

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2021

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>JAPANESE AMERICAN NATIONAL MUSEUM</b>		<b>D</b> Employer identification number <b>95-3966024</b>
	Doing business as		<b>E</b> Telephone number <b>213-830-5650</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>100 NORTH CENTRAL AVENUE</b>		<b>G</b> Gross receipts \$ <b>9,058,851.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LOS ANGELES, CA 90012</b>		
<b>F</b> Name and address of principal officer: <b>NATALIE ANN BURROUGHS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.JANM.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1985** **M** State of legal domicile: **CA**

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE UNDERSTANDING AND APPRECIATION OF AMERICAN'S ETHIC AND CULTURAL DIVERSITY BY SHARING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>76</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>201</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>24,005,456.</b>	<b>6,755,305.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>48,111.</b>	<b>169,393.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>417,399.</b>	<b>364,492.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>677,394.</b>	<b>1,037,142.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>25,148,360.</b>	<b>8,326,332.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,544,159.</b>	<b>4,421,260.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>969,482.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,840,168.</b>	<b>4,896,817.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,384,327.</b>	<b>9,318,077.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>17,764,033.</b>	<b>-991,745.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>69,187,998.</b>	<b>64,155,556.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,110,755.</b>	<b>2,997,580.</b>
		<b>66,077,243.</b>	<b>61,157,976.</b>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	<b>NATALIE ANN BURROUGHS, PRESIDENT/CEO</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LIZBETH G. NEVAREZ</b>	Preparer's signature <b>LIZBETH G.</b> <i>Lizbeth</i>	Date <b>01/28/23</b>
	Firm's name ▶ <b>GREEN HASSON &amp; JANKS LLP</b>	Firm's EIN ▶ <b>95-1777440</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01399868</b>
	Firm's address ▶ <b>700 SOUTH FLOWER STREET, SUITE 3300</b> <b>LOS ANGELES, CA 90017</b>		Phone no. (310) <b>873-1600</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE JAPANESE AMERICAN NATIONAL MUSEUM (JANM) IS TO PROMOTE UNDERSTANDING AND APPRECIATION OF AMERICAN'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? [ ] Yes [X] No 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 \$ 3,962,979. including grants of \$ ) (Revenue \$ 169,393. ) EXHIBITIONS, CURATORIAL/COLLECTIONS

JANM MADE SUBSTANTIAL PROGRESS ON THE NEW CORE EXHIBITION, THE MUSEUM'S TOP PROGRAMMATIC PRIORITY, IN FY 22. THROUGH THE COORDINATED EFFORTS OF THE JANM CURATORIAL TEAM, THE EXHIBITION DESIGN FIRM RALPH APPELBAUM AND ASSOCIATES, AND CONSULTING ARCHITECTS HOK, THE EXHIBITION'S SCHEMATIC DESIGN WAS SUBSTANTIALLY COMPLETED IN FY 22. THE NEW EXHIBITION, WHICH WILL BE INSTALLED IN RENOVATED PUBLIC GALLERIES ON THE FIRST FLOOR, WILL REFLECT A REIMAGINED APPROACH TO THE INTERPRETATION AND PRESENTATION OF THE JAPANESE AMERICAN EXPERIENCE.

AFTER THE PANDEMIC CLOSURES FOR MOST OF FY 21, JANM REENGAGED WITH THE

4b (Code: ) (Expenses \$ 1,464,988. including grants of \$ ) (Revenue \$ ) EDUCATION

JANM'S EDUCATIONAL PROGRAMMING EXPANDED ITS REACH CONSIDERABLY BY OFFERING BOTH VIRTUAL AND IN-PERSON LEARNING OPPORTUNITIES. THE VIRTUAL SCHOOL VISITS CONTINUE TO SERVE AS A VITAL GLOBAL AND NATIONAL EDUCATIONAL RESOURCE AS MORE STATES PASS MANDATES DECLARING ASIAN AMERICAN PACIFIC ISLANDER HISTORY TO BE A REQUIRED PART OF THE K12 CURRICULUM. AS OF JULY 2022, SEVEN STATES HAD PASSED SUCH LEGISLATION. JANM WAS ABLE TO SERVE STUDENTS IN 16 STATES.

