

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: C Name of organization: JAPANESE AMERICAN NATIONAL MUSEUM
D Employer identification number: 95-3966024
E Telephone number: 213-830-5650
G Gross receipts \$: 15,279,303.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.JANM.ORG
K Form of organization:
L Year of formation: 1985
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... TO PROMOTE UNDERSTANDING AND APPRECIATION OF AMERICA'S ETHNIC AND CULTURAL DIVERSITY BY SHARING; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer NATALIE ANN BURROUGHS, PRESIDENT/CEO
Date
Paid: Print/Type preparer's name LIZBETH G. NEVAREZ, Preparer's signature LIZBETH G. NEVAREZ, Date 02/09/24, PTIN P01399868
Preparer Use Only: Firm's name GREEN HASSON & JANKS LLP, Firm's EIN 95-1777440, Firm's address 700 S FLOWER STREET, SUITE 3300, LOS ANGELES, CA 90017, Phone no. 310.873.1600

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 AMERICA'S ETHNIC AND CULTURAL DIVERSITY BY SHARING THE JAPANESE AMERICAN EXPERIENCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] 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 \$ 5,192,184. including grants of \$ ) (Revenue \$ 296,073. ) EXHIBITIONS AND COLLECTIONS

FOLLOWING A MOVING LAUNCH CEREMONY IN SEPTEMBER 2022, THE EXHIBITION IREI: NATIONAL MONUMENT FOR THE WWII JAPANESE AMERICAN INCARCERATION, HAS HAD A TRULY NATIONAL IMPACT. THE PROJECT IS A COLLABORATION WITH THE UNIVERSITY OF SOUTHERN CALIFORNIA AND SUPPORTED BY THE MELLON FOUNDATION'S MONUMENTS PROJECT. THE CENTERPIECE IS THE IREICHO, A BOOK THAT, FOR THE FIRST TIME, RECORDS THE NAMES OF THE OVER 125,000 PEOPLE OF JAPANESE ANCESTRY WHO WERE INCARCERATED IN SEVENTY-FIVE WORLD WAR II CONFINEMENT SITES. TO DATE OVER 10,000 PEOPLE HAVE MADE PILGRIMAGES FROM THIRTY-SEVEN STATES AND FROM AS FAR AWAY AS SWITZERLAND AND JAPAN TO STAMP 28,000 NAMES IN AN ACT OF HEALING AND REPAIR. IT IS BECAUSE OF

4b (Code: ) (Expenses \$ 1,945,538. including grants of \$ ) (Revenue \$ ) EDUCATION

JANM WAS ABLE TO RESTORE ITS EDUCATION CAPACITY TO THE PRE-PANDEMIC LEVEL IN JANUARY 2023, AND AS A RESULT THE NUMBER OF STUDENTS SERVED BY EDUCATION PROGRAMS ONSITE MORE THAN TRIPLED OVER THE PREVIOUS YEAR. NEARLY 10,700 K12 STUDENTS, COLLEGE STUDENTS, AND ADULTS EXPERIENCED JANM'S EDUCATIONAL PROGRAMMING IN PERSON AT THE MUSEUM. VIRTUAL SCHOOL VISITS REMAIN A VITAL GLOBAL AND NATIONAL EDUCATIONAL RESOURCE, SERVING AN ADDITIONAL 1,783 PEOPLE IN EIGHT STATES.

THE EDUCATION DEPARTMENT PROVIDED VALUABLE PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR SOME 800 EDUCATORS IN TWENTY STATES THROUGH BOTH

4c (Code: ) (Expenses \$ 1,074,981. including grants of \$ ) (Revenue \$ 316,959. ) PUBLIC PROGRAMS, MARKETING AND COMMUNICATIONS, AND THE MUSEUM STORE

