Preparer

**Use Only** 

Firm's name

Firm's address ▶

|            |                             |            |  |  |   |   | 2/40                |                    | 160001                                   |  |  |  |  |  |  |
|------------|-----------------------------|------------|--|--|---|---|---------------------|--------------------|--|--|--|--|--|--|--|
|            | For                         | <b>9</b>   | 90   | Return o   | of Organizatio  | n Exempt From   | Income Ta           | X                  | OMB No 1545-0047                         |  |  |  |  |  |  |
|            |                             |            | ry 2020)   | Under section 501(c),                            | 527, or 4947(a)(1) of the                                       | ne Internal Revenue Code  | (except private for | ındations)         | 2019                                     |  |  |  |  |  |  |
|            |                             | ı          | of the Treasury  | ▶ Do not en                                      | er social security nur  | nbers on this form as it m                                      | ay be made public   | <b>.</b>           | Open to Public                           |  |  |  |  |  |  |
|            |                             | rnal Reve  | enue Service   | <u> </u>   |   | or instructions and the la                                      |                     |                    | Inspection                               |  |  |  |  |  |  |
|            | <u>A</u>                    |            |  | dar year, or tax year b                          |   | , 2019, and er  |                     | ,                  | , 20                                     |  |  |  |  |  |  |
|            | В                           |            | if applicable  | C Name of organization  Doing business as        | /ENICE JAPANESE C   | OMMUNITY CENTER, INC  |                     | D Employ           | er identification number                 |  |  |  |  |  |  |
|            | H                           | Name o     | s change<br>change                                     |  | O box if mail is not deliv                                      | 95-6220754<br>E Telephone number                                |                     |                    |  |  |  |  |  |  |  |
|            |                             | Initial re | -  | •  | 12448 BRADDOCK DR   |   |                     |                    |  |  |  |  |  |  |  |
|            |                             |            | turn/terminated  | City or town, state or p                         |   |   |                     |                    |  |  |  |  |  |  |  |
|            | 님                           |            | ed return  | LOS ANGELES, CA 9                                |   | · · · · · · · · · · · · · · · · · · ·                           |                     | <b>G</b> Gross re  | <del></del>                              |  |  |  |  |  |  |
|            | Ц                           | Applica    | ition pending  | F Name and address of p<br>Wesley Shimoda, 124   | •   | Angeles CA 90066  | -/                  |                    | subordinates? Yes No<br>included? Yes No |  |  |  |  |  |  |
|            | ī                           | Tax-exe    | empt status  | ✓ 501(c)(3)                                      |   |   |                     |                    | (see instructions)                       |  |  |  |  |  |  |
|            | J                           |            |  | Japanese Community                               |   |   | H(c) Group          | exemption ni       | umber ▶                                  |  |  |  |  |  |  |
|            |                             |            |  | Corporation Trust                                | Association Other I   | L Year of f   | ormation 1921       | M State of         | legal domicile CA                        |  |  |  |  |  |  |
|            | Р                           | art I      | Summa<br>Briefly dos                                   | <u> </u>   | o's mission or most a   | significant activities To                                       | nreserve share ar   | nd promote         | the lananese and                         |  |  |  |  |  |  |
|            | ø                           | <b>'</b>   |  |  |   | or the needs of the Japan                                       |                     |                    |  |  |  |  |  |  |  |
|            | anc                         |            | and instruc  | •  |   |   |                     |                    |  |  |  |  |  |  |  |
|            | Activities & Governance     | 2          |  | -  |   | d its operations or dispo                                       |                     | 25% of it          | s net assets.                            |  |  |  |  |  |  |
|            | Ĝ                           | 3          |  | voting members of t                              |   | 3   | 14                  |                    |  |  |  |  |  |  |  |
|            | S S                         | 4          |  | •  |   | erning body (Part VI, line                                      |                     | 5                  |  |  |  |  |  |  |  |
|            | V Č                         | 5          |  |  | of individuals employed in calendar year 2019 (Part V, line 2a) |   |                     |                    |  |  |  |  |  |  |  |