THE EDUCATION DEPARTMENT HOSTED A VIRTUAL EDUCATOR WORKSHOP, "TEACHING THE JAPANESE AMERICAN WWII EXPERIENCE THROUGH ART," THAT INCLUDED

4c (Code: ) (Expenses \$ 829,814. including grants of \$ ) (Revenue \$ 262,592. ) PUBLIC PROGRAMS, MARKETING AND COMMUNICATIONS, AND STORE

PUBLIC PROGRAMS

WITH GREAT RESOURCEFULNESS, PUBLIC PROGRAMS PRODUCED OVER 60 PROGRAMS THAT BALANCED IN-PERSON, VIRTUAL, AND HYBRID FORMATS. JANM'S 2022 OSHOGATSU FAMILY FESTIVAL WAS STREAMED LIVE ON YOUTUBE AND EXPERIENCED BY OVER 500 PEOPLE. THE 2022 NATSUMATSURI FESTIVAL, THE FIRST POST-LOCKDOWN, IN-PERSON FAMILY FESTIVAL, ATTRACTED OVER 3,000 PEOPLE.

JANM CONTINUED TO PRESENT PROGRAMS THAT SITUATE JAPANESE AMERICAN STORIES WITHIN A LARGER CONVERSATION ABOUT RACIAL AND SOCIAL JUSTICE. EXAMPLES INCLUDE THE SPEAKER PANEL ENTITLED "UPRISING: REFLECTIONS ON

4d Other program services (Describe on Schedule O.) (Expenses \$ 146,059. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,403,840.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 23; 1b Enter the number of voting members included... 22; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 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... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official... X; 15b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AZ, AR, CO, CT, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] 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, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records FINANCE DEPARTMENT - 213-830-5662 369 E. FIRST STREET, LOS ANGELES, CA 90012

**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NATALIE A. BURROUGHS PRESIDENT/CEO	40.00 0.00			X			218,448.	0.	13,547.	
(2) RICK NOGUCHI COO	40.00 0.00				X		148,661.	0.	11,351.	
(3) SANDRA CHEN LAU VP DEVELOPMENT	30.00 0.00				X		142,900.	0.	1,066.	
(4) LEONARD REDWAY DIRECTOR OF FACILITIES	40.00 0.00				X		121,475.	0.	7,755.	
(5) CLEMENT HANANMI VP, EXHIBITIONS AND ART DIRECTOR	40.00 0.00				X		103,268.	0.	13,890.	
(6) DOUG VAN KIRK CFO	40.00 0.00			X			95,112.	0.	5,420.	
(7) THE HONORABLE NORMAN Y. MINETA CHAIR (PASSED MAY 2022)	3.40 0.00	X		X			0.	0.	0.	
(8) ROBERT T. FUJIOKA VICE-CHAIR	2.30 0.00	X		X			0.	0.	0.	
(9) RANDALL R. LEE VICE-CHAIR	2.10 0.00	X		X			0.	0.	0.	
(10) KOJI F. FUKUMURA TREASURER	1.70 0.00	X		X			0.	0.	0.	
(11) HARVEY H. YAMAGATA TREASURER	2.50 0.00	X		X			0.	0.	0.	
(12) LESLIE K. FURUKAWA SECRETARY	2.00 0.00	X		X			0.	0.	0.	
(13) WILLIAM T. FUJIOKA TRUSTEE	2.60 0.00	X					0.	0.	0.	
(14) MELONI HALLOCK TRUSTEE	1.10 0.00	X					0.	0.	0.	
(15) KEN HAMAMURA TRUSTEE	1.10 0.00	X					0.	0.	0.	
(16) STEPHEN L. KAGAWA TRUSTEE	1.80 0.00	X					0.	0.	0.	
(17) PAUL KOSASA TRUSTEE (JOINED AUG 2021)	1.00 0.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN MORITA TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) KARI NAKAMA TRUSTEE	1.20 0.00	X						0.	0.	0.
(20) KRISTINE NISHIYAMA TRUSTEE (JOINED APR 2022)	0.30 0.00	X						0.	0.	0.
(21) MICHAEL OKABAYASHI TRUSTEE	2.10 0.00	X						0.	0.	0.
(22) MARK OKADA TRUSTEE	1.20 0.00	X						0.	0.	0.
(23) KEN PICERNE TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) WENDY C. SHIBA TRUSTEE	3.30 0.00	X						0.	0.	0.
(25) DENNIS SUGINO TRUSTEE (JOINED APR 2022)	0.40 0.00	X						0.	0.	0.
(26) GEORGE H. TAKEI TRUSTEE	1.10 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								829,864.	0.	53,029.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								829,864.	0.	53,029.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	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		X
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	X	
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		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.