PUBLIC PROGRAMS

WITH A WIDE RANGE OF TALKS, FILMS, PERFORMANCES, AND HANDS-ON ACTIVITIES, JANM'S DYNAMIC YEAR OF PUBLIC PROGRAMS PROVIDED NUMEROUS WAYS TO TELL JAPANESE AMERICAN STORIES TO VISITORS OF ALL AGES AND BACKGROUNDS, AND TO INCLUDE THESE STORIES IN THE LARGER CONSERVATION ABOUT RACIAL AND SOCIAL JUSTICE. BOOK CLUB EVENTS HIGHLIGHTED BOOK LAUNCHES AND CONVERSATIONS WITH AUTHORS AND FILM SCREENINGS ABOUT ACTIVISM, HISTORY, AND CULTURE INCLUDED THE WORLD PREMIERE OF THE REDISCOVERED SILENT FILM THE OATH AND THE SWORD, RESTORED THROUGH THE WORK OF JANM AND THE GEORGE EASTMAN HOUSE, AT THE ACADEMY MUSEUM OF

4d Other program services (Describe on Schedule O.) (Expenses \$ 255,467. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,468,170.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No columns. 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... 22; 1b Enter the number of voting members included... 21; 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
100 N. CENTRAL AVE, 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per 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		X				235,456.	0.	16,815.
(2) RICK NOGUCHI COO	40.00 0.00					X		156,553.	0.	12,230.
(3) DOUG VAN KIRK CFO	40.00 0.00			X				151,195.	0.	11,139.
(4) CLEMENT HANANMI VP, EXHIBITIONS AND ART DIRECTOR	40.00 0.00					X		122,392.	0.	14,979.
(5) LEONARD REDWAY DIRECTOR OF FACILITIES	40.00 0.00					X		119,388.	0.	7,927.
(6) WILLIAM T. FUJIOKA CHAIR	4.50 0.00	X		X				0.	0.	0.
(7) ROBERT T. FUJIOKA VICE-CHAIR	2.15 0.00	X		X				0.	0.	0.
(8) HARVEY H. YAMAGATA TREASURER	2.27 0.00	X		X				0.	0.	0.
(9) KRISTINE NISHIYAMA SECRETARY	1.69 0.00	X		X				0.	0.	0.
(10) KATHRYN BANNAI TRUSTEE (JOINED MAY 2023)	2.75 0.00	X						0.	0.	0.
(11) ERNIE DOIZAKI TRUSTEE (JOINED JANUARY 2023)	1.31 0.00	X						0.	0.	0.
(12) KOJI FUKUMURA TRUSTEE	2.21 0.00	X						0.	0.	0.
(13) MELONI HALLOCK TRUSTEE	1.35 0.00	X						0.	0.	0.
(14) STEPHEN KAGAWA TRUSTEE	2.27 0.00	X						0.	0.	0.
(15) PAUL KOSASA TRUSTEE	1.12 0.00	X						0.	0.	0.
(16) RANDALL LEE TRUSTEE	1.40 0.00	X						0.	0.	0.
(17) ED "SUGI" MORIMOTO TRUSTEE (JOINED MAY 2023)	3.88 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	1.12 0.00	X						0.	0.	0.
(19) KARI NAKAMA TRUSTEE	2.10 0.00	X						0.	0.	0.
(20) MICHAEL OKABAYASHI TRUSTEE	1.63 0.00	X						0.	0.	0.
(21) MARK OKADA TRUSTEE	1.75 0.00	X						0.	0.	0.
(22) KENNETH PICERNE TRUSTEE	1.17 0.00	X						0.	0.	0.
(23) WENDY C. SHIBA TRUSTEE	1.77 0.00	X						0.	0.	0.
(24) DENNIS SUGINO TRUSTEE	1.87 0.00	X						0.	0.	0.
(25) GEORGE H. TAKEI TRUSTEE	1.35 0.00	X						0.	0.	0.
(26) GORDON YAMATE TRUSTEE	2.10 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								784,984.	0.	63,090.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								784,984.	0.	63,090.

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
RALPH APPLEBAUM ASSOCIATES, INC. 88 PINE ST. , NEW YORK, NY 10005	EXHIBIT DESIGN	638,129.
ALL AMERICAN PROTECTIVE SERVICES, INC., 1605 W. OLYMPIC BLVD., STE 1032, LOS	SECURITY	491,224.
HELLMUTH, OBATA & KASSABAUM, INC. , 757 S ALAMEDA ST., SUITE 400, LOS ANGELES, CA	EXHIBIT DESIGN	161,636.
JONES & ASSOCIATES, 6300 WILSHIRE BLVD., STE 860, LOS ANGELES, CA 90048	ACCOUNTING	106,312.