|            | Act                         | 7a         |  | ated business reveni                             |   |   |                     | 7a                 | 10,977                                   |  |  |  |  |  |  |
|            |                             | b          | Net unrelat  | ted business taxable                             | income from Form 9  | 90-T, line 39   | <u></u>             | 7b                 | 3,815                                    |  |  |  |  |  |  |
|            |                             |            |  |  | R   | ECEIVED   | Prior Yea           |                    | Current Year                             |  |  |  |  |  |  |
| 202        | Revenue                     | 8          |  | ons and grants (Part \<br>ervice revenue (Part \ | /III, IIII'E III) .[  | (8)   |                     | 371,038<br>119,684 | 335,383<br>109,791                       |  |  |  |  |  |  |
| 67         |                             | 10         | Investment   | t income (Part VIII, co                          | 1,399 11,   |   |                     |                    |  |  |  |  |  |  |  |
| 87         | ď                           | 11         |  |  |   | 9c, 10c, and 11e)   |                     | 100,067            | 112,080                                  |  |  |  |  |  |  |
| APR        |                             | 12         |  |  |   | rt VIII, rcolumn (A), line 2                                    | 2)                  | 592,188            | 569,191                                  |  |  |  |  |  |  |
| Αŀ         |                             | 13         |  | l similar amounts pai                            |   | •   |                     | 1,750              | 3,961                                    |  |  |  |  |  |  |
| Q          |                             | 14<br>15   | · · · · · · · · · · · · · · · · · · ·                  | aid to or for members                            |   | , IIne 4)     .     .     .   .<br>IX, column (A), lines 5–1(   | ·                   | 46,167             | 40,597                                   |  |  |  |  |  |  |
| 岁          | ıses                        | 16a        |  | •  |   | ne 11e)   |                     | 40,107             |  |  |  |  |  |  |  |
| Z          | Expense                     | b          |  | aising expenses (Par                             |   |   |                     |                    |  |  |  |  |  |  |  |
| SCANNED    | Û                           | 17         | •  | enses (Part IX, colum                            | • •   |   |                     | 350,396            | 328,170                                  |  |  |  |  |  |  |
| <b>C</b> 0 |                             | 18         |  |  |   | (, column (A), line 25)   |                     | 398,313            | 372,728                                  |  |  |  |  |  |  |
|            | - S                         | 19         | Revenue le   | ess expenses. Subtra                             | ct line 18 from line 1  | 2   | Beginning of Cur    | 193,875            | 196,463<br>End of Year                   |  |  |  |  |  |  |
|            | ets c                       | 20         | Total asset  | ts (Part X, line 16)                             |   |   |                     | 023,391            | 4,170,4438                               |  |  |  |  |  |  |
|            | Net Assets or Fund Balances | 21         |  | ties (Part X, line 26)                           |   |   |                     | 0                  | 0  |  |  |  |  |  |  |
|            |                             |            |  | or fund balances. Su                             | btract line 21 from I   | ne 20   | .   4,              | 023,391            | 4,170,448                                |  |  |  |  |  |  |
|            |                             | art II     |  | re Block   |   |   |                     | a bast of mu       |  |  |  |  |  |  |  |
|            |                             |            |  |  |   | accompanying schedules and<br>I on all information of which pre |                     |                    | knowledge and beller, it is              |  |  |  |  |  |  |
|            |                             |            |  |  | <del></del> .   |   |                     |                    |  |  |  |  |  |  |  |
|            | Siç                         | -          | Signati  | ufe of officer                                   |   |   | Date                | 4.11               | 2020                                     |  |  |  |  |  |  |
|            | He                          | re         | Turns 1  | r print name and title                           | ze  |   |                     | 741                | 2020                                     |  |  |  |  |  |  |
|            | _                           |            | <del>-1-',                                      </del> | preparer's name                                  | Preparer's sign   | nature  | Date                | Check              | , PTIN                                   |  |  |  |  |  |  |
|            | Pa                          | ıd         |  |  |   |   |                     | self-emplo         | l "                                      |  |  |  |  |  |  |