(A) Name and business address	(B) Description of services	(C) Compensation
ALL AMERICAN PROTECTIVE SERVICES, INC., 1605 W. OLYMPIC BLVD., STE 1032, LOS ANGELES, CA 90048	SECURITY	371,589.
JONES & ASSOCIATES, 6300 WILSHIRE BLVD., STE 860, LOS ANGELES, CA 90048	ACCOUNTING	145,300.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	712,566.				
	<b>c</b> Fundraising events	<b>1c</b>	677,477.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,340,139.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,025,123.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 211,692.				
	<b>h Total.</b> Add lines 1a-1f			6,755,305.			
Program Service Revenue	<b>2 a</b> MUSEUM ADMISSIONS	<b>Business Code</b>	713990	169,393.	169,393.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			169,393.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			364,492.		364,492.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			15,443.		15,443.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	412,040.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		412,040.			
	<b>d</b> Net rental income or (loss)			412,040.		412,040.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	150,000.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		150,000.			
	<b>c</b> Gain or (loss)	<b>7c</b>		0.			
	<b>d</b> Net gain or (loss)						
<b>8 a</b> Gross income from fundraising events (not including \$ 677,477. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		317,897.				
			317,897.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>		169,140.				
			53,020.				
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities			116,120.		116,120.		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		474,194.				
			211,602.				
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory			262,592.	262,592.			
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>	900099	230,947.		230,947.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			230,947.			
<b>12 Total revenue.</b> See instructions			8,326,332.	431,985.	0.	1139042.	

