(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

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

Open to Public

OMB No. 1545-0047

Inspection

Α	For the	2019 calendar year, or tax year beginning $$ JUL 1 , $$ 2	019 and	ending J	UN 30, 202	0
В	Check if applicable	C Name of organization			D Employer identi	fication number
Г	Addres	Japanese American National Mu	seum			
F	Name change				95-3966	024
F	Initial return	Number and street (or P.O. box if mail is not delivered to street a	address)	Room/suite	E Telephone numb	
F	Final return/	369 E. First Street	2001000)	1100m/Julio	(213) 6	
	termin- ated		postal code		G Gross receipts \$	8,458,177.
	Ameno		pootal oout		H(a) Is this a group	
	Application		n Burrou	ghs	for subordinate	77
	pendin	g same as C above			H(b) Are all subordinates	
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.)	4947(a)(1)	or 527	1 ` '	a list. (see instructions)
J	Websit	e: ▶ www.janm.org	, , , ,		H(c) Group exempt	ion number
K	Form of	organization: X Corporation Trust Association	Other 	L Year	of formation: 1985	M State of legal domicile: CA
P		Summary				
Ф	1	Briefly describe the organization's mission or most significant ac	tivities: The	Missio	n of the J	apanese
Governance		American National Museum (JANM)				
ž	2	Check this box 🕨 🔲 if the organization discontinued its ope	erations or dispo	sed of more	than 25% of its net	assets.
٥ و	3	Number of voting members of the governing body (Part VI, line 1	a)		3	
ত	4	Number of independent voting members of the governing body (. 18
es &		Total number of individuals employed in calendar year 2019 (Par				
Ϋ́		Total number of volunteers (estimate if necessary)				200
Activities &		Total unrelated business revenue from Part VIII, column (C), line				
_	1	Net unrelated business taxable income from Form 990-T, line 39				0.
					Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			5,291,966	
	9	Program service revenue (Part VIII, line 2g)			275,339	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			376,940	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)		1,349,595	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colu	mn (A), line 12)		7,293,840	7,961,741.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0	• • •
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	
S	15	Salaries, other compensation, employee benefits (Part IX, column	n (A), lines 5-10)		3,101,035	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	. 0.
ă	b ·	Total fundraising expenses (Part IX, column (D), line 25)	803,8	72 .		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,439,205	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A),	line 25)		7,540,240	
	19	Revenue less expenses. Subtract line 18 from line 12			-246,400	. 931,990.
Net Assets or Fund Balances				Ве	ginning of Current Yea	
sets	20	Total assets (Part X, line 16)			49,402,192	
t As	21	Total liabilities (Part X, line 26)			3,463,348	
		Net assets or fund balances. Subtract line 21 from line 20			45,938,844	. 46,574,970.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including accor				my knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on a	II information of wi	hich preparer	has any knowledge.	
		Signature of officer			 Date	
Sig		,	L / CEO		Date	
He	re	Natalie Ann Burroughs, Presid Type or print name and title	ent/CEO			
		,		П	Date Check	PTIN
Da:	,	Print/Type preparer's name ARMEN GRIGORIAN Preparer's sigr	iaiure	['	if	D01502463
Pai					Self-empl	·/··
	parer Only	Firm's name QUIGLEY & MIRON Firm's address 3550 WILSHIRE BLVD., #1	660		Firm's EIN	. 34-0330003
USE	Unity	LOS ANGELES, CA 90010	000		Phone no. (213) 639-3550
<u></u>	v +b = 15	RS discuss this return with the preparer shown above? (see instr	uotions)		Priorie no. (Yes No
IVIA	v ine it	so discuss this return with the preparer shown above? (see Instr	uctions)			I ITES I INO

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of the Japanese American National Museum (JANM) is to
	promote understanding and appreciation of America's ethnic 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
	prior Form 990 or 990-EZ?
	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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,428,834. including grants of \$) (Revenue \$ 790,733.) Like all institutions, the Japanese American National Museum (JANM) has
	been dramatically impacted by the COVID-19 pandemic, which forced its
	doors to close to the public on March 18, 2020. Every aspect of the
	Museum's operations has been impacted - it has been unable to accommodate the visitors and supporters who would ordinarily experience
	an array of exhibitions, programs, educational opportunities and
	research resources in person.
	Tesearch resources in person.
	Spurred by a commitment to find creative ways to serve the Museum's
	members and the public and to continue to offer mission-relevant
	programming, JANM transformed itself into a virtual museum and created
	a digital platform, JANM from Home. This has enabled the Museum to
	(Code:) (Expenses \$
TD	Education and Visitor Engagement
	Due to the Museum's closure, in-person visitorship was reduced by
	almost 50%. JANM hosted 49,000 visitors to its exhibitions and public
	programs, and 12,600 students as part of what is normally a robust
	education program that focuses on teaching groups of students about the
	Japanese American experience from immigration, to exclusion, forced
	removal and incarceration, to redress and reparations.
	622 444
4c	(Code:) (Expenses \$ 633,141. including grants of \$) (Revenue \$ 168,137.)
	Membership, Marketing, and JANM Store
	The Museum's membership decreased slightly which is attributable to the
	closure to the public and the economic uncertainties of this time. To
	mitigate these losses, JANM stepped up efforts to ensure that virtual
	programming continues to educate the public and engage members whose
	long-standing commitment to JANM's mission is based on strongly held
	personal and familial connections to Japanese American history.
	Successful marketing efforts ensured significantly increased
	participation in the Museum's virtual programs.
	partition in the maseam s virtual programs.
	The Museum Store has transformed itself entirely into an online
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,572,821.
_	- 000 (acres