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's EIN ▶

Phone no

☐ Yes ☐ No Form **990** (2019)

| Part | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III  |
|------|--|
| 1    | Briefly describe the organization's mission:   |
| •    | To preserve, share and promote the Japanese and Japanese American cultures and heritages and provide for the needs and interests   |
|      |  |
|      | of the Japanese American community through education and instrictions  |
|      |  |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the   |
|      | prior Form 990 or 990-EZ?  |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program   |
|      | services <sup>7</sup>  |
|      | 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 \$ 50,703 including grants of \$ ) (Revenue \$ 81,985)   |
|      | Youth basketball Teaching and organizing teams for boys and girls beginning at the age of 5 and maintaining teams of   |
|      | different age groups until the youth reaches the age of 18 Approximatelly 450 youths participate   |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
| 45   | (Code: ) (Expenses \$ 52,266 including grants of \$ ) (Revenue \$ 64,356)  |
| 4b   | (Code ) (Expenses \$ 52,266 including grants of \$ ) (Revenue \$ 64,356)  Senior citizens programs Approximately 150 lunches are provided to senior citizens per week under the government sponsored   |
|      | senior nutrition program. In addition, weekend luncheons, field trips, education seminars, exercise classes, line dance classes and  |
|      | entertainment programs are provided on a regular basis. Approximately 400 seniors participate  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
| 4c   | (Code ) (Expenses \$ 56,710 including grants of \$ ) (Revenue \$ 58,949)   |
|      | Martial arts programs  Judo, karate, kendo, aikido and taiko classes are held evenings and weekends with approximtely 300  |
|      | youths and adults participating  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
| 4d   | Other program services (Describe on Schedule O.)   |
|      | (Expenses \$ 102,561 including grants of \$ ) (Revenue \$ 323,922 )  |
| 40   | Total program sonuce exponens  |



# Part IV · Checklist of Required Schedules

|     |   |     | Yes          | No     |
|-----|---|-----|--------------|--------|
| 1 ' | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | ,            |        |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   | ~            |        |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |              | v      |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>  | 4   |              | ,      |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |              | ,      |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |              | ~      |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |              | ,      |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |              | ~      |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV            | 9   |              | v      |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 10  |              | ~      |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  |     |              |        |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a |              | V      |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |              | V      |
| С   | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |              | ۷      |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |              | >      |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |              | ٧      |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |              | /      |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a |              | ~      |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b |              | 1      |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |              | ~      |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |              | ~      |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b |              | _      |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.   | 15  |              | ~      |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.   | 16  |              | ~      |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |              | ~      |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.   | 18  |              | · ·    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III   | 19  | ~            | -      |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |              | ~      |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |              | ~      |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |              | V      |
|     |   | For | n <b>990</b> | (2019) |

| Part     | Checklist of Required Schedules (continued)  |     |     |    |
|----------|--|-----|-----|----|
|          |  |     | Yes | No |
| 22 `     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | ,  |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   | 23  |     | ,  |
| 24a      |  | 24a |     | ~  |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     | ~  |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |     | ,  |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     | ~  |
| 25a      | <b>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</i> "Yes," <i>complete Schedule L, Part I</i>  | 25a |     | v  |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b |     | v  |
| 26       | 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? If "Yes," complete Schedule L, Part II   | 26  |     | v  |
| 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  | 27  |     | ,  |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions).   |     |     |    |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a | - / | ·  |
| b        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | ~  |
| С        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c |     | v  |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | 7  |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  | 30  |     | v  |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | ~  |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |     | >  |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>   | 33  |     | ١  |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34  |     | >  |
| 35a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | ٧  |
| b        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b |     | ~  |
| 36       | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>  | 36  |     | V  |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | V  |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | 38  |     | V  |
| Part     |  |     |     |    |
|          | Check if Schedule O contains a response or note to any line in this Part V   | • • |     |    |
| <b>.</b> | Estantha mumban manadan Ban O of Estan 1000 Estan O of sales at the sa |     | Yes | No |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a  | -   |     |    |
| b<br>b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |     |    |
|          | reportable gaming (gambling) winnings to prize winners?  | 1c  | ~   |    |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |          |          |              |  |  |
|------|---|----------|----------|--------------|--|--|
|      |   |          | Yes      | No           |  |  |
| 2a`  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |          |          |              |  |  |
|      | Statements, filed for the calendar year ending with or within the year covered by this return 2a  |          |          |              |  |  |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .  | 2b       | ~        |              |  |  |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |          | l        |              |  |  |
| За   | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       | V        |              |  |  |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b       | V        |              |  |  |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,   |          | <u> </u> |              |  |  |
|      | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |          | ·            |  |  |
| b    | If "Yes," enter the name of the foreign country ▶   | <u> </u> |          | <u> </u>     |  |  |
| -    | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   | '        |          | ١,           |  |  |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a       |          | ~            |  |  |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       |          | V            |  |  |
| c    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |          | <u> </u>     |  |  |
|      | -   | 30       |          |              |  |  |
| 6a   | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? |          |          |              |  |  |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or  |          |          |              |  |  |
|      | gifts were not tax deductible?  | 6b       | ~        |              |  |  |
| 7    | Organizations that may receive deductible contributions under section 170(c).   |          |          |              |  |  |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   |          |          |              |  |  |
|      | and services provided to the payor?   | 7a       |          | ~            |  |  |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |          |              |  |  |
| C    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |          |          |              |  |  |
|      | required to file Form 8282?   | 7c       |          | ~            |  |  |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year   |          | <u></u>  |              |  |  |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e       |          | ~            |  |  |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  | 7f       |          | ~            |  |  |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |          |              |  |  |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h       |          |              |  |  |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  | -1-      | F        | . W.         |  |  |
|      | sponsoring organization have excess business holdings at any time during the year?  | 8        |          | ~            |  |  |
| 9    | Sponsoring organizations maintaining donor advised funds.   |          |          | b .          |  |  |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       |          | ~            |  |  |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b       |          | ~            |  |  |
| 10   | Section 501(c)(7) organizations. Enter.   | -,       |          | ١٠-          |  |  |
| а    | Initiation fees and capital contributions included on Part VIII, line 12  |          |          | . 4          |  |  |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b   | 1        |          | 1 1          |  |  |
| 11   | Section 501(c)(12) organizations. Enter   |          |          | 4            |  |  |
| а    | Gross income from members or shareholders   | 15       |          | -            |  |  |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources  | 1        |          |              |  |  |
| _    | against amounts due or received from them.)   |          |          |              |  |  |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |          | ~            |  |  |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   |          |          |              |  |  |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  | 1        |          | ,            |  |  |
| а    | Is the organization licensed to issue qualified health plans in more than one state?  | 13a      |          | ~            |  |  |
|      | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |          | ,        |              |  |  |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which  |          | ,        |              |  |  |
|      | the organization is licensed to issue qualified health plans  |          |          | 3            |  |  |
| С    | Enter the amount of reserves on hand  | †        |          |              |  |  |
| 14a  |   |          |          |              |  |  |
|      | b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  |          |          |              |  |  |
| 15   |   | 14b      |          | <del> </del> |  |  |
| 13   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  | 15       |          | ر ا          |  |  |
|      | If "Yes," see instructions and file Form 4720, Schedule N.  | 13       |          | <u> </u>     |  |  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16       |          |              |  |  |
|      | If "Yes " complete Form 4720. Schedule O  | 10       |          | <del></del>  |  |  |