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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, trustees, and key employees .....	392,114.	231,848.	107,559.	52,707.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	3,322,898.	1,966,474.	900,306.	456,118.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	18,279.	10,682.	5,832.	1,765.
9 Other employee benefits .....	418,894.	244,799.	133,653.	40,442.
10 Payroll taxes .....	269,075.	164,928.	66,633.	37,514.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	15,774.		15,774.	
c Accounting .....	180,885.		180,885.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	11,450.		11,450.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,181,038.	1,780,866.	136,616.	263,556.
12 Advertising and promotion .....	58,780.	14,001.	44,178.	601.
13 Office expenses .....	305,780.	253,863.	30,667.	21,250.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	582,431.	542,811.	23,926.	15,694.
17 Travel .....	79,026.	54,145.	11,652.	13,229.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	54,444.	37,302.	8,028.	9,114.
20 Interest .....	55,463.	34,426.	14,988.	6,049.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	822,350.	769,049.	33,475.	19,826.
23 Insurance .....	158,430.	36,544.	115,465.	6,421.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES, MATERIALS, &amp;</b>	294,336.	243,802.	33,426.	17,108.
b <b>DUES &amp; SUBSCRIPTIONS</b>	44,509.	12,186.	25,877.	6,446.
c <b>TAXES, LICENSES &amp; FEES</b>	43,310.	3,702.	39,242.	366.
d <b>MISCELLANEOUS</b>	8,811.	2,412.	5,123.	1,276.
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>9,318,077.</b>	<b>6,403,840.</b>	<b>1,944,755.</b>	<b>969,482.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,551,978.	<b>1</b>	2,937,661.
	<b>2</b> Savings and temporary cash investments .....	17,133,754.	<b>2</b>	6,639,623.
	<b>3</b> Pledges and grants receivable, net .....	4,227,991.	<b>3</b>	2,603,301.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	276,125.	<b>8</b>	287,050.
	<b>9</b> Prepaid expenses and deferred charges .....	64,599.	<b>9</b>	83,617.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 38,223,422.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 20,760,774.	18,056,020.	<b>10c</b> 17,462,648.
	<b>11</b> Investments - publicly traded securities .....	14,315,484.	<b>11</b>	21,228,078.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	36,000.	<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	11,499.
	<b>15</b> Other assets. See Part IV, line 11 .....	13,526,047.	<b>15</b>	12,902,079.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	69,187,998.	<b>16</b>	64,155,556.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	857,172.	<b>17</b>	1,026,476.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	11,698.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,441,089.	<b>23</b>	691,667.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	1,077,762.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	812,494.	<b>25</b>	189,977.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,110,755.	<b>26</b>	2,997,580.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	35,051,136.	<b>27</b>	32,612,702.
	<b>28</b> Net assets with donor restrictions .....	31,026,107.	<b>28</b>	28,545,274.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	66,077,243.	<b>32</b>	61,157,976.
	<b>33</b> Total liabilities and net assets/fund balances .....	69,187,998.	<b>33</b>	64,155,556.

**Part 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	8,326,332.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,318,077.
3	Revenue less expenses. Subtract line 2 from line 1	3	-991,745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,077,243.
5	Net unrealized gains (losses) on investments	5	-3,334,414.
6	Donated services and use of facilities	6	-389,918.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-203,190.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	61,157,976.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	X	

Form 990 (2021)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4319515.	5291966.	6365048.	24005456.	6755305.	46737290.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....	860,152.	840,496.	819,542.	819,542.	773,392.	4113124.
4 <b>Total.</b> Add lines 1 through 3 .....	5179667.	6132462.	7184590.	24824998.	7528697.	50850414.
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) .....						6031624.
6 <b>Public support.</b> Subtract line 5 from line 4.						44818790.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	5179667.	6132462.	7184590.	24824998.	7528697.	50850414.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	663,039.	617,548.	486,082.	381,277.	791,975.	2939921.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	66,548.	47,147.	103,395.	149,755.	116,120.	482,965.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	216,340.	733,595.	115,305.	188,282.	230,947.	1484469.
11 <b>Total support.</b> Add lines 7 through 10						55757769.
12 Gross receipts from related activities, etc. (see instructions) .....					12	3,410,592.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	80.38 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	63.16 %
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**JAPANESE AMERICAN NATIONAL MUSEUM**

Employer identification number

**95-3966024**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>JAPANESE AMERICAN NATIONAL MUSEUM</b>	Employer identification number  <b>95-3966024</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,010,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>905,553.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>253,170.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>246,716.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JAPANESE AMERICAN NATIONAL MUSEUM</b>	Employer identification number  <b>95-3966024</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>168,787.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>154,565.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>JAPANESE AMERICAN NATIONAL MUSEUM</b>	Employer identification number  <b>95-3966024</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>JAPANESE AMERICAN NATIONAL MUSEUM</b>	Employer identification number  <b>95-3966024</b>
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**Part III** 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 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **JAPANESE AMERICAN NATIONAL MUSEUM** Employer identification number **95-3966024**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  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 donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**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 X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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