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Α.
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	. 10		 -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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

_	n 990 (2019) Japanese American National Museum 95-3966 rt IV Checklist of Required Schedules (continued)			age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3,7
	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	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	1	
	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		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	<u> </u>
30	Did the organization receive more than \$23,000 in non-cash contributions in res, complete scriedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	1	
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		X
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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			١
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	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	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	Х	L
Pa	rt 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			X
			Yes	No

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	54		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Japanese American National Museum Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	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 69			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	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	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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 Ac	,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	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	-	_		3,7
	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 contribution	ŭ			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7-		Х
	to file Form 8282?	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization rife of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airp		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		,···		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the annual control of the contro		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а		10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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	ı			
		13b			
С		13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				٦,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
40	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	40		х
	taxable entity during the year?	16a		
D	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	4Ch		
800	exempt status with respect to such arrangements?	16b		
	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	нт	TT.	KS
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3			
18	for public inspection. Indicate how you made these available. Check all that apply.	jo urily	, avall	auie
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
19	statements available to the public during the tax year.	u iiiidi	iciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Finance Department - 213-830-5662			
	369 E. First Street, Los Angeles, CA 90012			

Form 990 (2019) 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.

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

(A)	(B)	1		((про	iout	(D)	(E)	(F)
Name and title	Average	(do		Posi	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	_	Jer an	uau	recto	ii us	lee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	3e or 0	stee			Highest compensated employee		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	al tru:		yee	ımpeı		(** = *********************************		and related
	below	vidual	Institutional trustee	er	Key employee	nest co loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) William T. Fujioka	2.02									
Trustee		Х						0.	0.	0.
(2) Gordon T. Yamate	2.83								•	•
Trustee	1 00	Х						0.	0.	0.
(3) Thomas M. Yuki	1.00									•
Treasurer	0.10	Х		Х				0.	0.	0.
(4) Leslie K. Furukawa	2.10								0	•
Secretary	1 7 7 7	Х		Х				0.	0.	0.
(5) Koji F Fukumura, Esq.	1.75								0	0
Assistant Treasurer	0 00	Х		Х				0.	0.	0.
(6) Robert T. Fujioka	2.08								0	0
Vice-Chair	F 77	Х		Х				0.	0.	0.
(7) Randall R. Lee	5.77	٠,,		37					0	0
Vice-Chair & Chair, Execut	0 71	Х		Х				0.	0.	0.
(8) Michael Okabayashi	0.71	Х						0.	0	0
Trustee	3.50	^						0.	0.	0.
(9) Harvey H. Yamagata	3.30	Х						0.	0.	0.
(10) The Honorable Norman Y. Mineta	3.00	Δ						0.	0.	<u> </u>
Chair	3.00	Х		х				0.	0.	0.
(11) Wendy C. Shiba	2.58	^		Δ				0.	0.	0.
Trustee	2.50	Х						0.	0.	0.
(12) George H. Takei	1.33							0.	0.	<u> </u>
Trustee	1.55	х						0.	0.	0.
(13) Stephen L. Kagawa	1.44							0.	•	<u> </u>
Trustee		х						0.	0.	0.
(14) Linda Fitz-Horioka	2.50									
Trustee		х						0.	0.	0.
(15) Meloni Hallock	2.00									
Trustee		х						0.	0.	0.
(16) Ken Hamamura	1.63							-	-	
Trustee		х						0.	0.	0.
(17) Kari Nakama	1.46									
Trustee		х						0.	0.	0.

Form 990 (2019)

Form 990 (2019) Uapanese	Amer I Co	111	TAC	<u> </u>	L O I	1a 1	L I	nuseum	95-3900	044	Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)		
(A)	(B)			(0				(D)	(E)	(1	F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	amoı	nated unt of her
	(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)	compe fron organ and r	ensation n the ization elated zations
(18) Mark Okada	1.52	х						0.	0.		0
Trustee (19) Natalie A. Burroughs	65.00	Λ						0.	0.		0.
President/CEO	03.00			х				199,705.	0.	15	,702.
(20) Rick Noguchi COO	40.00					х		139,571.	0.	8	,460.
(21) Sandra Chen Lau	40.00										
VP Development						Х		117,700.	0.		0.
(22) La-Tanya Alexander VP Administration & Finance (former)	36.00					х		123,816.	0.	11	,065.
(23) Leonard Redway Director of Facilities	40.00					х		119,571.	0.	5	,842.
1b Subtotal	<u> </u>						<u> </u>	700,363.	0.	41	,069.
c Total from continuation sheets to Part VI								0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	700,363.	0.	41	,069.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wh	no re	eceived more than \$100	,000 of reportable		_
compensation from the organization										150	5
		_								Y	es No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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.

