarly research	e	Other							
С	X Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further	the organiza	tion's exe	empt purp	ose in Pa	rt XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	ollection? .				Yes	X	No
Pa	rt IV Escrow and Custodial Arran		ete if the organization	on answered	l "Yes" or	n Form 99	0, Part IV	, line 9, or	-	
-	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							_	_	7
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			F	1			
								Amount	<u>t</u>	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						<u> </u>			
	Did the organization include an amount on F					3	L	_ Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete it							<u>,</u>	_ ـــــــــــــــــــــــــــــــــــــ	
Га	rt V Endowment Funds. Complete									
		(a) Current year	(b) Prior year	(c) Two yea			years back			
1a	Beginning of year balance	10,052,675.	10,352,988.	1	66,868.		609,062.	9	<u>,250,</u>	<u> 394.</u>
b	Contributions	35,219.	42,347.		<u> 20,000.</u>		100,093.	 	10,	000.
С	Net investment earnings, gains, and losses	830,233.	175,963.	3.9	1,126.	1,2	210,753.	 	765,	<u>688.</u>
	Grants or scholarships							<u> </u>		
е	Other expenditures for facilities									
	and programs	502,787.	518,623.	. 52	25,006.		<u>453,040.</u>		417,	000.
f	Administrative expenses									
g	End of year balance	10,415,340.	10,052,675.		2,988.	10,4	166,868.	9,	609,	<u>062.</u>
2	Provide the estimated percentage of the curr	rent year end balanc		a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 86.09	%								
С	Temporarily restricted endowment ▶1									
_	The percentages on lines 2a, 2b, and 2c sho	-								
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administ	ered for t	he organi:	zation	Г		
	by:									No
	(i) unrelated organizations	•••••				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	3a(i)	X	
	(ii) related organizations						• • • • • • • • • • • • • • • • • • • •	3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							. 3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.							
Fai			5 . 7							
	Complete if the organization answered									
	Description of property	(a) Cost or ot basis (investm	17			ccumulate		(d) Book	: value	
4.=	Land		Dasis	(other)	aer	oreciation				
	Land		20 11	0 127	10 (200 0	F7 4	0 100		
	Buildings			8,137.		989,0		9,129		
	Leasehold improvements			<u>2,991.</u> 2,857.		$\frac{073,2}{212}$			7.72	
	Equipment		5,01	4,00/.	4,3	312,7	<u> </u>	/ / / /),14	
	Other		V 00/15= (D) " :	0-1	<u> </u>			0 500		0.
<u>rotal</u>	. Add inles Ta through Te. [Column (a) must ed	juai roim 990, Part)	k, column (B), line 1	uc.)			<u>▶</u> 2	0,508	<u>,,95</u>	, U .

Schedule D (Form 990) 2016

Dart VII	Investments	Other Securitie

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	n Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or (a) Description of investment		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or (a) Description of investment (1)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or (a) Description of investment (1) (2)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or (a) Description of investment (1) (2) (3)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or (a) Description of investment (1) (2) (3) (4)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or (a) Description of investment (1) (2) (3) (4) (5)		
otal. (Cot. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or (a) Description of investment (1) (2) (3) (4) (5)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or (a) Description of investment (1) (2) (3) (4) (5) (6)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8)		

(a) Description	(b) Book value
(1) Beneficial Interest in Split-Interest Arrangements	2,119,875.
(2) Building and Land Lease	7,949,430.
(3) Historic Building	5,100,007.
(4) Capitalized Bond Issuance Costs	113,557.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	15,282,869.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Gift annuity and planned giving	
(3)_liabilities	222,646.
(4) Tenant deposits	10,000.
(5) Unearned revenue	7,698.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	240,344.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part III, line 1a:

The National Museum's artifact collection is comprised of objects, photographs, home movies, books, manuscripts, works of art and artifacts of historical significance that are held for educational and cultural purposes. Each item is cataloged, preserved, and cared for, and activities verifying their existence and assessing their condition are performed continuously. The artifact collection, which was acquired primarily through contributions since the National Museum's inception, is not recognized as an asset on the statement of financial position. The National Museum's collection policies are consistent with the code of ethics for museums adopted by the American Association of Museums.

Schedule D (Form 990) 2016 Japanese American National Museum 95-3966024 Page 5 Part XIII Supplemental Information (continued)
Part V, line 4:
The National Museum's endowment was established to support its operations
and programs.
Part X, Line 2:
Accounting standards require an organization to evaluate its tax positions
and provide for a liability for any positions that would not be considered
'more likely than not' to be upheld under a tax authority examination.
Management has evaluated its tax positions and has concluded that a
provision for a tax liability is not necessary at June 30, 2017 and 2016.
Generally, the National Museum's information returns remain open for
examination for a period of three (federal) or four (state of California)
years from the date of filing.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	ao Amorian Nation	_ T _ T.	· · · ·			entification number
	se American Nation S. Complete if the organization answ				95-3966	
required to complete this pa	art.	vered	163 6	miromi 990, raitiv,	iiile 17.1 01111 990-E.	Z filers are not
 Indicate whether the organization ra a Mail solicitations b Internet and email solicitation c Phone solicitations 	e Solicita	ation of ation of	non-g	government grants rnment grants	<i>.</i> .	
 d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, I b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by th 	Part VII) or entity in connection with ividuals or entities (fundraisers) purs	profess	ional	fundraising services:	? Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Knockout Productions - 6449		Yes	No			
Independence Avenue, Woodland	Professional Fundraising		х	143,271.	37,000.	106,271.
			•	143,271.	37,000.	106,271.
3 List all states in which the organization or licensing.					•	
AL, AK, AZ, AR, CA, CO, CT, MT, NE, NV, NH, NJ, NM, NY,	DE, FL, GA, HI, ID, IL, NC, ND, OH, OK, OR, PA,	IN,	IA, SC,	KS,KY,LA,M SD,TN,TX,U	E,MD,MA,MI I,VT,VA,WA	,MN,MS,MO ,WV,WI,WY
		<u> </u>				
	_					
						