| Part  | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.                         |         |             |          |
|-------|--|---------|-------------|----------|
|       | Check if Schedule O contains a response or note to any line in this Part VI  |         |             |          |
| Secti | on A. Governing Body and Management  |         |             |          |
|       |  |         | Yes         | No       |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year 11   |         |             |          |
|       | If there are material differences in voting rights among members of the governing body, or   | !       | b           |          |
|       | if the governing body delegated broad authority to an executive committee or similar   |         |             |          |
|       | committee, explain on Schedule O.  |         |             |          |
| b     | Enter the number of voting members included on line 1a, above, who are independent .   | '       |             |          |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |         | <u> </u>    | 7        |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .        | 3       |             | ~        |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |             | ~        |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5       |             | ~        |
| 6     | Did the organization have members or stockholders?   | 6       | ~           |          |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  |         |             |          |
|       | one or more members of the governing body?   | 7a      | ~           |          |
| b     | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |         |             |          |
|       | stockholders, or persons other than the governing body?  | 7b      |             | ~        |
| 8     | Did the organization contemporaneously document the meetings held or written actions undertaken during   |         |             |          |
|       | the year by the following:   |         |             | <u>`</u> |
| a     | The governing body?  | 8a      | ~           |          |
| b     | Each committee with authority to act on behalf of the governing body?  | 8b      |             |          |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   | 9       |             | ند       |
| Cooti | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .  on B. Policies (This Section B requests information about policies not required by the Internal Reven                       |         | 200         | /        |
| Secu  | on B. Policies (This Section B requests information about policies not required by the internal never  | De Ci   | Yes         | No       |
| 10a   | Did the organization have local chapters, branches, or affiliates?   | 10a     | ,,,,        | ~        |
| b     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b     |             |          |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     | ~           |          |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |         |             | 1        |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | ~           |          |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     | ~           |          |
| С     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c     | ٧           |          |
| 13    | Did the organization have a written whistleblower policy?  | 13      |             | ~        |
| 14    | Did the organization have a written document retention and destruction policy?   | 14      |             | ~        |
| 15    | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       | _       |             |          |
| а     | The organization's CEO, Executive Director, or top management official   | 15a     |             |          |
| b     | Other officers or key employees of the organization  | 15b     |             |          |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |         |             |          |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | <br>16a |             | -        |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |         |             | j        |
| _     | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  | 16b     |             |          |
| Secti | on C. Disclosure   | 100     | ı J         |          |
| 17    | list the states with which a copy of this Form 990 is required to be filed   |         |             |          |
| 18    | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-  |         |             | 01(c)    |
|       | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  |         |             |          |
| 19    | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.   |         |             | olicy,   |
| 20    | State the name, address, and telephone number of the person who possesses the organization's books and re-<br>Hitoshi Shimizu, 12448 Braddock Dr., Los Angeles, CA 90066   | cords   | <b>&gt;</b> |          |