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 4

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>	807,088.				
	<b>c</b> Fundraising events .....	<b>1c</b>	472,275.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,267,848.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,072,969.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 88,159.				
	<b>h Total.</b> Add lines 1a-1f .....		11,620,180.				
Program Service Revenue	<b>2 a</b> MUSEUM ADMISSIONS	<b>Business Code</b>					
		713990	296,073.	296,073.			
	<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 .....		296,073.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		633,543.			633,543.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		10,490.			10,490.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	592,596.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	592,596.				
	<b>d</b> Net rental income or (loss) .....		592,596.			592,596.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	620,000.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	619,690.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	310.				
	<b>d</b> Net gain or (loss) .....		310.			310.	
<b>8 a</b> Gross income from fundraising events (not including \$ 472,275. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		623,883.				
			496,372.				
			127,511.			127,511.	
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....		127,511.			127,511.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		167,575.				
			63,108.				
			104,467.			104,467.	
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....		104,467.			104,467.		
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		602,310.				
			285,351.				
			316,959.	316,959.			
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....		316,959.	316,959.				
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>					
		900099	112,653.			112,653.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		112,653.					
<b>12 Total revenue.</b> See instructions .....		13,814,782.	613,032.	0.	1581570.		

**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 .....	451,556.	272,590.	104,817.	74,149.
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 .....	4,264,978.	2,551,402.	1,003,925.	709,651.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,109.	14,898.	4,202.	3,009.
9 Other employee benefits .....	497,164.	335,013.	94,497.	67,654.
10 Payroll taxes .....	346,734.	216,706.	73,399.	56,629.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	9,824.		9,824.	
c Accounting .....	218,951.		218,951.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	17,017.		17,017.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,251,538.	2,768,457.	214,522.	268,559.
12 Advertising and promotion .....	105,179.	33,643.	70,591.	945.
13 Office expenses .....	322,714.	260,610.	27,708.	34,396.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	668,818.	626,336.	26,174.	16,308.
17 Travel .....	261,155.	172,997.	26,947.	61,211.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	165,266.	109,477.	17,053.	38,736.
20 Interest .....	37,684.	24,075.	9,144.	4,465.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	774,708.	724,495.	31,535.	18,678.
23 Insurance .....	183,820.	51,146.	124,880.	7,794.
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>	341,389.	286,777.	25,843.	28,769.
b <b>TAXES, LICENSES &amp; FEES</b>	69,297.	5,565.	63,652.	80.
c <b>MISCELLANEOUS</b>	53,053.	7,175.	40,390.	5,488.
d <b>DUES &amp; SUBSCRIPTIONS</b>	50,334.	6,808.	38,320.	5,206.
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>12,113,288.</b>	<b>8,468,170.</b>	<b>2,243,391.</b>	<b>1,401,727.</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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,937,661.	<b>1</b>	1,357,827.
	<b>2</b> Savings and temporary cash investments .....	6,639,623.	<b>2</b>	7,349,575.
	<b>3</b> Pledges and grants receivable, net .....	2,603,301.	<b>3</b>	4,948,545.
	<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 .....	287,050.	<b>8</b>	273,520.
	<b>9</b> Prepaid expenses and deferred charges .....	83,617.	<b>9</b>	150,315.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 38,764,081.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 21,535,481.	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	17,462,648.	<b>11</b>	17,228,600.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	21,228,078.	<b>12</b>	23,071,968.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	11,499.	<b>14</b>	10,233.
	<b>15</b> Other assets. See Part IV, line 11 .....	12,902,079.	<b>15</b>	12,668,043.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	64,155,556.	<b>16</b>	67,058,626.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,026,476.	<b>17</b>	1,462,986.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	11,698.	<b>19</b>	58,076.
	<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 .....	691,667.	<b>23</b>	441,667.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,077,762.	<b>24</b>	488,567.
	<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 .....	189,977.	<b>25</b>	170,188.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,997,580.	<b>26</b>	2,621,484.
<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 .....	32,612,702.	<b>27</b>	33,432,342.
	<b>28</b> Net assets with donor restrictions .....	28,545,274.	<b>28</b>	31,004,800.
	<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 .....	61,157,976.	<b>32</b>	64,437,142.
	<b>33</b> Total liabilities and net assets/fund balances .....	64,155,556.	<b>33</b>	67,058,626.