Schedule G (Form 990 or 990-EZ) 2016 Japanese American National Museum 95-3	966	024	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:	ı	ı	
a The organization's facility	13a	1	%
b An outside facilityEnter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
the the hame and address of the person who prepares the organization's garning/special events books and records:			
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	□ '	f es	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year \$\bigset\$ \$ Part IV Supplemental Information. Provide the explanations required by Part I line 2b, columns (iii) and (v); and Part III line			
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	es 9, 9	9b, 10l	o, 15b,
Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraiser:	s:		
(i) Name of Fundraiser: Knockout Productions			
(i) Address of Fundraiser:			
6449 Independence Avenue, Woodland Hills, CA 91367			

Schedule G	i (Form 990 or 990-EZ)	<u>Japanese</u>	<u> American</u>	<u>National</u>	Museum	95-3966024 Page 4
Part IV	(Form 990 or 990 EZ) Supplemental Info	rmation (continue	ed)			
-						
						
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				-		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Japanese American National Museum

Employer identification number 95-3966024

Р	art I Questions Regarding Compensation			
		•	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	- = 1		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	The second of th	-		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С				X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		:	
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	25		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
(1) Gregory W. Kimura	8	212.467.	20.000	C		707 7	720 073	C
Former President/CEO	: (• 000 / 0	633,013.	
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Schedule J (Form 990) 2016

Part III Supplemental Information Schedule J (Form 990) 2016

95-3966024

Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

Japanese American National Museum

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 95-3966024

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi	~	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art · Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	1					
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock	-					
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate · Other			·			
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (<u>Auction Items</u>)	X	340	150,941.	Amounts paid	by h	uye
26	Other						
27	Other						
28_	Other ► (
29	Number of Forms 8283 received by the organization completed Form 828	-	-				
200	Displace Alice commercial Alice					Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					0a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				tions?	31 X	
3∠a	Does the organization hire or use third parties o	•	•	• •		- 47	
h						2a X	
	If "Yes," describe in Part II.	drumm (a) fa :	a tupo of access to	for which column (-) in 1	al const		
33	If the organization didn't report an amount in co- describe in Part II.	numn (c) for	a type of property	ror which column (a) is ched	жеа,		
-	Gesching in Edit II.						<u>i</u>

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

Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016) Japanese American National Museum	95-3966024 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organization
Schedule M, Line 32b:	
An event planner (Knockout Productions) helps with the so	licitation of
gift donations for the silent auction at the annual dinner	r
The National Museum outsources its vehicle donation progra	am to Harold's
Car Donation Service, who files the require IRS filings,	sells the car,
and remits the proceeds less expenses.	
	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Nam	e of	the	organization
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Japanese American National Museum

Employer identification number 95-3966024

Form 990, Part I, Line 1, Description of Organization Mission: appreciation of America's ethnic and cultural diversity by sharing the Japanese American experience.

Form 990, Part III, Line 4a, Program Service Accomplishments: Japanese American Confinement Sites grants for 2016, the Japanese American National Museum (JANM) began conservation work last fall on the Allen Hendershott Eaton Collection of art and artifacts, and also began digitization of the Gihachi and Tsugio Yamashita Collection for an interactive website that chronicles one family's journeys during World War II.

In addition to these publicly announced developments, the Collections Management and Access Unit kept busy with a variety of projects, which during this fiscal year included: completing the Collections Management Policy, Collections Plan, and other documents pertaining to the reaccreditation process; completing an assessment of onsite collections as part of the AAM reaccreditation process; working on a conservation survey of the extensive Henry Sugimoto Collection; processing the Mine Okubo papers; and creating finding aids for the Buddhist Churches of America records. Regular, ongoing responsibilities of the department include handling, processing, installing, labeling, and de-installing incoming art and artifacts for JANM's temporary exhibitions; requesting loans of artifacts from other institutions; processing loans of JANM holdings to other institutions; handling requests from researchers,

filmmakers, and publishers for access to JANM's archives; handling LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

September 27, 2016-January 8, 2017

Between 1942 and 1944, thousands of incarcerated Japanese Americans

were moved from concentration camps to farm labor camps as a way to

mitigate the wartime labor shortage. In the summer of 1942, Farm

Security Administration (FSA) photographer Russell Lee documented four

such camps in Oregon and Idaho, capturing the laborers' day-to-day

lives in evocative detail. Uprooted: Japanese American Farm Labor Camps

During World War II presented a selection of those images, many of

which have never before been exhibited.