|   |     | <br>- 4 |
|---|-----|---------|
| _ | 'ac | <br>- 4 |

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

#### 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 (whother individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| ☐ Check this box if neither the organization r |   |   | anız                  | atio         | on c         | ompe                         | ensa         | ated any current                 | officer, director,                   | or trustee.   |
|--|---|---|-----------------------|--------------|--------------|------------------------------|--------------|----------------------------------|--------------------------------------|---|
| (A)  | (B)   |   |                       | Pos          | C)<br>sition |                              |              | (D)                              | (E)                                  | (F)   |
| Name and title                                 | Average<br>hours<br>per week  | (do not check more than one box, unless person is both an officer and a director/trustee) |                       |              |              | is both                      | n an<br>tee) | Reportable compensation from the | Reportable compensation from related | Estimated amount of other compensation                |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director   | Institutional trustee | Officer      | Key employee | Highest compensated employee | Former       | organization<br>(W-2/1099-MISC)  | organizations<br>(W-2/1099-MISC)     | from the<br>organization and<br>related organizations |
| (1) Wesley Shimoda                             | 15  |   |                       |              |              |                              |              |                                  |                                      |   |
| President                                      |   | ~   |                       | ~            |              |                              |              | 0                                | 0                                    | 0   |
| (2) Kelvin Uyeda<br>Secretary                  | 10  | ,   |                       | ,            |              |                              |              | 0                                | 0                                    | 0   |
| (3) John Ikegami<br>Chairman of the Board      | 15  | ~   | ~                     |              |              |                              |              | 0                                | 0                                    | 0   |
| (4) David Hirota                               | 5   |   |                       |              |              |                              |              |                                  |                                      |   |
| Director                                       |   | 1   | ~                     |              |              |                              |              | 0                                | 0                                    | 0   |
| (5) Richard Yang Director                      | 5   | ,   | _                     |              |              |                              |              | 0                                | 0                                    | 0   |
| (6) Kazie Kame                                 | 5   | _   |                       |              |              |                              |              |                                  | 0                                    |   |
| Director (7) Isali Kumbara                     | 5   | -   | ~                     | <u> </u>     | ┢            | -                            | ┢            | 0                                | 0                                    | 0   |
| (7) Jack Kurihara  Director                    |   | ,   | 1                     |              |              |                              |              | 0                                | o                                    | ٥   |
|  | 5   | -   | -                     | <del> </del> | ╁            | ├                            | ├            |                                  | 0                                    | <u> </u>  |
| (8) Norman Matsubara  Director                 |   | <u>ر</u> ا  | 1                     |              | ŀ            |                              |              | 0                                | o                                    | ٥ ا   |
| (9) Hitoshi Shimizu                            | 5   | <del>                                     </del>  | ۲                     |              | $\vdash$     | 1                            | <del> </del> | <u> </u>                         |                                      | •   |
| Director                                       |   | ,   | 1                     |              |              |                              |              | 0                                | 0                                    | l   |
| (10) Eric Inouye                               | 5   |   | <u> </u>              | t            | t            | <u> </u>                     |              |                                  |                                      |   |
| Director                                       |   | <b>'</b>  | 1                     |              |              |                              |              | 0                                | o                                    | 0   |
| (11) Ken Nagao                                 | 5   |   |                       |              |              |                              |              |                                  |                                      |   |
| Director                                       |   | ~   | 1                     |              |              |                              |              | 0                                | 0                                    | 0   |
| (12) Sharon Aratanı                            | 20  |   |                       |              |              |                              |              |                                  |                                      |   |
| Treasurer                                      |   | 1   |                       | <b>~</b>     | ŀ            | 1                            | ļ            | 0                                | 0                                    | 0   |
| (13) Fusako Ogasawara                          | 5   |   |                       |              |              |                              |              |                                  |                                      |   |
| Director                                       |   | ~   | ~                     |              |              |                              |              | 0                                | 0                                    | 0   |
| (14) Kevin Kunisaki                            | 5   |   |                       |              |              |                              |              |                                  |                                      |   |
| Director                                       |   | ~   | 1                     | 1            | 1            | 1                            | 1            | 0                                | 0                                    | 0   |