**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
1a Beginning of year balance	13,391,344.	11,572,003.	11,312,325.	10,753,407.	10,415,340.
b Contributions	100,000.			100,133.	5,000.
c Net investment earnings, gains, and losses	-1,500,051.	2,349,341.	602,575.	769,785.	604,567.
d Grants or scholarships					
e Other expenditures for facilities and programs	150,000.	530,000.	342,897.	311,000.	271,500.
f Administrative expenses					
g End of year balance	11,841,293.	13,391,344.	11,572,003.	11,312,325.	10,753,407.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.0000 %
  - b Permanent endowment  77.4430 %
  - c Term endowment  22.5570 %
- 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:
- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (ii) Related organizations  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
- 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) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	36,000.			36,000.
b Buildings		30,118,137.	13,706,470.	16,411,667.
c Leasehold improvements		2,246,983.	1,658,975.	588,008.
d Equipment		3,821,420.	3,660,314.	161,106.
e Other		2,000,882.	1,735,015.	265,867.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,462,648.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
<b>Total.</b> (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 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN SPLIT-INTEREST ARRANGEMENTS	1,573,390.
(2) BUILDING & LAND LEASE	7,550,933.
(3) HISTORIC BUILDING	3,772,737.
(4) OTHER ASSETS	5,019.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	12,902,079.

**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 SPLIT-INTEREST	
(3) AGREEMENT LIABILITIES	189,977.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	189,977.

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

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

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	5,615,140.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-3,334,414.	
	b Donated services and use of facilities	2b	773,392.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-150,170.	
	e Add lines 2a through 2d	2e		-2,711,192.
3	Subtract line 2e from line 1		3	8,326,332.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,326,332.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,534,407.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	1,163,310.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	53,020.	
	e Add lines 2a through 2d	2e		1,216,330.
3	Subtract line 2e from line 1		3	9,318,077.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,318,077.

**Part XIII Supplemental Information.**

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

**PART III, LINE 4:**

THE JAPANESE AMERICAN 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 JAPANESE AMERICAN 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 JAPANESE AMERICAN NATIONAL MUSEUM'S ENDOWMENT WAS ESTABLISHED TO SUPPORT ITS OPERATIONS AND PROGRAMS.

PART X, LINE 2:

IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC NO. 740, UNCERTAINTY IN INCOME TAXES, JANM RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. DURING THE YEAR ENDED JUNE 30, 2022, JANM PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MIGHT HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-203,190.
RAFFLE EXPENSES RECLASS	53,020.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-150,170.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RAFFLE EXPENSES RECLASS	53,020.
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**Part II 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 (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	995,374.		995,374.
	2	Less: Contributions	677,477.		677,477.
	3	Gross income (line 1 minus line 2)	317,897.		317,897.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	52,256.		52,256.
	6	Rent/facility costs	66,697.		66,697.
	7	Food and beverages	42,390.		42,390.
	8	Entertainment			
	9	Other direct expenses	156,554.		156,554.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				0.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes		53,020.	53,020.
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				53,020.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				116,120.

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?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**JAPANESE AMERICAN NATIONAL MUSEUM**

Employer identification number

**95-3966024**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2021





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **JAPANESE AMERICAN NATIONAL MUSEUM** Employer identification number **95-3966024**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	17,850.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	141,586.	FMV
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	65	52,256.	COST
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NONCASH CONTRIBUTIONS ARE LISTED BY NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

THE JAPANESE AMERICAN 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.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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:

THE JAPANESE AMERICAN EXPERIENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC THROUGH FIVE DYNAMIC TEMPORARY EXHIBITIONS IN FY 22. A LIFE IN

PIECES: THE DIARY AND LETTERS OF STANLEY HAYAMI, WHICH OPENED EARLY IN

FY 22, SHOWCASED HAYAMI'S WRITINGS FROM THE HEART MOUNTAIN

CONCENTRATION CAMP, WHERE HE AND HIS FAMILY WERE INCARCERATED, AND FROM

THE BATTLEFIELDS OF EUROPE AFTER HE JOINED THE U.S. ARMY. THE

EXHIBITION INCLUDED AN INTERACTIVE, 360-DEGREE VIRTUAL REALITY

EXPERIENCE AS WELL AS HIS ARTWORK, JOURNAL ENTRIES, AND PERSONAL

ARTIFACTS.