		(2)
(A)	(B)	(C)
Name and business address	Description of services	Compensation
All American Protective Services, Inc.,		
1605 W. Olympic Blvd, Ste 1032, Los	Security	373,708.
Roundabout Entertainment		
217 South Lake Street, Burbank, CA 91502	Movie Restoration	150,000.
Olson Kundig, 159 S. Jackson St., Ste 600,	Architectural	
Seattle, WA 98104	Services	141,235.
Financial Administrative Support Services,		
3180 Newberry Dr., Ste 200, San Jose, CA	Accounting Services	121,643.
Emblematic Group, Inc.	Virtual Reality	
1947 Euclid St., Santa Monica, CA 90404	Project	105,000.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization		
		200

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 700,567. 651,700. **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 5,012,781 similar amounts not included above 1f 128,017. g Noncash contributions included in lines 1a-1f 6,365,048 h Total. Add lines 1a-1f ... **Business Code** 517,280. 713990 517,280. 2 a Contract Services Program Service Revenue 158,148. b Museum Admissions 713990 158,148. С f All other program service revenue 675,428. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 186,355. 186,355. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a 299,727. 6 a Gross rents **b** Less: rental expenses ... 6c 299,727. c Rental income or (loss) 299,727. 299,727. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a 200,000. **b** Less: cost or other basis 76 151,654. Other Revenue and sales expenses 48,346. 48,346. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 651,700. of contributions reported on line 1c). See |8a|178,525Part IV, line 18 **b** Less: direct expenses _____ 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See |9a|103,395Part IV, line 19 **b** Less: direct expenses 9b 103,395. 103,395. c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns $|_{10a}|_{334,394}$ and allowances 10b 166,257**b** Less: cost of goods sold 168,137. 168,137. c Net income or (loss) from sales of inventory **Business Code** 900099 115,305. 115,305. 11 a Other Revenue b d All other revenue 115,305. e Total. Add lines 11a-11d 7,961,741. 958,870. 637,823. Total revenue. See instructions 12

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3601	On 50 I (C)(3) and 50 I (C)(4) organizations must com			implete column (A).	X
Da	Check if Schedule O contains a resport to tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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,				
Ū	trustees, and key employees	205,967.	67,969.	70,029.	67,969.
6	Compensation not included above to disqualified	,			<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,396,079.	1,395,726.	551,758.	448,595.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	298,462.	184,473.	60,578.	53,411.
10	Payroll taxes	187,311.	105,843.	44,460.	37,008.
11	Fees for services (nonemployees):				
	Management	110 400		110 406	
	Legal	112,436.		112,436.	
	Accounting	136,764.		136,764.	
	Lobbying Preference Live Line 17				
	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	781,250.	548,639.	140,781.	91,830.
12	Advertising and promotion	20,282.	8,333.	8,744.	3,205.
13	Office expenses	234,997.	166,304.	50,834.	17,859.
14	Information technology	-	-		-
15	Royalties				
16	Occupancy	567,587.	532,773.	19,195.	15,619.
17	Travel	136,739.	87,620.	39,437.	9,682.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	150 000	140 615	6 205	4 000
20	Interest	159,232.	148,617.	6,325.	4,290.
21	Payments to affiliates	916,615.	832,592.	50,067.	33,956.
22	Depreciation, depletion, and amortization	109,841.	45,933.	62,302.	1,606.
23	Other expenses. Itemize expenses not covered	100,041.	43,733.	02,302.	1,000.
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	327 565	303 040	14,919.	9 600
a	Security Services Other Expenses	327,565. 271,640.	303,948.	254,489.	8,698. 5,245.
b	Supplies, Materials and	166,984.	132,145.	29,940.	4,899.
c d	Zappitos, naccitats and	±00,00±•	100,110	20,040	=,000
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,029,751.	4,572,821.	1,653,058.	803,872.
26	Joint costs. Complete this line only if the organization	-	-	•	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2010)