**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	13,814,782.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,113,288.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,701,494.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,157,976.
5	Net unrealized gains (losses) on investments	5	1,840,345.
6	Donated services and use of facilities	6	-415,289.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	152,616.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	64,437,142.

**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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5291966.	6365048.	24005456.	6755305.	11620180.	54037955.
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	840,496.	819,542.	819,542.	773,392.	748,020.	4000992.
4 <b>Total.</b> Add lines 1 through 3	6132462.	7184590.	24824998.	7528697.	12368200.	58038947.
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)						7165557.
6 <b>Public support.</b> Subtract line 5 from line 4.						50873390.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	6132462.	7184590.	24824998.	7528697.	12368200.	58038947.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	617,548.	486,082.	381,277.	791,975.	1236629.	3513511.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	47,147.	103,395.	149,755.	116,120.	231,978.	648,395.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	733,595.	115,305.	188,282.	230,947.	112,653.	1380782.
11 <b>Total support.</b> Add lines 7 through 10						63581635.
12 Gross receipts from related activities, etc. (see instructions)					12	3,657,309.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	80.01	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	80.38	%
16a <b>33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** 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**. The organization qualifies as a publicly supported organization

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

**Section A. All Supporting Organizations**

	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. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**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

**2022**

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>2,550,000.</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>719,332.</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>650,000.</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>577,762.</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>550,293.</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>482,150.</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>475,000.</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>416,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>300,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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>
--	---

**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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**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	11,841,293.	13,391,344.	11,572,003.	11,312,325.	10,753,407.
b Contributions	200,000.	100,000.			100,133.
c Net investment earnings, gains, and losses	1,263,002.	-1,500,051.	2,349,341.	602,575.	769,785.
d Grants or scholarships					
e Other expenditures for facilities and programs	570,000.	150,000.	530,000.	342,897.	311,000.
f Administrative expenses					
g End of year balance	12,734,295.	11,841,293.	13,391,344.	11,572,003.	11,312,325.

- 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 73.7277 %
  - c Term endowment 26.2723 %
- 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   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		30,168,637.	14,252,924.	15,915,713.
c Leasehold improvements		2,727,711.	1,806,068.	921,643.
d Equipment		3,830,851.	3,713,301.	117,550.
e Other		2,000,882.	1,763,188.	237,694.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,228,600.

**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) <b>BENEFICIAL INTEREST IN SPLIT-INTEREST ARRANGEMENTS</b>	<b>1,709,374.</b>
(2) <b>BUILDING &amp; LAND LEASE</b>	<b>7,135,643.</b>
(3) <b>HISTORIC BUILDING</b>	<b>3,772,737.</b>
(4) <b>OTHER ASSETS</b>	<b>50,289.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>12,668,043.</b>

**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) <b>GIFT ANNUITY AND SPLIT-INTEREST</b>	
(3) <b>AGREEMENT LIABILITIES</b>	<b>170,188.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>170,188.</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	16,618,871.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,840,345.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	748,020.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	215,724.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		2,804,089.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	13,814,782.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	13,814,782.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	13,339,705.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,163,309.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	63,108.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		1,226,417.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	12,113,288.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	12,113,288.

**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, 2023, 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	152,616.
RAFFLE EXPENSES RECLASS	63,108.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	215,724.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RAFFLE EXPENSES RECLASS	63,108.
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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 <small>(event type)</small>	<small>(event type)</small>	NONE <small>(total number)</small>	
Revenue	1	Gross receipts	1,096,158.		1,096,158.
	2	Less: Contributions	472,275.		472,275.
	3	Gross income (line 1 minus line 2)	623,883.		623,883.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	54,941.		54,941.
	6	Rent/facility costs	192,229.		192,229.
	7	Food and beverages	135,735.		135,735.
	8	Entertainment			
	9	Other direct expenses	113,467.		113,467.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				127,511.