THE SECOND EXHIBITION, MIN OKUBO'S MASTERPIECE: THE ART OF CITIZEN

13660, CELEBRATED THE 75TH ANNIVERSARY OF CITIZEN 13660, THE FIRST

BOOK-LENGTH ACCOUNT ON THE U.S. CONCENTRATION CAMPS FROM THE

PERSPECTIVE OF A FORMER INCARCEREE.

THE THIRD EXHIBITION, SUTRA AND BIBLE: FAITH AND THE JAPANESE AMERICAN

WORLD WAR II INCARCERATION, WAS CO-PRESENTED BY JANM AND THE UNIVERSITY

OF SOUTHERN CALIFORNIA'S SHINSO ITO CENTER FOR JAPANESE RELIGIONS AND

CULTURE. THE EXHIBITION EXPLORED THE MANY WAYS THAT THE BUDDHIST AND

CHRISTIAN COMMUNITIES PROVIDED REFUGE, INSTILLED HOPE, AND TAUGHT

COMPASSION AS JAPANESE AMERICANS SURVIVED BEHIND BARBED WIRE, UNDER

MARTIAL LAW, AND ON THE BATTLEFIELD.

Name of the organization

JAPANESE AMERICAN NATIONAL MUSEUM

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SACRED OBJECTS BOTH FROM JANM'S COLLECTION AND ON LOAN FROM OTHER INSTITUTIONS WERE DISPLAYED FOR THE FIRST TIME.

THE FOURTH EXHIBITION WAS BEHERE / 1942: A NEW LENS ON THE JAPANESE AMERICAN INCARCERATION. THE EXHIBIT MOBILIZES A VARIETY OF MEDIA FORMS, INCLUDING AUGMENTED REALITY (AR), AND INVITES VISITORS TO ENGAGE IN NEW WAYS WITH THIS DARK HISTORICAL MOMENT. IT IS COMPLEMENTED BY A GROUNDBREAKING PUBLIC AR INSTALLATION IN THE PLAZA BETWEEN THE MUSEUM'S PAVILION AND THE HISTORIC NISHI HONGWANJI BUDDHIST TEMPLE, JANM'S OLDEST ARTIFACT. THE EXHIBITION WAS PRESENTED IN COLLABORATION WITH THE YANAI INITIATIVE FOR GLOBALIZING JAPANESE HUMANITIES AT UCLA AND WASEDA UNIVERSITY, TOKYO.

THE FINAL EXHIBITION JANM PREMIERED THIS YEAR IS IREI: NATIONAL MONUMENT FOR THE WWII JAPANESE AMERICAN INCARCERATION, A COLLABORATION WITH THE UNIVERSITY OF SOUTHERN CALIFORNIA AND SUPPORTED BY THE MELLON FOUNDATION'S MONUMENTS PROJECT. A MULTI-FACETED PROJECT THAT ADDRESSES THE ERASURE OF THE IDENTITIES OF INDIVIDUALS OF JAPANESE ANCESTRY WHO EXPERIENCED WARTIME INCARCERATION, IREI EXPANDS THE CONCEPT OF WHAT A MONUMENT IS. THE CENTERPIECE IS A BOOK OF NAMES, THE IREICHO, THAT FOR THE FIRST TIME RECORDS THE NAMES OF THE OVER 125,000 PEOPLE OF JAPANESE ANCESTRY WHO WERE INCARCERATED IN 75 CONFINEMENT SITES DURING WORLD WAR II. SURVIVORS AND THEIR FAMILIES ARE INVITED TO MAKE A PILGRIMAGE TO JANM TO STAMP THEIR NAMES IN WHAT AMOUNTS TO AN ACT OF HEALING AND REPAIR.

THE REDUCTION IN PANDEMIC-RELATED RESTRICTIONS ALLOWED JANM TO ONCE AGAIN CONTINUE ITS NATIONAL OUTREACH THROUGH TRAVELING EXHIBITIONS.