<u>art</u>	ľΧ	Balance Sneet				
		Check if Schedule O contains a response or note to any line	e in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		21,988.	1	33,889
	2	Savings and temporary cash investments		466,641.	2	1,362,630
	3	Pledges and grants receivable, net	2,818,883.	3	4,118,821	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contr				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons				
		under section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
512551	8	Inventories for sale or use		265,476.	8	265,558
ί	9			160,589.	9	167,380
	10a	Land, buildings, and equipment: cost or other				
			37,643,749			
	b	Less: accumulated depreciation 10b	9,083,460.	19,230,610.	10c	18,560,289
	11	Investments - publicly traded securities		11,812,003.	11	12,261,175
	12	Investments - other securities. See Part IV, line 11		36,000.	12	36,000
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		14,590,002.	15	13,896,59
	16	Total assets. Add lines 1 through 15 (must equal line 33)		49,402,192.	16	50,702,33
	17	Accounts payable and accrued expenses		876,448.	17	779,97
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		2,375,000.	20	2,375,00
	21	Escrow or custodial account liability. Complete Part IV of So			21	
.	22	Loans and other payables to any current or former officer, of	lirector,			
		trustee, key employee, creator or founder, substantial contr	ibutor, or 35%			
5		controlled entity or family member of any of these persons			22	
i	23	Secured mortgages and notes payable to unrelated third pa	arties		23	150,000
	24	Unsecured notes and loans payable to unrelated third parti	es		24	
	25	Other liabilities (including federal income tax, payables to re	lated third			
		parties, and other liabilities not included on lines 17-24). Co	mplete Part X			
		of Schedule D		211,900.	25	822,392
	26	Total liabilities. Add lines 17 through 25		3,463,348.	26	4,127,369
		Organizations that follow FASB ASC 958, check here	X			
<u> </u>		and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		17,428,461.	27	16,725,30
	28	Net assets with donor restrictions	<u></u>	28,510,383.	28	29,849,664
		Organizations that do not follow FASB ASC 958, check h	iere 🕨 🗌			
:		and complete lines 29 through 33.				
3	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment ful	nd[30	
<u> </u>	31	Retained earnings, endowment, accumulated income, or ot	ner funds		31	
	32	Total net assets or fund balances		45,938,844.	32	46,574,970
	33	Total liabilities and net assets/fund balances		49,402,192.	33	50,702,339

orm	1990 (2019) Japanese American National Museum	95-39	66024	Pag	ge 12
Paı	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,961		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,029		
3	Revenue less expenses. Subtract line 2 from line 1	3			90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,938		
5	Net unrealized gains (losses) on investments	5			04.
6	Donated services and use of facilities	6	-343	3,7	<u>68.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	46,574	.,9	70.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			·····	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form **990** (2019)

3b

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 university: 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). 12 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. 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 III, 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,931,489.	4,666,862.	4,319,515.	5,291,966.	6,415,048.	23,624,880.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		878,591.				4,294,669.
	Total. Add lines 1 through 3	3,827,377.	5,545,453.	5,179,667.	6,132,462.	7,234,590.	27,919,549.
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)						2,950,404.
	Public support. Subtract line 5 from line 4.						24,969,145.
	etion B. Total Support		# N 00 4 0	() 00/=	(, , , , , ,		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	3,827,377.	5,545,453.	5,179,667.	6,132,462.	7,234,590.	27,919,549.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	803 343	700,176.	663 030	617,548.	486,082.	3,270,188.
•	and income from similar sources	003,343.	700,170.	003,033.	017,540.	400,002.	3,270,188.
9	Net income from unrelated business						
	activities, whether or not the			66,548.	47,147.	103,395.	217,090.
10	business is regularly carried on Other income. Do not include gain			00,540.	<u> </u>	103,333.	217,000.
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						31,406,827.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,280,227.
13	First five years. If the Form 990 is for			d. fourth, or fifth ta	ax vear as a sectio		, ,
	organization, check this box and stor	-	,,	-,	,		▶ □
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	79.50 %
15	Public support percentage from 2018					15	77.37 %
16a	33 1/3% support test - 2019. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2018. If the						is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s ▶□

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/ 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	() 0045	(1) 0040	() 0047	(1) 0040	() 0040	(0 T
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶∟
	ction C. Computation of Publ						
15	Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ation	▶□
ŀ	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.)

	-		
		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	_		
	6		
	7		
	•		
	8		
	9a		
	9b		
	9с		
	46		
	10a		
	101-		
m ^	10b 90 or 99)O. 57	2010
יווי ש	an or as	7U-EZ	2019

Pa	t IV Supporting Organizations (continued)			
	(SOMMON)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization

Japanese American National Museum 95-3966024 Organization type (check one):

Organization type (check o	ној.
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
	s 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 Rule. See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
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 test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty 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) filling Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., anplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\bigsim}{\bigsim}
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-FZ, 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) (2019)

Japanese American National Museum

95-3966024

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
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	Name, address, and ZIP + 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		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		Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

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. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Employer identification number

Name of organization

95-3966024 Japanese American National Museum Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Japanese American National Museum