| •              | (A) Name and title  |   | B) (do not check |                       |         |              |                              | n an     | (D)  Reportable compensation          | (E)  Reportable compensation from related |          | ٥              | (F)<br>ited ame                          |     |
|----------------|---|---|--|-----------------------|---------|--------------|------------------------------|----------|---------------------------------------|---|----------|----------------|--|-----|
|                |   | l per week (list any hours for related organizations below dotted line) | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   | from the organization (W-2/1099-MISC) | organiz<br>(W-2/109                       | ations   | fr             | pensation the ization a programization a | and |
| (15)           |   |   |  |                       | -       |              |                              |          |                                       |   |          |                |  |     |
| (16)           |   |   |  |                       |         |              |                              |          |                                       |   |          |                |  |     |
| (17)           |   |   |  |                       |         |              |                              |          |                                       |   |          |                |  |     |
| (18)           |   |   |  | _                     |         |              |                              | _        |                                       |   |          |                |  |     |
| (19)           |   |   |  |                       |         |              |                              | _        |                                       |   |          |                |  |     |
| (20)           |   |   |  |                       |         | -            |                              | -        |                                       |   |          |                |  |     |
| (21)           |   |   |  |                       |         |              |                              | _        |                                       |   |          |                |  |     |
| (22)           |   |   |  | _                     |         |              |                              | -        |                                       |   |          |                |  |     |
| (23)           |   |   |  | -                     |         |              |                              | -        |                                       |   |          |                |  |     |
| (24)           |   |   |  |                       |         |              |                              |          |                                       |   |          |                |  |     |
| (25)           |   |   |  |                       |         |              |                              | -        |                                       |   |          |                |  |     |
| 1b             | Subtotal  |   | <br>n A  | <u> </u>              |         |              | •                            | <u> </u> | 0                                     |   | 0        |                |  | 0   |
| d              | Total (add lines 1b and 1c)   | <u> </u>  | <u> </u>   |                       |         |              |                              | <u> </u> | 0                                     |   | 0        |                |  | 0   |
| 2              | Total number of individuals (including but reportable compensation from the organic   |   | to th  | ose                   | list    | ed :         | above                        | e) w     | ho received more                      | e than \$1                                | 00,000   | of             |  |     |
| 3              | Did the organization list any former of   | officer, dire   |  |                       |         |              | -                            | mpl      | oyee, or highes                       | t compe                                   | ensated  | 3              | Yes                                      | No  |
| 4              | employee on line 1a? If "Yes," complete S<br>For any individual listed on line 1a, is the<br>organization and related organizations<br>individual | sum of rep  | portal   | ble (                 | com     | nper         | nsatio                       |          |                                       |   |          |                |  |     |
| 5              | Did any person listed on line 1a receive o  |   |  |                       |         |              |                              |          |                                       | ion or inc                                | dividual |                |  |     |
| Section        | for services rendered to the organization? on B. Independent Contractors  | n res, c  | unpi   | ere                   | SCA     | eul          | ne J I                       | or S     | uch person                            | •   |          | 5              |  |     |
| 1              | Complete this table for your five high compensation from the organization. Repo   |   |  |                       |         |              |                              |          |                                       |   |          |                |  |     |
|                | (A)<br>Name and business add  | ress  |  |                       |         |              |                              |          | (B)<br>Description of serv            | ices                                      |          | (C)<br>Compens | ation                                    |     |
| None           |   |   |  |                       |         |              |                              |          |                                       |   |          |                |  |     |
|                |   |   |  |                       |         |              |                              |          |                                       | -   |          |                |  |     |
|                |   |   |  |                       |         |              |                              |          |                                       |   |          |                |  |     |
| <u>2</u><br>—— | Total number of independent contracto received more than \$100,000 of compensations.  |   |  |                       |         |              |                              | th       | ose listed above                      | e) who                                    |          |                |  |     |