Name of the organization JAPANESE AMERICAN NATIONAL MUSEUM	Employer identification number 95-3966024
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DURING FY 22, TATAU: MARKS OF POLYNESIA WAS EXHIBITED AT THE BISHOP MUSEUM IN HONOLULU, HAWAI'I, AND CONTESTED HISTORIES: ART AND ARTIFACTS FROM THE ALLEN HENDERSHOTT EATON COLLECTION TRAVELED TO THE ISAMU NOGUCHI FOUNDATION AND GARDEN MUSEUM IN NEW YORK.

THE MUSEUM'S PERMANENT COLLECTION WAS AUGMENTED WITH THE ACCESSION OF 84 DONATION OFFERS, AND THE CONTENT MANAGEMENT DATABASE AND WEB-PUBLISHING PLATFORM WERE SIGNIFICANTLY EXPANDED WITH THE DIGITIZATION OF OVER 8,000 DOCUMENTS AND ARTIFACTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: TEACHERS FROM ACROSS THE COUNTRY. THEY ALSO UNDERTOOK THE PLANNING FOR A SECOND, IN-PERSON WORKSHOP THAT WAS HELD IN EARLY FY 23 AND FUNDED BY THE NATIONAL ENDOWMENT FOR THE HUMANITIES'S LANDMARKS OF AMERICAN HISTORY PROGRAM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: '92," WHICH ADDRESSED THE RACIAL TENSIONS OF THE 1992 LOS ANGELES RIOTS; THE LGBTQ+ ALLYSHIP SYMPOSIUM; AND THE YOUTH THEATER PERFORMANCE OF THE PLAY WHEN YURI MET MALCOLM.

DISCOVER NIKKEI

DISCOVER NIKKEI CONTINUES TO ENHANCE JANM'S DIGITAL PRESENCE AND EXPAND JANM'S BRAND ON A NATIONAL AND INTERNATIONAL LEVEL BY PROVIDING CONTENT THAT CELEBRATES CULTURAL DIVERSITY AND EXPLORES GLOBAL AND LOCAL IDENTITIES. THE DISCOVER NIKKEI WEBSITE RECEIVED 520,672 UNIQUE VISITORS DURING FISCAL YEAR 2022, OF WHICH APPROXIMATELY 48 PERCENT WERE IN THE KEY 1834 DEMOGRAPHIC. DURING 2022, THE DISCOVER NIKKEI TEAM

Name of the organization

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BEGAN WORK ON A MULTI-YEAR PROJECT TO ENHANCE THE CAPABILITY AND CONTENT OF THE SITE, FUNDED BY A GENEROUS GRANT FROM THE NIPPON FOUNDATION.

JANM STORE

AFTER BEING CLOSED FOR OVER TWO YEARS DUE TO THE PANDEMIC, THE JANM STORE WAS RECONFIGURED TO ALIGN WITH COVID-19 PROTOCOLS (INCLUDING SOCIAL DISTANCING AND LOW-TOUCH PROTOCOLS) AND OPENED FOR ON-SITE SHOPPING IN APRIL 2022. AS A RESULT OF COMBINING BOTH ON-LINE AND IN-STORE OPTIONS, SALES EXCEEDED THE PRIOR YEAR'S SALES BY OVER 70 PERCENT DURING THE THREE-MONTH PERIOD ENDING JUNE 30, 2022. THE OPENING OF BEHERE / 1942 IN MAY 2022 AND MANY SPECIAL EVENTS DURING ASIAN AMERICAN PACIFIC ISLANDER HERITAGE MONTH CONTRIBUTED TO THIS INCREASE IN SALES VOLUME.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP

THE DEVELOPMENT DEPARTMENT RAISED OVER \$5.6 MILLION IN FY 22. MEMBERSHIP REVENUE WAS \$0.7 MILLION, THE IMPACT OF 6,253 ACTIVE MEMBERS AND 228 UPGRADES IN MEMBERSHIP. JANM WAS AWARDED GRANTS TOTTALLING \$1.2 MILLION IN FY 22.