Employer identification number 95-3966024

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 advise	ed funds
	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 a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	(
Pai	TIII Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	· ·	•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre-		gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
h	Assets included in Form 990, Part X		▶ \$

a is the organization is acquisition, accession, and other records, check any of the following that make significant use of its collections times (check all that papy): a	Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	ther Sin	nilar Ass	e ts (continue	ed)
a	3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that mak	e significa	ant use of it	s	
b		collection items (check all that apply):							
c	а	X Public exhibition	d	X Loan or excl	nange program				
c	b	X Scholarly research	е	Other					
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 2 Beginning balance 1 Beginning balance 2 Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Yes No 1b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1a Beginning of year balance 11, 312, 325, 10, 733, 467, 10, 415, 340, 10, 952, 675, 10, 1952, 988, 10,	С								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funder stather than to be maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIV, line 9, or reported an amount on Form 990, Part XIV, line 9, or reported an amount on Form 990, Part XIV Interest of the organization or other intermediary for contributions or other assets not included on Form 990, Part XIV Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Beginning balance □ Beginning balance □ Beginning balance □ Distributions during the year □ Beginning the year □ Beginning the year □ Beginning of year balance □ Distributions during the year □ Beginning of year balance □ Be	4		llections and explain	how they further th	ne organization's e	exempt pu	rpose in Pa	ırt XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. Types	5								
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. Types		to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	llection?			Yes	X No
18 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai	rt IV Escrow and Custodial Arrang	gements. Complet	te if the organizatio	n answered "Yes"	on Form 9	990, Part IV	, line 9, or	
on Form 990, Part X? b (17*Yes,* explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Bighning balance d Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b (f "Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance 1 (a) Current year 1 (b) Four year (b) Profestory (a) Cost or other bediened organization shaped in the suplanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Profestory (a) Cost or other bediened and supplement (b) Profestory (a) Cost or other bediened and professory (b) Profestory (c)		reported an amount on Form 990, Par	t X, line 21.						
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets r	not includ	ed _		
C Beginning balance C C C C C C		on Form 990, Part X?					L	Yes	No
C Beginning balance C	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					
d Additions during the year Elistibutions during the year 1d								Amount	
e Distributions during the year f Ending belance 22 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization shabeen provided on Part XIII. Part V Endowment Funds. Complete if the organization shabeen provided on Part XIII. Part V Endowment Funds. Complete if the organization shabeen provided on Part XIII. Part V Endowment Funds. Complete if the organization shabeen provided on Part XIII. Part V Endowment Funds. Complete if the organizations shabeen provided on Part XIII. Part V Endowment Funds. Complete if the organizations is endowment Punds. Complete if the organizations is endowment Punds. Complete if the organizations is endowment funds and losses and programs 11,312,325, 10,753,407, 10,415,340, 10,052,675, 10,352,988. Part V Poscribe in Part XIII the intended uses of the organization that are held and administered for the organization by: Part X Par	С	Beginning balance				10	;		
f Ending balance If	d	Additions during the year				10	t		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. To 1, 352, 983. Check here if the explanation has been provided on Part XIII. To 1, 352, 983. Check here if the explanation has been provided on Part XIII. To 1, 352, 983. Check here if the explanation is labeled organization has been provided on Part XIII. To 1, 352, 983. Check here if the explanation is labeled organization has been provided on Part XIII. Check here if the explanation is labeled organization has been provided on Part XIII. Check here if the explanation is labeled organization has been provided on Part XIII. Check here if the explanation is labeled organization is labeled organization is labeled organizati	е	Distributions during the year				16	•		
Description Part XIII Check here if the explanation has been provided on Part XIII Check here if the organization answered Yes* on Form 990, Part IV, line 10.							f		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Two yea	2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	istodial account lia	ability?	L	_ Yes │	No
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 11,312,325, 10,753,407, 10,415,340, 10,052,675, 10,352,988. 10,352,988. 10,352,678, 10,352,988. 10,352,988. 10,352,988. 10,352,988. 42,347. 10,015,340, 10,052,675, 10,352,988. 10,352,988. 42,347. 10,015,340, 10,052,675, 10,352,988. 10,352,988. 42,347. 310,000, 271,500, 502,787. 330,233, 175,963. 175,963									