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

| Par  | t VIII | Statement of Revenue   |               |                                       |                       | <u></u> .        | <del></del>                             |
|--|--------|--|---------------|---------------------------------------|-----------------------|------------------|---|
|  |        | Check if Schedule O contains a response                                    | or note to an | y line in this Pa  (A)  Total revenue | (B) Related or exempt | (C)<br>Unrelated | (D) Revenue excluded                    |
|  |        |  |               | rotal rotollas                        | function revenue      | business revenue | from tax under<br>sections 512-514      |
| <u>8</u> 8   | 1a     | Federated campaigns 1a   |               |                                       |                       |                  | -                                       |
| Contributions, Gifts, Grants and Other Similar Amounts | b      | Membership dues 1b   | 144,319       |                                       |                       |                  |   |
| عَ ق   | С      | Fundraising events 1c  |               |                                       |                       |                  |   |
| fts,   | d      | Related organizations 1d   |               |                                       |                       |                  |   |
| <u>.</u> ≅   | е      | Government grants (contributions) 1e                                       |               |                                       |                       |                  | -                                       |
| Sin  | f      | All other contributions, gifts, grants,                                    |               |                                       |                       |                  | *************************************** |
| iğ je  |        | and similar amounts not included above 1f                                  | 159,066       |                                       |                       |                  |   |
| 들중   | g      | Noncash contributions included in  |               |                                       |                       |                  |   |
| <u> </u>   |        | lines 1a–1f  |               |                                       | :                     |                  |   |
| <u>O 4</u>   | h      | Total. Add lines 1a-1f   | 🕨             | 303,383                               |                       |                  |   |
| a  |        | <u> </u>   | Business Code | 470                                   | 470                   |                  |   |
| Ş.   | 2a     | Miscellaneous Income   |               | 173                                   | 173                   |                  |   |
| Program Service<br>Revenue                             | b      | Special Events Tourament Entry Fees  |               | 35,316<br>53,087                      | 35,316<br>53,087      |                  |   |
| gram Ser<br>Revenue                                    | d      | Tuition  |               | 16,831                                | 16,831                |                  |   |
| gra<br>Re  | l e    | Uniforms and Equipment   |               | 4,384                                 | 4,384                 |                  |   |
| ě  | f      | All other program service revenue  | •             | 4,304                                 | 7,304                 |                  | -                                       |
| _  | g      | Total. Add lines 2a–2f   | 🕨             | 109,791                               |                       |                  |   |
|  | 3      | Investment income (including dividends,                                    |               | ·                                     |                       |                  |   |
|  |        | other similar amounts)   |               | 11,937                                | 11,937                |                  |   |
|  | 4      | Income from investment of tax-exempt bond                                  |               |                                       |                       |                  |   |
|  | 5      | Royalties  | ▶             |                                       |                       |                  |   |
|  |        | (i) Real   | (II) Personal |                                       |                       |                  |   |
|  | 6a     | Gross rents 6a 17,233  |               |                                       |                       |                  |   |
|  | b      | Less rental expenses 6b  |               |                                       |                       |                  |   |
|  | С      | Rental income or (loss) 6c   |               |                                       |                       |                  |   |
|  | ď      | Net rental income or (loss)  | ▶             | 17,233                                | 17,233                |                  |   |
|  | 7a     | Gross amount from (i) Securities   | (II) Other    |                                       |                       |                  |   |
|  |        | sales of assets  |               |                                       |                       |                  |   |
| 4  |        | other than inventory 7a  | ·             |                                       |                       |                  |   |
| Revenue  | D      | Less cost or other basis and sales expenses . 7b                           |               |                                       |                       |                  |   |
| Š  | С      | Gain or (loss) 7c  |               |                                       |                       |                  |   |
| æ  | ď      | Net gain or (loss)   |               |                                       |                       |                  |   |
| Other  | -      | Gross income from fundraising  |               |                                       |                       |                  |   |
| ਠੋ   | ""     | events (not including \$   |               | ĺ                                     |                       |                  |   |
|  |        | of contributions reported on line  |               |                                       |                       |                  |   |
|  |        | 1c). See Part IV, line 18 8a   | 170,436       |                                       |                       |                  |   |
|  | ь      | Less direct expenses 8b  | 86,566        |                                       |                       |                  |   |
|  | С      | Net income or (loss) from fundraising events                               | s <b>&gt;</b> | 83,870                                |                       |                  | 83,870                                  |
|  | 9a     | Gross income from gaming   |               |                                       |                       |                  |   |
|  |        | activities. See Part IV, line 19 . 9a                                      |               |                                       |                       |                  |   |
|  |        | Less: direct expenses 9b   |               |                                       |                       |                  |   |
|  |        | Net income or (loss) from gaming activities                                | <u> ▶</u>     |                                       |                       |                  |   |
|  | 10a    | Gross sales of inventory, less   |               |                                       |                       |                  | 1                                       |
|  |        | returns and allowances 10a   |               |                                       |                       |                  |   |
|  | b      | Less: cost of goods sold 10b  Net income or (loss) from sales of inventory |               |                                       |                       |                  |   |
|  | ·      |  |               |                                       |                       |                  |   |
| Miscellaneous<br>Revenue                               | 11a    | Advertising  | Business Code | 10,977                                |                       | 10.077           |   |
| ne   | b      | raciany  | -             | 10,777                                |                       | 10,977           |   |
| scellaneo<br>Revenue                                   | C      |  |               | _                                     |                       |                  | <del></del>                             |
| Sca  | _      | All other revenue  | <del>-</del>  |                                       |                       |                  |   |
| Σ  |        | <b>Total.</b> Add lines 11a–11d  |               | 10,977                                |                       |                  | <u> </u>                                |
|  | 12     | Total revenue. See instructions  |               | 537,191                               | 138,961               | 10,977           | 83,870                                  |
|  |        |  |               | <u> </u>                              |                       |                  |   |