THE MUSEUM HOSTED A SUCCESSFUL 30TH ANNIVERSARY BENEFIT ON APRIL 30, 2022, THE FIRST SUCH LARGE-SCALE IN-PERSON EVENT SINCE 2019. IT GENERATED APPROXIMATELY \$1.2 MILLION IN GROSS REVENUE. AT THE BENEFIT, THE MUSEUM HONORED THIRTY CHANGEMAKERS UNDER THIRTY FOR THEIR EXTRAORDINARY CONTRIBUTIONS TO ADVANCING JANM'S MISSION THROUGH THE

Name of the organization JAPANESE AMERICAN NATIONAL MUSEUM	Employer identification number 95-3966024
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ARTS, BUSINESS, CULTURE, EDUCATION, POLITICS, SPORTS, AND TECHNOLOGY.

IN ADDITION TO THE BENEFIT, THE MUSEUM HOSTED TEN MEMBERSHIP EVENTS,  
INCLUDING THREE VIP EXHIBITION OPENINGS AND SEVEN MEMBER-ONLY EVENTS.

EXPENSES \$ 146,059. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES HAS THE AUTHORITY TO ACT  
ON BEHALF OF THE BOARD. MEMBERS IN FY22 WERE WILLIAM FUJIOKA (CHAIR),  
ROBERT FUJIOKA, LESLIE FURUKAWA, RANDALL LEE, WENDY SHIBA, GORDON YAMATE,  
MICHAEL OKABAYASHI, HARVEY YAMAGATA, AND NORM MINETA.

FORM 990, PART VI, SECTION B, LINE 11B:

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 JAPANESE AMERICAN 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. THE CEO'S

Name of the organization

JAPANESE AMERICAN NATIONAL MUSEUM

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95-3966024

COMPENSATION IS DETERMINED AFTER TAKING INTO CONSIDERATION MARKET SURVEYS AND PUBLIC DISCLOSURES OF OTHER SIMILAR ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 15B:

DURING THE BUDGETING PROCESS, THE BOARD OF TRUSTEES APPROVES THE BUDGETED RAISES FOR THE UPCOMING FISCAL YEAR. FINAL COMPENSATION ADJUSTMENTS FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT/CEO AFTER REVIEW OF EXTERNAL DATA PROVIDED BY THE DIRECTOR OF HUMAN RESOURCES AND, WHERE APPROPRIATE, CONSULTATION WITH MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AL, AK, AZ, AR, 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 JAPANESE AMERICAN NATIONAL MUSEUM MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND OTHER PERTINENT DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ITS FORM 990 IS ALSO AVAILABLE ON THE JANM WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	415,028.
MANAGEMENT AND GENERAL EXPENSES	59,050.
FUNDRAISING EXPENSES	26,267.
TOTAL EXPENSES	500,345.

Name of the organization <b>JAPANESE AMERICAN NATIONAL MUSEUM</b>	Employer identification number <b>95-3966024</b>
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**CONTRACTED SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>1,365,838.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>77,566.</b>
<b>FUNDRAISING EXPENSES</b>	<b>237,289.</b>
<b>TOTAL EXPENSES</b>	<b>1,680,693.</b>
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>2,181,038.</b>

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

<b>CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS</b>	<b>-203,190.</b>
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Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**JAPANESE AMERICAN NATIONAL MUSEUM**

EIN or SSN

**95-3966024**

Name and title of officer or person subject to tax

**NATALIE ANN BURROUGHS  
PRESIDENT/CEO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>8,326,332.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize GREEN HASSON & JANKS LLP to enter my PIN 11111  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Natalie Ann Burroughs

Date 2/9/2023

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95425711111

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Lizbeth Nevarez  
Digitally signed by Lizbeth Nevarez  
Reason: I attest to the accuracy and integrity of this document  
Date: 2023.01.30 10:19:36 -08'00'

Date \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2021)