1a Beginning of year balance 11,312,325 10,753,407 10,415,340 10,052,675 10,352,988 b Contributions 100,133 5,000 35,219 42,347 c Net investment earnings, gains, and losses of Grants or scholarships 602,575 769,785 604,567 830,233 175,963 e Other expenditures for facilities and programs 342,897 311,000 271,500 502,787 518,623 f Administrative expenses and programs 11,572,003 11,312,325 10,753,407 10,415,340 10,052,675 g End of year balance 11,572,003 11,312,325 10,753,407 10,415,340 10,052,675 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 8 8 a Board designated or quasi-endowment	Pai	rt V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, lir			_	
b Contributions 100,133 5,000 35,219 42,347. c Net investment earnings, gains, and losses 602,575 769,785 604,567 830,233 175,963 d Grants or scholarships			· · · · · · · · · · · · · · · · · · ·	.,,,	. , ,				
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 78 ⋅ 00 Term endowment ▶ 78 ⋅ 00 Term endowment ▶ 22 ⋅ 00 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings 30 , 118 , 138 . 12 , 636 , 196 . 17 , 481 , 942 . c Leasehold improvements d Equipment C Leasehold improvements d Equipment 1 177 , 451 . 177 , 451 . 0 . 7 , 348 , 160 . 6 , 269 , 813 . 1, 078 , 347 .	1a	F	11,312,325.				<u> </u>		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 11,572,003. 11,312,325. 10,753,407. 10,415,340. 10,052,675. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b								
e Other expenditures for facilities and programs and programs f Administrative expenses g End of year balance 11,572,003, 11,312,325, 10,753,407, 10,415,340, 10,052,675. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 78.00	С	Net investment earnings, gains, and losses	602,575.	769,785.	604,567	7.	830,233	. 1	75,963.
and programs 342,897, 311,000, 271,500, 502,787, 518,623. f Administrative expenses g End of year balance 11,572,003, 11,312,325, 10,753,407, 10,415,340, 10,052,675. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 78.00 % c Term endowment ▶ 22.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(ii) X (ii) Related organizations (iii) Related organizations listed as required on Schedule R? 3a(iii) X (3b X X X X X X X X X	d	Grants or scholarships							
f Administrative expenses g End of year balance 11,572,003. 11,312,325. 10,753,407. 10,415,340. 10,052,675. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	е	Other expenditures for facilities							
g End of year balance			342,897.	311,000.	271,500).	502,787	. 5:	L8,623.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses							
a Board designated or quasi-endowment ▶ 78.00	g					7. 10	,415,340	. 10,0	52,675.
b Permanent endowment ▶ 78.00	2		ent year end balance	e (line 1g, column (a)) held as:				
Term endowment ▶ 22.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In the intended uses of the organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings 30,118,138,12,636,196,17,481,942. c Leasehold improvements d Equipment e Other 7,348,160,6,269,813.1,078,347.	а			_%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Related organi	b								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related orga	С								
by:		· · · · · · · · · · · · · · · · · · ·	•						
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 30,118,138,138,12,636,196,17,481,942. c Leasehold improvements d Equipment e Other 7,348,160,6,269,813,1,078,347.	3a		ssion of the organiza	tion that are held a	nd administered fo	or the orga	anization		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings 30,118,138.12,636,196.17,481,942. c Leasehold improvements d Equipment e Other 7,348,160.6,269,813.1,078,347.		-							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 5 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 30, 118, 138, 12, 636, 196, 17, 481, 942, 177, 451, 177, 4								(-/	
A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other One of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land 1a Land 1a Land 1b Buildings 1a Land 5a Land 6a Land 7a Jana Jana Jana Jana Jana Jana Jana Ja									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation			•					36	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings Leasehold improvements d Equipment Other Other Other T, 348, 160. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 130, 118, 138. 12, 636, 196. 17, 481, 942. 0.				wment funds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 30,118,138. 12,636,196. 17,481,942. c Leasehold improvements 177,451. 177,451. 0. e Other 7,348,160. 6,269,813. 1,078,347.	Fai			Dort IV line 11e C	oo Form 000 Dad	V line 10			
ta Land basis (investment) basis (other) depreciation b Buildings 30,118,138. 12,636,196. 17,481,942. c Leasehold improvements 177,451. 177,451. 0. e Other 7,348,160. 6,269,813. 1,078,347.								(al) Da aless	-1
1a Land 30,118,138. 12,636,196. 17,481,942. b Buildings 30,118,138. 12,636,196. 17,481,942. c Leasehold improvements 177,451. 177,451. 0. d Equipment 7,348,160. 6,269,813. 1,078,347.		Description of property	` '	1 ' '	, ,		I .	(a) Book v	alue
b Buildings 30,118,138. 12,636,196. 17,481,942. c Leasehold improvements 177,451. 177,451. 0. d Equipment 7,348,160. 6,269,813. 1,078,347.		Land	`	Dasis (Othor)	Goprediali	011		
c Leasehold improvements 177,451. 177,451. 0. d Equipment 7,348,160. 6,269,813. 1,078,347.	_			30 11	8 138 12	636	196	17 /181	9/12
d Equipment 177,451. 177,451. 0. e Other 7,348,160. 6,269,813. 1,078,347.	D			30,11	5,150• 12	, 050,	± 7 0 • ·	-	7 - 4 -
e Other 7,348,160. 6,269,813. 1,078,347.	ب C			17	7.451.	177	451.		0.
								1 078	_
						, _ 0 , ,			