**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			167,575.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			63,108.	63,108.
	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)				63,108.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				104,467.	

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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	.00	%
b An outside facility	13b	100.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name DOUG VAN KIRK, CFO

Address 100 N. CENTRAL AVE - LOS ANGELES, CA 90012

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 144,608.

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**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

**2022**

Open to Public  
Inspection

Name of the organization

**JAPANESE AMERICAN NATIONAL MUSEUM**

Employer identification number

**95-3966024**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NATALIE A. BURROUGHS PRESIDENT/CEO	(i)	235,456.	0.	1,947.	14,868.	252,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) RICK NOGUCHI COO	(i)	156,553.	0.	1,550.	10,680.	168,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) DOUG VAN KIRK CFO	(i)	151,195.	0.	0.	11,139.	162,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	33,218.	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 ( <u>AUCTION ITEMS</u> )	X	63	54,941.	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**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

**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

**2022**

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:**

THIS POWERFUL RESPONSE THAT JANM HAS EXTENDED THE IREICHO THROUGH THE  
END OF 2024.

JANM'S DANIEL K. INOUE NATIONAL CENTER FOR THE PRESERVATION OF  
DEMOCRACY (DEMOCRACY CENTER) COMMISSIONED AUDREY CHAN AND JASON CHU TO  
CREATE AN AMERICAN VOCABULARY: WORDS TO ACTION, A SERIES OF TWENTY-ONE  
MULTILINGUAL FLASHCARDS FEATURING FIGURES, EVENTS, AND ACTIONS FROM  
ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER (AANHPI)  
COMMUNITIES. SELECTIONS FROM THESE WORKS WERE DISPLAYED ON THE GLASS  
WINDOWS OF JANM'S PAVILION FROM OCTOBER THROUGH MAY, A HIGHLY VISIBLE  
WAY TO EQUIP AUDIENCES WITH A VOCABULARY FOR AGENCY AND ALLYSHIP IN THE  
FIGHT FOR SOCIAL JUSTICE.

JANM HONORED THE STORIES OF ITS MANY VOLUNTEERS AND SUPPORTERS WHO WERE  
UNJUSTLY INCARCERATED AS CHILDREN IN THE EXHIBITION DON'T FENCE ME IN:  
COMING OF AGE IN AMERICA'S CONCENTRATION CAMPS, WHICH WAS ON VIEW FROM  
MARCH 1 - OCTOBER 1, 2023. THROUGH PHOTOGRAPHS, PERSONAL STORIES, AND  
ARTIFACTS FROM JANM'S COLLECTION, THE EXHIBITION REVEALED THE STRENGTH  
AND INGENUITY OF YOUNG AMERICANS WHO CAME OF AGE IN THE TEN WAR  
RELOCATION AUTHORITY CAMPS AND THE CRYSTAL CITY DEPARTMENT OF JUSTICE  
INTERMENT CAMP. THESE EXAMPLES OF UNIVERSAL EXPERIENCES OF ADOLESCENCE

VOLUNTEER PROJECTS, CAMPING TRIPS, SOCIAL DANCES, SCOUT TROOPS, AND

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization JAPANESE AMERICAN NATIONAL MUSEUM	Employer identification number 95-3966024
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SPORTS LEAGUES WERE POINTS OF CONNECTION AND EMPATHY FOR VISITORS OF ALL AGES.