SPECIAL DISPLAY

Sebastian Masuda's Time After Time Capsule

November 1, 2016-January 29, 2017

Time After Time Capsule is a traveling art project that invites people around the world to contribute cherished personal items to fill 10 nine-foot-tall, translucent Hello Kitty time capsule sculptures. At each stop on the capsules' tour, the local community is invited to contribute colorfully decorated items of personal value to one of the time capsules. All 10 of these sculptures will later be gathered in Tokyo to mark the Tokyo 2020 Olympics, and fashioned into a monumental art piece for public viewing. In 2035, each sculpture will be returned to the cities where they were filled, and project participants will be able to reunite with the personal items they contributed years before.

SPECIAL DISPLAY

Only the Oaks Remain: The Story of Tuna Canyon Detention Station

December 10, 2016-April 9, 2017

This special display told the true stories of those targeted as

New Frontiers: The Many Worlds of George Takei

March 12-August 20, 2017

National Archives.

New Frontiers: The Many Worlds of George Takei explored the life and career of pioneering actor, activist, and social media icon George Takei. By examining Takei's diverse experiences and achievements, this entertaining and interactive exhibition created a portrait of a unique individual while offering an innovative means of engaging with the social history of America. New Frontiers was curated by noted author,

were two pages of the original Executive Order 9066, on loan from the

with Mike Saijo, Nick Ut: Beyond Napalm Girl, and the Los Angeles Asian

World of Hello Kitty was up, and February 2001, at the close of Allen

American History in May 2016. The program featured high school and

JANM consistently does a wonderful job making the story of the Japanese

internment come to life ... In these divisive times, it is more

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Japanese American National Museum	Employer identification number 95-3966024
important than ever for museums like JANM to continue sha	ring history
with communities.	
Media Arts	
The Frank H. Watase Media Arts Center (MAC) continued to	provide JANM
with a comprehensive program of digital media production	and
presentation; documentation and preservation; and educati	on and
training.	
Productions during FY17 included an introductory video fo	r the
exhibition Instructions to All Persons: Reflections on Ex	ecutive Order
9066 that included poignant excerpts from video coverage	of the 1981
Los Angeles Hearings of the Commission on Wartime Relocat	ion and
Internment of Civilians. To promote the exhibition and th	e Community
Day of Remembrance, Akira Boch and Evan Kodani of MAC sta	ff created
short videos posted on Facebook by Team Takei, George Tak	ei's social
media consultants. These two videos have logged more than	1.2 million
views since posting in February. MAC staff also created t	hree videos
for the exhibition New Frontiers: The Many Worlds of George	ge Takei,
presenting highlights of the life and career of the actor	, activist and
social media icon.	
For the past two years, JANM's exhibition staff has resear	rched and
developed Transpacific Borderlands: The Art of Japanese D	iaspora in
Lima, Los Angeles, Mexico City and S o Paulo, an exhibition	on that is
part of the Getty Foundation's regional Pacific Standard	Time Project.
Preparation included extensive video interviews of partic	ipating

Employer identification number 95-3966024

artists by curators working with JANM's media arts center. During the

exhibition, video clips of these artists will be made accessible on the

museum's Discover Nikkei website and YouTube Channel.

Staff also added five major life history interviews to the museum archive of first person narratives about the Japanese American experience. The team is presently processing these interviews for uploading in the upcoming year: Frank H. Watase, 93 (for whom JANM's Watase Media Arts Center is named); Frank Seiyu Higashi, 98; Jim Matsuoka, 82; and James "Jim" Makoto Tajiri, 91. MAC staff also recorded a conversation with founding members of the Montebello Womens Club: Sakaye Aratani, Linda Fujioka, Yae Aihara and Elsie Uyematsu Osajima.

The Media Arts Center collaborated with June Aochi Berk and Kanji

Sahara of the Tuna Canyon Detention Station Coalition to videotape life
histories of descendants of those interned at the Station by the U.S.
government during World War II. Selected clips of these interviews were
included in Only The Oaks Remain: The Tuna Canyon Detention Traveling

Exhibition. MAC staff also worked on interviews with Mimi Sasaki, Tohru

Isobe, sisters Francis Kuraoka and Grace Hatchimonji, Bacon Sakatani,
Shinya Honda, and James Iso. In addition, Media Arts Specialist Akira

Boch conducted interviews in Japanese with Paulo Issamu Hirano and
Antonio Shinkiti Shikota during a visit to Tokyo.