Part VII Investments - Other Securities

Complete if the organization answered "Yes"	on Form 990, Part IV, line	: 11b. See Form 990, Part X, line 12.	
(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) Tatal (Col. (h) must squal Form 000 Port V. sol. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
·	Description		(b) Book value
(1) Beneficial Interest in Sp		Arrangements	1,788,510.
(2) Building and Land Lease	TIC INCOLOSC		7,724,717.
			4,354,980.
	Costs		28,390.
. , _ =	COSCS		20,390.
(5)			
(6)			
(7)			
(8)			
(9)			12 225 525
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	13,896,597.
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			230,632.
(4) Unearned revenue			11,698.
(5) PPP Advance			580,062.
(6)			•
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		822,392.
2 Liability for uncertain tax positions. In Part XIII. provide	,		
z – caconov nor nocensul lax nosmons in Part XIII Drovide	······································	o de organización s ilhancial statements ti	IAL PERCHS INP

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Part XI	Reconciliation of Revenue	per Audited Financial Statements	With Revenue per Return

га	neconciliation of nevertice per Addited Financial Statemen	III VV	itti nevellue pei n	eturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	8,829,187.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	47,904.		
b	Donated services and use of facilities	2b	819,542.		
С		2c			
d		2d			
е	Add lines 2a through 2d			2e	867,446.
3	Subtract line 2e from line 1			3	7,961,741.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,961,741.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	Vith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	8,193,061.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,163,310.		
b		2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,163,310.
3	Subtract line 2e from line 1			3	7,029,751.

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.)

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

Part 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.

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, 2020 and 2019.
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

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2019

Japanes	se American Nationa	1 M	use	um	95-3966	5024
Part I Fundraising Activities required to complete this pa	Complete if the organization answert.	ered "Y	'es" oı	n Form 990, Part IV, I	ine 17. Form 990-E	Z filers are not
Indicate whether the organization rai a	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursuits.	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees, orYe	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(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
		Yes	No			
Total	I.	<u> </u>				
List all states in which the organizati or licensing.	on is registered or licensed to solicit		outions	L s or has been notified	d it is exempt from	L registration

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Annua1 None (add col. (a) through 0 Dinner col. (c)) (event type) (event type) (total number) Revenue 830,225. 1 Gross receipts 830,225. 651,700. 651,700. 2 Less: Contributions 178,525. 178,525. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 178,525. 9 Other direct expenses 178,525 178,525. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 103,395. 103,395. Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 103,395. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: **CA** a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes X No **b** If "Yes," explain:

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 Japanese American National Museum 95-3	9660	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es	X No
	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?	Ye	es [X No
12	Indicate the percentage of gaming activity conducted in:		_	
		ا ء٥٠ ا		07
	a The organization's facility	13a	<u> </u>	<u> </u>
	o An outside facility	_13b ⊥	00.	00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ Rick Noguchi, COO			
	Address ▶ 369 E. First Street - Los Angeles, CA 90012			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. — Ye	es [X No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\tag{\text{\text{\$\sigma}}}\$			
c	If "Yes," enter name and address of the third party:			
	on res, enter hame 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			
	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	
	retain the state gaming license?		es L	X 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 ▶ \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	s 9, 9k	o, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	·		

Schedule G	i (Form 990 or 990-EZ)	Japanese	American	National	Museum	95-3966024 Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (continue	ed)			
						_

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Japanese American National Museum

Employer identification number 95-3966024

	·		Yes	No
1 a	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			
	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 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 Approval by the board or compensation committee			
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
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
	The organization?	5a		X
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		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	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	ı	I

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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). 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	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) Natalie A. Burroughs	(i)	199,705.	0.	0.	2,050.	13,652.	215,407.	0.	
President/CEO	(ii)	0.	0.	0.	0.	0.			
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019	Japanese	American Nationa	.1 Museum		95-3966024	Page 3
Part III Supplemental Information	n					
Provide the information, explanation	, or descriptions red	quired for Part I, lines 1a, 1b, 3, 4	a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a	and 8, and for Part II. Also complete	this part for any additional informa	tion.
	·					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

19

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Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Japanese American National Museum Employer identification number 95-3966024

Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribu	d on	Method o noncash cont		-	s
4	Art Morks of ort		items contributed	Form 990, Part VIII,	ine ig				
1 2	Art - Works of art								
3	Art - Historical treasures								
4	Art - Fractional interests Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	X	1	56.4	413.	Fair Mark	et Va	1116	
7	Boats and planes		_	307		rurr marn			
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 (Auction Items)	X	191	71,6	504.	Amounts pa	aid b	y b	uye
26	Other ()			-		_		_	
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions		•			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 2	9				
								Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines	1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required	to be u	ised for			
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard	contribu	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell n	oncash				
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a	ı) is che	ecked,			
	describe in Part II.								
I HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedul	le M (Fori	n 990	2019

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

Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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: reach new audiences and at the same time, advance its core strategic priorities, from expanding its national presence, to combatting divisiveness and discrimination, accelerating its digital transformation, and building sustainability for the future.