JANM EXTENDED ITS REACH BEYOND ITS WALLS BY PRESENTING NEW ONLINE-ONLY EXHIBITIONS AS WELL AS TRAVELING EXHIBITIONS TO OTHER VENUES. THE VIRTUAL EXHIBITION WAKAJI MATSUMOTOAN ARTIST IN TWO WORLDS: LOS ANGELES AND HIROSHIMA, 1917-1944, LAUNCHED IN SEPTEMBER 2022. IT HIGHLIGHTED AN ARTIST'S RARE PHOTOGRAPHS OF THE PREWORLD WAR II LOS ANGELES JAPANESE AMERICAN COMMUNITY AND OF URBAN LIFE IN HIROSHIMA PRIOR TO THE 1945 ATOMIC BOMBING OF THE CITY. MORE THAN 16,000 PEOPLE HAVE VIEWED THE ONLINE EXHIBITION, SCHOLARLY ESSAYS, PHOTO GALLERIES, SHORT DOCUMENTARY VIDEOS PRODUCED BY JANM'S AWARD-WINNING WATASE MEDIA ARTS CENTER, AND ASSOCIATED EDUCATIONAL RESOURCES. MEANWHILE, JANM'S HAPA.ME 15 YEARS OF THE HAPA PROJECT, WAS ON VIEW AT THE JAPANESE AMERICAN MUSEUM OF OREGON IN PORTLAND FROM MAY-AUGUST 2023.

JANM MADE SUBSTANTIAL PROGRESS ON THE NEW CORE EXHIBITION, IN THE FUTURE WE CALL NOW, DEVELOPING THEMES AND SELECTING OBJECTS THAT REFLECT A REIMAGINED APPROACH TO THE INTERPRETATION AND PRESENTATION OF THE JAPANESE AMERICAN EXPERIENCE. THE NEW CORE EXHIBITION WILL BE INSTALLED IN RENOVATED PUBLIC GALLERIES ON THE FIRST FLOOR.

THE MUSEUM'S PERMANENT COLLECTION WAS AUGMENTED WITH THE ACCESSION OF EIGHTY-THREE DONATION OFFERS, RANGING FROM PAINTINGS BY TOKIO UYAMA AND MATSUMI (MIKE) KANEMITSU TO A BROAD COLLECTION OF DANCE BIRD INVITES PRINTED AND USED DURING THE INCARCERATION, WHICH WERE FEATURED IN THE EXHIBITION DON'T FENCE ME IN. THE DIGITIZATION OF JANM'S COLLECTION WAS SIGNIFICANTLY EXPANDED WITH THE ADDITION OF SEVERAL IMPORTANT DIGITIZED

Name of the organization JAPANESE AMERICAN NATIONAL MUSEUM	Employer identification number 95-3966024
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COLLECTIONS BRINGING THE TOTAL NUMBER OF NAMED COLLECTIONS AVAILABLE ONLINE TO FORTY-SEVEN.

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

IN-PERSON AND VIRTUAL WORKSHOPS. THE JULY 2022 LANDMARKS OF AMERICAN HISTORY AND CULTURE WORKSHOP, FUNDED BY THE NATIONAL ENDOWMENT FOR THE HUMANITIES, BROUGHT K12 EDUCATORS FROM ACROSS THE COUNTY TO ENGAGE WITH TOPICS AND THEMES IN K12 HUMANITIES WITHIN THE HISTORIC AND CULTURAL SIGNIFICANCE OF LITTLE TOKYO. SIMILARLY, A VIRTUAL SMITHSONIAN LEARNING LAB, VIEWED BY MORE THAN 500 PEOPLE, PROVIDED GUIDANCE TEACHING THE JAPANESE AMERICAN WORLD WAR II EXPERIENCE THROUGH PRIMARY SOURCES. A VIRTUAL PROGRAM AIMED AT CORPORATE DEIA PROGRAMS, PILOTED IN FY2023, WILL FURTHER EXTEND THE REACH OF JANM'S EDUCATIONAL IMPACT INTO THE PRIVATE SECTOR.

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

MOTION PICTURES. POPULAR PROGRAMS ABOUT SCOUTING AND SWING DANCING MADE IMPORTANT CONNECTIONS BETWEEN THE STORIES OF SURVIVORS OF THE INCARCERATION AND TODAY'S YOUTH IN CONNECTION WITH THE EXHIBITION DON'T FENCE ME IN. JANM'S 2023 OSHOGATSU FAMILY FESTIVAL, THE FIRST IN-PERSON FESTIVAL SINCE THE COVID-19 PANDEMIC, ATTRACTED 6,000 VISITORS OF ALL AGES, WHILE THE NATSUMATSURI FAMILY FESTIVAL IN AUGUST WAS ENJOYED BY SOME 3,000 GUESTS.