MAC staff was also responsible for licensing of JANM's Moving Image

Collection and negotiated a major licensing agreement with Tule Lake

Documentary Project. (Through a partnership agreement, JANM's original

JANM's Discover Nikkei project is a major online resource that brings together the voices and experiences of Nikkei (Japanese emigrants and

policy requires that a trustee shall excuse himself or herself from any

Japanese American National Museum 95-3966024 Speakers/writers/Prgrm Consultants: 237,490 Management and general expenses 0 Fundraising expenses 237,490 Other MISC Consultants: 237,490 Program service expenses 598,800 Management and general expenses 99,868 Fundraising expenses 100,537 Total expenses 799,205	Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Program service expenses Management and general expenses Fundraising expenses Other MISC Consultants: Program service expenses Management and general expenses Fundraising expenses Fundraising expenses Fundraising expenses Total expenses Total expenses Total other Fees on Form 990, Part IX, line 11q, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	· · · · · · · · · · · · · · · · · · ·	Employer identification number 95-3966024
Management and general expenses Fundraising expenses Total expenses Cther MISC Consultants: Program service expenses Management and general expenses Fundraising expenses Fundraising expenses 100,537 Total expenses 799,205 Total Other Fees on Form 990, Part IX, line 11g, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Speakers/writers/Prgrm Consultants:	
Total expenses 237,490 Other MISC Consultants: Program service expenses 598,800 Management and general expenses 99,868 Fundraising expenses 100,537 Total expenses 799,205 Total Other Fees on Form 990, Part IX, line 11g, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Program service expenses	237,490.
Other MISC Consultants: Program service expenses 598,800 Management and general expenses 99,868 Fundraising expenses 100,537 Total expenses 799,205 Total Other Fees on Form 990, Part IX, line 11g, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Management and general expenses	0.
Other MISC Consultants: Program service expenses 598,800 Management and general expenses 99,868 Fundraising expenses 100,537 Total expenses 799,205 Total Other Fees on Form 990, Part IX, line 11g, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Fundraising expenses	0.
Program service expenses 598,800 Management and general expenses 99,868 Fundraising expenses 100,537 Total expenses 799,205 Total Other Fees on Form 990, Part IX, line 11g, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Total expenses	237,490.
Program service expenses 598,800 Management and general expenses 99,868 Fundraising expenses 100,537 Total expenses 799,205 Total Other Fees on Form 990, Part IX, line 11g, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.		
Management and general expenses 99,868 Fundraising expenses 100,537 Total expenses 799,205 Total Other Fees on Form 990, Part IX, line 11g, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Other MISC Consultants:	
Fundraising expenses 799,205 Total expenses 799,205 Total Other Fees on Form 990, Part IX, line 11g, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Program service expenses	598,800.
Total expenses 799,205 Total Other Fees on Form 990, Part IX, line 11g, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Management and general expenses	99,868.
Total Other Fees on Form 990, Part IX, line 11g, Col A 1,042,273 Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Fundraising expenses	100,537.
Form 990, Part XII, Line 2c: The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Total expenses	799,205.
The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Total Other Fees on Form 990, Part IX, line 11g, Col A	1,042,273.
The National Museum's Audit Committee has responsibility for the oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.		
oversight of the audit of its financial statements and selection of the independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	Form 990, Part XII, Line 2c:	
independent auditor, subject to the approval of the board of trustees. This responsibility is unchanged from the prior year.	The National Museum's Audit Committee has responsibility	for the
This responsibility is unchanged from the prior year.	oversight of the audit of its financial statements and se	election of the
	independent auditor, subject to the approval of the board	of trustees.
	This responsibility is unchanged from the prior year.	
		

Form	n 990 Page 10						066							
Asset No.	set o. Description	Date Acquired	Method	Life	v n o C 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
	Furniture & Fixtures													
N		03/13/15	SL	3.00	16	55,177.				55,177.	22,990.		18,392.	41,382.
	Furniture & Fixtures					55,177.	Ī			55,177.	22,990.		18,392.	41,382.
	Machinery & Equipment													
	228 COMPRESSOR REPLACEMENT	04/15/15	SL	3.00	16	34,731.				34,731.	8,683.		10,033.	18,716.
~~		06/30/15	SL	5.00	16	142,720.				142,720.	28,544.		28,544.	57,088.
	* 990 Page 10 Total Machinery & Equipment					177,451.				177,451.	37,227.		38,577.	75,804.
	Other													
-	15 Print washer	09/14/95	SL	5.00	16	1,872.				1,872.	1,872.		0	1,872.
	16 Telephone Equipment	02/27/93	SL	7.00	Д Д	68,092.				68,092.	68,092.		0	68,092.
	24 Beseler 8350 photo equipment	01/09/97	SL	5.00	16	2,283.				2,283.	2,283.		0	2,283.
	28 RZ-67 pro camera and lens	05/14/97	SL	5,00	16	5,616.				5,616.	5,616.		0	5,616.
	34 Pro II 50 mm lens	12/31/97	SL	3.00	16	1,241.				1,241.	1,241.		0	1,241.
	36 Sony video cams and recorder	12/31/97	SL	3.00	9 1	10,454.				10,454.	10,454.		0.	10,454.
	38 DCRX1000digitalvideo camera	12/31/97	SL	3.00	16	3,068.				3,068.	3,068,		0	3,068.
	42 Camera Equipment	12/31/97	SI	3.00	9	1,037.				1,037.	1,037.		0	1,037.
E	51 Building	04/30/92	SL	55.00	16	6,560,267.			-	6,560,267.2	2,992,398.		116,577.	3,108,975.
	52 Leasehold improvements	02/24/92	SL	10.00	16	51,112.				51,112.	51,112.		0.	51,112.
62811	628111 04-01-16													