Despite the challenges presented by the uncertainties of the pandemic environment, JANM's staff has continued to work productively from home and to maintain business continuity, essential functions and to find new ways to present mission-related content virtually.

Programmatically, JANM opened two major exhibitions on-site and travelled a pop-up exhibition to several sites in California and across the country. However the two exhibitions were forced to close early due to the pandemic, and similarly, the travelling pop-up was grounded by the national lock-downs.

The first major exhibition for FY20 was Under a Mushroom Cloud: Hiroshima, Nagasaki, and the Atomic Bomb. It commemorated the 75th anniversary of the bombings of Hiroshima and Nagasaki. It was presented in partnership with the cities of Hiroshima and Nagasaki. The exhibition included a special display of artifacts that travelled from LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization

Japanese American National Museum

Employer identification number 95-3966024

the Hiroshima Peace Memorial and an installation of artworks that were influenced by the stories and experiences of survivors.

The second major exhibition was Transcendients: Heroes at Borders,
which re-contextualized the Japanese American story from the hardships
and discrimination experienced during immigration, to the unjust and
unconstitutional incarceration during World War II, to the fight for
Redress and Reparations. The exhibition focused further attention on
the consequences of prejudice, fear and abuse of power, along with
"heroes" who confront and challenge the real and virtual borders that
are built to separate and exclude.

The traveling pop-up display Contested Histories: Art and Artifacts from the Allen Hendershott Eaton Collection, travelled to numerous communities across the country before the COVID closures curtailed its travelling circuit. The exhibition was based on a collection that JANM acquired for safekeeping and conservation after a controversial attempt by a private party to auction the artifacts was averted by Japanese American community leaders and activists. The intent of the exhibition was to gather community input to help establish provenance and family connections to the individual artifacts in this collection that had been amassed by author Allen Hendershott Eaton during WWII.

Form 990, Part III, Line 4c, Program Service Accomplishments:

operation with great success. A new blog and digital marketing helped
to reposition the Store with the net result that online sales
outstripped expectations.

Name of the organization

Employer identification number

Japanese American National Museum 95-3966024

To address increased intolerance in the social and political environment, JANM continued to evolve into a museum that takes firm positions and purposefully works against adverse efforts targeting any group based on prejudice or race. While recognizing that it cannot create positive social change on its own, JANM leveraged its reputation as an institution that promotes equity and inclusion to strengthen its local and national presence. The Museum continues to engage its audiences, donors, and partners in a way that transforms stakeholders from observers of history to active proponents of inclusion, equal

JANM also recognizes that a fundamental shift in its fundraising strategy lies at the heart of achieving long-term sustainability. The calculated investment that was made in 2018 to strengthen JANM's fundraising capacity has stood the Museum in good stead. The surpluses generated from multi-year grants and pledges from major donors helped to cushion the Museum against an expected 30% loss in earned revenue due to the pandemic-enforced closure. The Museum also benefited from federal assistance through a CARES Act Payroll Protection Program loan as well as a small SBA Economic Injury Disaster Loan.

Form 990, Part V, Line 7h:

protection, and justice for all.

The National Museum outsources its vehicle donation program to Harold's

Car Donation Service, who files the required IRS filings, sells the

car, and remits the proceeds less expenses.

Name of the organization

Japanese American National Museum

Employer identification number 95-3966024

The Board of Trustees reviews the Form 990 prior to filing the return.

Form 990, Part VI, Section B, Line 12c:

Board members are required annually to review and sign a conflict of interest disclosure statement. The National Museum's conflict of interest policy requires that a trustee shall excuse himself or herself from any vote upon which such trustee, or any member of his or her immediate family, has a material financial interest. Prior to each vote on organization matters, trustees are asked to abstain as appropriate based on the conflict of interest policy.

Form 990, Part VI, Section B, Line 15:

The Executive Committee of the Board of Trustees holds executive sessions during their periodic meetings and details of those discussions are not included in that committee's meeting minutes. The CEO's compensation is discussed in executive session during the budgeting process.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC

ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Form 990, Part VI, Section C, Line 19:

The National Museum makes its governing documents, conflict of interst policy, financial statements, and other pertinent documents available to the public upon request. Its Form 990 is also available on the Guidestar not-for-profit website.

Form 990, Part IX, Line 11g, Other Fees:

Name of the organization Japanese American National Museum	Employer identification number 95-3966024
Payroll processing:	
Program service expenses	0.
Management and general expenses	7,041.
Fundraising expenses	0.
Total expenses	7,041.
Speakers/writers/Prgrm Consultants:	
Program service expenses	184,383.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	184,383.
Other MISC Consultants:	
Program service expenses	364,256.
Management and general expenses	133,740.
Fundraising expenses	91,830.
Total expenses	589,826.
Total Other Fees on Form 990, Part IX, line 11g, Col A	781,250.
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 se	election of the
independent auditor, subject to the approval of the board	d of trustees.
This responsibility is unchanged from the prior year.	