JANM'S PROGRAMMING ON THE ROAD INCLUDED SCREENINGS OF THE WATASE MEDIA ARTS CENTER'S FILMS BENKYODO AND SINCERELY MINE OKUBO AT FILM FESTIVALS IN SAN FRANCISCO, AUSTIN, CHICAGO, AND SEATTLE. AS PRESENTING PARTNER OF STORY BOLDLY'S DEFINING COURAGE NATIONAL TOUR, JANM BROUGHT THE

Name of the organization

JAPANESE AMERICAN NATIONAL MUSEUM

Employer identification number

95-3966024

MOVING TALES OF WORLD WAR II JAPANESE AMERICAN SOLDIERS TO AUDIENCES IN HONOLULU, IRVINE, AND LOS ANGELES IN FY2023.

## DISCOVER NIKKEI

DISCOVER NIKKEI CONTINUES TO ENHANCE JANM'S DIGITAL PRESENCE AND EXPAND ITS 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 585,000 UNIQUE VISITORS DURING FISCAL YEAR 2023, OF WHICH APPROXIMATELY 49% WERE IN THE KEY 1834 DEMOGRAPHIC. THE DISCOVER NIKKEI TEAM CONTINUED WORK ON A MULTI-YEAR PROJECT TO ENHANCE THE CAPABILITY, CONTENT, AND RELEVANCE OF THE SITE, FUNDED BY A GENEROUS GRANT FROM THE NIPPON FOUNDATION.

## JANM STORE

THE JANM STORE'S PUBLIC HOURS RETURNED TO NORMAL IN FY2023, AND WITH CATALOG AND ONLINE SALES REMAINING STRONG, STORE REVENUE INCREASED BY 20% OVER THE PREVIOUS YEAR.

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

## FUNDRAISING

JANM RAISED OVER \$5.4 MILLION IN CONTRIBUTIONS IN FY2023, AND REACHED A NEW LEVEL OF MEMBERSHIP PARTICIPATION WITH MORE THAN 7,000 HOUSEHOLDS. JANM WAS AWARDED GRANTS TALLING \$5.6 MILLION IN FY2023.

ON MAY 13, 2023, THE MUSEUM HELD ITS ANNUAL BENEFIT AND ONLINE AUCTION AT WHICH IT RAISED \$1,2 MILLION IN GROSS REVENUE. IN ADDITION TO THE BENEFIT, THE MUSEUM HOSTED SIX MEMBERS-ONLY EVENTS, CLOSING OUT THE

Name of the organization

JAPANESE AMERICAN NATIONAL MUSEUM

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95-3966024

FISCAL YEAR WITH A LIVELY OPENING CELEBRATION FOR THE EXHIBITION GLENN

KAINO: AKI'S MARKET.

EXPENSES \$ 255,467. 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 FY23 WERE WILLIAM FUJIOKA (CHAIR), BOB FUJIOKA, GORDON YAMATE, KARI NAKAMA, KRISTINE NISHIYAMA, MIKE OKABAYASHI, WENDY SHIBA, AND HARVEY YAMAGATE.

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 COMPENSATION IS DETERMINED AFTER TAKING INTO CONSIDERATION MARKET SURVEYS

Name of the organization

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## 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	554,672.
MANAGEMENT AND GENERAL EXPENSES	96,430.
FUNDRAISING EXPENSES	46,579.
TOTAL EXPENSES	697,681.

## CONTRACTED SERVICES:

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

<b>PROGRAM SERVICE EXPENSES</b>	<b>2,213,785.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>118,092.</b>
<b>FUNDRAISING EXPENSES</b>	<b>221,980.</b>
<b>TOTAL EXPENSES</b>	<b>2,553,857.</b>
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>3,251,538.</b>

<b>FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:</b>	
<b>CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS</b>	<b>152,616.</b>

**FORM 990, PART XII, LINE 2C:**

**NO PROCESSES HAVE CHANGED FROM THE PRIOR YEAR.**