(D) - Asset disposed

	Ending Accumulated Depreciation	15,433.	1,400.	22,987.	13,550.	20,910.	6,317.	39,546.	128,497.	35,598	390 251.	. ?	8,338.	689,198.	1,554.	208,881.	48,210.	77,386.	168,342.	105,000.
	Current Year Deduction	·	.0		.0		.0	.0	0	0	0	·	ò	0.	0	0	.0	.0	.0	0
	Current Sec 179 Expense																			
	Beginning Accumulated Depreciation	15,433.	1,400.	22,987.	13,550.	20,910.	6,317.	39,546.	128,497.	35,598.	390,251.		. 0,00	689,198.	1,554.	208,981.	48,210.	77,386.	168,342.	105,000.
	Basis For Depreciation	15,433.	1,400.	22,987.	13,550.	20,910.	6,317.	39,546.	128,497.	35,598.	390,251.		0,000	689,198.	1,554.	208,881.	48,210.	77,386.	168,342.	105,000.
	* Reduction In Basis																			
	Section 179 Expense																			
990	Bus % Excl																			
	Unadjusted Cost Or Basis	15,433.	1,400.	22,987.	13,550.	20,910.	6,317.	39,546.	128,497.	35,598,	390,251.	, , ,		689,198.	1,554.	208,881.	48,210.	77,386.	168,342.	105,000.
	Line No.	16	16	91	16	16	16	16	91	16	16	4		16	16	16	16	16	16	16
	Life	10.00	10.00	10.00	10.00	3.00	3,00	3.00	8.00	8.00	1.00			1.00	10.00	2,00	2.00	2.00	2.00	5.00
	Method																-			
	Date Acquired Mo	04/29/92 SL	05/20/92 SL	10/31/92 SE	05/15/92 SL	12/31/95 SL	12/31/95 SL	12/31/96 SL	12/31/97 SL	12/31/98 SL	IS 86/08/90	06/30/08		TS 86/08/90	12/31/96 SL	07/31/98 SL	10/31/98 SL	10/31/98 SL	10/31/98 SL	11/30/98 SL
10 Page 10	Description	Art storage unit	Flooring	Alarm system	Carpet	Relics exhibit	Hawaii film	Hawaii film	Hawaii media project	Common ground (greatest hits)	Various equipment, furniture and fixtures	ehold	Improvements Various exhibitions and	project	cubes exhibit	Office furniture, Mellon #1	Office furniture, Mellon #2	Kitchen equipment, Mellon #2	Office furniture, Mellon #3	ce furniture, Mellon #4
Form 990	Asset No.	ນ	55	26	57	09	61	65	67	70	71	2,00		73	7.4	75	16	77	7.8	79 Offi

(D) - Asset disposed

	Ending Accumulated Depreciation	44,194.	37,479.	34,159.	54,781.	15,271.	12,696.	23,940.	6,000.	58,064.	34,232.	2,620.	14,158.	15,964.	7,320.	3,449.	1,211.	1,781.	1,245.	7 00
	Current Year Deduction	0	0	0	0	ó	0	0		0	.0	0	0	0	0	0	0	0	0	* ITO Columna Domina Commonated Domination Desired
	Current Sec 179 Expense																			Loting Doing
	Beginning Accumulated Depreciation	44,194.	37,479.	34,159.	54,781.	15,271.	12,696.	23,940.	6,000.	58,064.	34,232.	2,620.	14,158.	15,964.	7,320.	3,449.	1,211.	1,781.	1,245.	and and
	Basis For Depreciation	44,194.	37,479.	34,159.	54,781.	15,271.	12,696.	23,940.	6,000.	58,064.	34,232,	2,620.	14,158.	15,964.	7,320.	3,449.	1,211.	1,781.	1,245.	TO Calvino
	Reduction In Basis																			*
	Section 179 Expense																			
990	Bus % Excl																			pesoc
	Unadjusted Cost Or Basis	44,194.	37,479.	34,159.	54,781.	15,271.	12,696.	23,940.	000,9	58,064.	34,232.	2,620.	14,158.	15,964.	7,320.	3,449.	1,211.	1,781.	1,245.	(D) - Asset disposed
	Ooe>	16	1.6	19	16	16	9	16	7.0	16	16	16	19	19	16	19	16	16	16	J
ļ	Life	5.00	2.00	5.00	5.00	5.00	5.00	5.00	2.00	5.00	5.00	5.00	5.00	3.00	2,00	2.00	3,00	5.00	5.00	
f	Method	TS.	SL	SL	SL	IS	ZF	TS	SL	SL	TS	TS	TS	TS	TS.	SL	SL	SL	SL	
	Date Acquired	11/30/98	12/31/98	12/31/98	12/31/98	01/31/99	01/31/99	01/31/99	01/31/99	03/31/99	03/31/99	04/30/99	04/30/99	06/30/90	05/31/99	04/30/99	06/30/90	66/30/90	06/30/90	
990 Page 10	Description	Phone systems, Mellon #4	Janitorial equipment, Mellon #6		Photo lab equipment, Mellon #7	Office furniture, Mellon #8	Building equipment, Mellon #9	Office furniture, Mellon #9	Office furniture, Mellon #10	Media equipment, Mellon #13	Office furniture, Mellon #15	Office furniture, Mellon #16	Media equipment, Mellon #16	Media equipment	Media equipment	Media equipment	Media software	Exhibit preparation cage	104 Media equipment	0 - 1 0 - 1
Form 99	Asset No.	81	833	84	98	87	88	68	9.2	φ 9	94	97	86	66	100	101	102	103	104 Medi	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

(D) - Asset disposed

Form 990	190 Page 10						066						
Asset No.	Description	Date Acquired	Method	Life	No. No.	Unadjusted Cost Or Basis	Bus Section 179 % Expense Excl	79 Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
105	Media equipment	66/30/90	ЗГ	5.00	16	2,281.			2,281.	2,281.		0	2,281.
106	Media equipment	06/30/90	SL	5.00	16	3,003.			3,003.	3,003.		0	3,003.
107	/ Media equipment	66/30/90	SL	3.00	16	8,509.	-		.602,8	8,509.		0	8,509.
108	Media equipment	66/08/90	SL	3.00	16	1,670.			1,670.	1,670.		0.	1,670.
109	Media equipment	05/31/99	SL	5.00	16	1,000.	4		1,000.	1,000.		0	1,000.
110	Lighting equipment	11/30/98	SL	5.00	16	4,860.			4,860.	4,860.		0	4,860.
111	. 4 Hyrothermographs	04/30/99	SL	5.00	16	2,317.	_		2,317.	2,317.		0	2,317.
112	Step ladders	01/31/99	SL	5.00	16	1,062.			1,062.	1,062.		0.	1,062.
113	Window tinting	66/30/90	SL	10.00	16	12,717.	_		12,717.	12,717.		0	12,717.
114	2 fax machines	10/31/98	SI	3.00	10	3,595,			3,595.	3,595.		0	3,595.
115	2 fax machines	03/31/99	TS	3.00	16	3,880.			3,880.	3,880.		0	3,880.
122	Production printer	04/30/99	SL	3.00	9 1	1,941,			1,941.	1,941.		0	1,941.
123	Media Computer equipment	01/31/99	SL	3.00	16	3,485.			3,485.	3,485.		0.	3,485.
128	Visitor services software	01/31/99	SL	3,00	16	33,173.	.,		33,173.	33,173.		0.	33,173.
129	Stanchions and sign posts	12/31/98	SI	5.00	16	5,749.			5,749.	5,749.		0.	5,749.
131	4 wheelchairs	04/30/99	SL	5.00	9	1,732.			1,732.	1,732.		0.	1,732.
132	2 wireless microphones	66/30/90	SI	5.00	16	1,461.			1,461.	1,461.		0,	1,461.
133	133 Central hall video wall	06/30/99	SL	5.00	16	8,699.			3,699.	8,699.		0.	8,699.
628111 04-01-16	24-01-16					(D) - Asset disposed	- A	ĺ	* ITC: Salvade	Salvade Ronne Commercial Bavitalization Deduction	ercial Bevita	lization Doduc	tion CO Zono

(D) - Asset disposed

Form 9	990 Page 10						066							
Asset No.	Description	Date Acquired	Method	Life	Vor>	Unadjusted Cost Or Basis	Bus Ser % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
134	Media equipment	11/30/98	SL	5.00	16	26,115.				26,115.	26,115.		0.	26,115.
136	Film cabinet	12/31/98	SL	5.00	16	1,480.				1,480.	1,480.		0	1,480.
139	Pavilion building	01/31/99	SL	55.00	16	23305814.				23305814.7	,376,715.		423,742.	7,800,457.
140	Common ground project	01/31/99	SL	8.00	16	765,660.				765,660.	765,660.		0.	765,660.
142	HR software	08/31/99	SL	3.00	16	1,322.		-		1,322.	1,322.		0	1,322.
143	Outdoor signage	00/30/00	SL	5.00	16	1,375.				1,375.	1,375.		0	1,375.
144	Refrigerator	08/31/99	SL	5.00	16	1,129.		Ī		1,129.	1,129.		0	1,129.
145	Central hall speakers	12/31/99	SL	5.00	9	2,849.				2,849.	2,849.		0.	2,849.
146	Radio battery packs	10/31/99	SL	3.00	16	1,364.		·		1,364.	1,364.		0	1,364.
147	Central hall speakers	12/31/99	SL	5.00	16	7,394.				7,394.	7,394.		0	7,394.
148	Roof ladder cage	12/31/99	SL	10.00	7	2,460.	H	-		2,460.	2,460.		0	2,460.
149	Tom cat lift	03/31/00	SL	5.00	9	5,694.				5,694.	5,694.		Ö	5,694.
150	Fax machine	03/31/00	SL	3,00	16	1,350.				1,350.	1,350.		0.	1,350.
151	Imaging cartridge	04/30/00	SL	3.00	16	1,004.				1,004.	1,004.		0	1,004.
152	300 folding chairs	00/08/90	SL	5.00	16	11,871.				11,871.	11,871.		0	11,871.
165	165 Media equipment	66/08/60	SL	3.00	16	11,380.				11,380.	11,380.		0.	11,380.
166	Media equipment	10/30/99	TS	3.00	16	9,836.	H			9,836.	9,836.		.0	9,836.
167	167 Media equipment	11/30/99	SL	3.00	16	1,408.				1,408.	1,408.		. 0	1,408.
628111 04-01-16	4-01-16					(D) - Asset disposed	osed		*	* ITC Salvade	Bonus Commercial Revitalization Deduction	orcial Revital	outer	000 CO 40i

53.5

(D) - Asset disposed

Form 9	990 Page 10				-	6	066							
Asset No.	Description	Date Acquired	Method	Life	Noc>	Unadjusted Ecost Or Basis	Bus Section 179 % Expense Excl	79 Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
172	2 Media equipment	00/08/90	SL	3.00	7	9,605.			9,605	9,605.		0.	9,605.	
173	3 Media equipment	08/31/99	SL	3,00	79	11,764.			11,764.	11,764.		0.	11,764.	
174	4 Media equipment	08/31/99	SL	3.00	16	2,316.	4		2,316.	2,316.		0.	2,316.	
175	HVAC system	06/30/00	SL	3.00	97	31,770.			31,770.	31,770.		0.	31,770.	
176	S Shelving	00/02/90	3.	5.00	16	1,021.			1,021.	1,021.		0.	1,021.	
177	7 Shelving	05/31/00	SL	5.00	16	1,035.			1,035.	1,035.		0.	1,035.	
178	Weingart gallery ceiling	03/31/00	SL	54.00	16	50,216.			50,216.	15,112.		930.	16,042.	
179	Orientation theater	03/31/00	SL	54.00	76	105,189.			105,189.	31,654.		1,948.	33,602.	
180	Video wall	03/31/00	IS	7.00	16	19,158.			19,158.	19,158.		0,	19,158.	
181	Per donor recognition cost	00/08/90	SL	54.00	7 6	96,652.			96,652.	28,639.		1,790.	30,429.	
182	2 HVAC system	06/30/00	3I.	7.00	16	2,324.			2,324.	2,324.		0.	2,324.	
186	s general ledger server	03/31/01	3r	3.00	16	5,156.		· · · · · · · · · · · · · · · · · · ·	5,156.	5,156.		0	5,156.	
187	/data systems wiring	06/30/01	SL	3.00	16	12,723.			12,723.	12,723.		0.	12,723.	
188	HVAC electrical for mac	00/08/60	SL	3.00	16	9,485.			9,485.	9,485.		0.	9,485.	
189	Ten office chairs	04/30/01	SI	2.00	16	7,900.			7,900.	7,900.		0.	7,900.	
193	3 Collection office furniture	02/28/01	SL	2.00	76	14,078,			14,078.	14,078.		0	14,078.	
194	4 MAC furniture	10/31/00	SL	5.00	16	6,619.			6,619.	6,619.		0	6,619.	
195	Store furniture	11/30/00	SL	5.00	16	5,810.			5,810.	5,810.		0.	5,810.	
628111 04-01-16	04-01-16					(D) - Asset disposed	þei		* ITC Salvade	Bonus Commercial Bevitalization Deduction	ercial Bevital	ization Deduc	tion GO Zone	

53.6

(D) - Asset disposed

	Ending Accumulated Depreciation	5,714.	10,532.	49,317.	18,822.	14,314.	8,539.	5,842.	15,164.	14,314.	5,687.	44,761.	7,334.	24,999.	16,278.	27,723.	114,381.	29,000.	698,261.
	Current Year Deduction	0	.0	0	0.	.0	0.	.0	. 0	.0	.0	.0	.0	0	0	0	.0	0	59,366.
	Current Sec 179 Expense																		
	Beginning Accumulated Depreciation	5,714.	10,532.	49,317.	18,822.	14,314.	8,539.	5,842.	15,164.	14,314.	5,687.	44,761.	7,334.	24,999.	16,278.	27,723.	114,381.	29,000.	638,895.
	Basis For Depreciation	5,714.	10,532.	49,384.	18,822.	14,314.	8,495.	5,686.	15,164.	14,314.	5,686.	44,761.	7,334.	24,999.	16,278.	27,723.	114,381.	29,000.	1,187,643.
	Reduction In Basis																		
	Section 179 Expense																		
066	Bus % Excl																		
	Unadjusted Cost Or Basis	5,714.	10,532.	49,384.	18,822.	14,314.	8,495.	5,686.	15,164.	14,314.	5,686,	44,761.	7,334.	24,999.	16,278.	27,723.	114,381.	29,000.	,187,643.
	0 0 E >	16	16	16	9 =	16	16	9 7	9	16	16	16	91	16	9 7	16	9 1	16	16 1
	Life	10.00	10.00	10.00	5.00	3.00	10.00	10.00	3.00	3.00	10.00	2.00	3.00	2.00	5.00	5.00	5.00	3.00	20.00
	Method	SL	SL	SL	SI	SL	ZIS	SL	TS	SL	SL	SL	SL	SL	SI	SL	SL	SL	SL
	Date Acquired	05/20/02	09/27/02	06/18/03	01/27/03	09/08/03	07/31/03	01/15/04	08/11/03	07/31/03	01/15/04	06/28/07	03/27/07	10/31/06	11/01/06	11/01/06	11/01/06	12/01/06	10/01/02
10 Page 10	Description	Uchannel kick plates for doo	Garage roll up door electical	2 compressor in chiller	Security equipment		compressor #1 pavilion building	Gallery door permanent	Norstar softwa	Compressor #1 pavillion building	Gallery door permanent	Phone system w/voicemail	Computer system upgrade	Security monitoring system	9 network printers		44 desktops 8 notebooks computers	Compressor	216 HB improvements
Form 990	Asset No.	197	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216 HB i

Form 990	0 Page 10						990							
Asset No.	Description	Date Acquired	Method	Life	Oor>	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
217	Improvement to HB windows	60/08/90	SL	20.00	16	300,000.				300,000.	105,000.		15,000.	120,000.
218	Collections	12/30/10		000.	HY16	11,000.				11,000.			0,	
219	Fiber optic cabling & ports	03/08/13	SL	3.00	19	64,724.				64,724.	64,725.		<u>+</u>	64,724.
220	Ħ	03/18/13	SL	3.00	16	8,194.				8,194.	8,194.		ó	8,194.
221	Network racks, electrical, power and cabling	06/01/13	SL	3.00	16	27,099.				27,099.	27,099.		· o	27,099.
222	30 Ipads and headphones	12/01/13	SL	3.00	16	13,051.				13,051.	13,051.		0.	13,051.
223	Fire Safety First	06/14/14	SL	3.00	16	130,000.				130,000.	90,278.		39,722.	130,000.
224	Cibola - panasonic projector	09/30/13	SL	3.00	7.5	16,818.				16,818.	15,417.		1,401.	16,818.
225	Dell - VS computers	05/08/14	SL	3.00	16	4,328.				4,328.	3,126.		1,202.	4,328.
226	Vantage PC	07/31/14	SL	3,00	16	20,710.	Ш			20,710.	13,231.		6,903,	20,134.
229	RAGU COLLECTION	04/28/15	Т	000.	HY16	125,000.				125,000.			0.	
230	VOIP SYSTEM	06/30/15	SL	5.00	9 1	71,872.				71,872.	14,374.		14,374,	28,748.
232	Boiler Retro-fit	11/19/15	SL	3.00	16	36,440.				36,440.	7,086.		12,147.	19,233.
233	Book Drive Pro	09/25/15	SI	2.00	16	19,575.				19,575.	4,057.		9,771.	13,828.
234	Gallery System CMA Software	01/31/16	SI	3.00	16	65,085.				65,085.	12,656.		21,695.	34,351.
235	Sony Equipment	04/30/16	SL	5.00	16	136,287.				136,287.	6,814.		27,257.	34,071.
236	VANTAGE PC, INC64-01763	07/19/16	SI	3.00	16	6,802.				6,802.			7,557.	7,557.
237	JCT MECHANICAL INC-6-1346	10/31/16	SI	3.00	16	17,800.				17,800.			4,450.	4,450.
628111 04-01-16	01-16)	(D) - Asset disposed	peso		*	TC, Salvage,	Bonus, Comm	ercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone

Form 990	990 Page 10						066							
Asset No.	Description	Date Acquired	Method	Life	O C >	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
238	GALLERY SYSTEMS, 1NC-GAL-16.231	11/30/16	SI	3.00	16	12,122.				12,122.			1,347.	1,347.
239	9 ORRAVAN MECHANICAL, -3397	06/30/17	SI	5.00	16	199,756.				199,756.			6,659,	6,659.
240	0 Gallery System CMA Software	11/01/16	SL	3.00	16	.000,95				.000,95			12,444.	12,444.
	* 990 Page 10 Total Other					36651357.				36651357.	15471568.		786,281.	16257849.
	* Grand Total 990 Page 10 Depr				-	36883985.				36883985.	15531785.		843,250.	16375035.
					-									
· · ·	Current Year Activity													
	Beginning balance					36591505,			0	36591505.	15531785.			16342578.
	Acquisitions					292,480.	П		0	292,480.	0			32,457.
	Dispositions					.0			0	0	.0			0
	Ending balance					36883985.			0	36883985.	15531785.			16375035.
	Ending accum depr										16375035.			
	Ending book value										20508950.			
				·										
							1							
628111	628111 04-01-16					(D) Asset disposed	osed		*	ITC, Salvage	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revita	alization Deduc	tion, GO Zone

Form **8868** (Rev. January 2017)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return. ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 . OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 95-3966024 Japanese American National Museum File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 369 E. First Street return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions Los Angeles, CA 90012 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Return Application Application Code Is For Is For Code Form 990-T (corporation) 07 01 Form 990 or Form 990-EZ 80 Form 1041-A Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF Form 6069 11 05 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 Form 990-T (trust other than above) 06 Finance Department • The books are in the care of ▶ 369 E. First Street - Los Angeles, CA 90012 Telephone No. ► 213-830-5662 If the organization does not have an office or place of business in the United States, check this box . If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box 🕨 . If it is for part of the group, check this box 🕨 ... and attach a list with the names and EINs of all members the extension is for. May 15, 2018 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning <u>JUL 1</u>, 2016 , and ending <u>JUN</u>30, 2017 __ Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

estimated tax payments made. Include any prior year_overpayment allowed as a credit.

nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2017)

\$

3a

3b \$

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