Form 990 (2019) Page 10 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. (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 3,961 3,961 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 40,597 14,931 25,666 7 Other salaries and wages . . . . . A Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . . 10 9,263 3,407 5.856 Payroll taxes . . . . . . . . . 11 Fees for services (nonemployees): а Management . . . . . . . h Legal . . . . . . . . . . . . . C Accounting . . . d Lobbying . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . . . . 439 439 13 Office expenses . . . . . 12,996 1,028 11,968 14 Information technology . . . Royalties . . . . . . . . 15 16 Occupancy . . . . . . . . . . . . . 17 Travel . . . . . . . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 906 906 19 Conferences, conventions, and meetings . 20 21 22 Depreciation, depletion, and amortization . 23 23,241 9,296 13,945 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.) Fire Alarm 936 936 а 1,582 1,582 Abandoned Equipment b 420 420 C Bank Service Charges d 1,710 1,710 All other expenses 276,677 225,773 49,035 1,869 25 Total functional expenses. Add lines 1 through 24e 372,728 262,240 108,180 2,308 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here F I if

following SOP 98-2 (ASC 958-720)

| Р                           | art X | * Balance Sheet  Check if Schedule O contains a response or note to any line in this Pai  |                       |     |                    |
|-----------------------------|-------|---|-----------------------|-----|--------------------|
|                             | 7     | Check it schedule o contains a response of note to any line in this rai   | (A) Beginning of year |     | (B)<br>End of year |
|                             | 1     | Cash—non-interest-bearing   | 1,878,106             | 1   | 1,818,571          |
|                             | 2     | Savings and temporary cash investments  |                       | 2   |                    |
|                             | 3     | Pledges and grants receivable, net  |                       | 3   |                    |
|                             | 4     | Accounts receivable, net  | -                     | 4   |                    |
|                             | 5     | 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 |                       | 5   | · ×                |
|                             | 6     | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).  |                       | 6   |                    |
| ţ                           | 7     | Notes and loans receivable, net   |                       | 7   |                    |
| Assets                      | 8     | Inventories for sale or use   |                       | 8   |                    |
| ğ                           | 9     | Prepaid expenses and deferred charges   |                       | 9   |                    |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a   | •                     |     |                    |
|                             | ь     | Less accumulated depreciation 10b   | 2,099,680             | 10c | 2,298,009          |
|                             | 11    | Investments—publicly traded securities  | 45,605                | 11  | 53,868             |
|                             | 12    | Investments—other securities. See Part IV, line 11  |                       | 12  |                    |
|                             | 13    | Investments—program-related. See Part IV, line 11   |                       | 13  |                    |
|                             | 14    | Intangible assets   |                       | 14  |                    |
|                             | 15    | Other assets. See Part IV, line 11  |                       | 15  |                    |
|                             | 16    | Total assets. Add lines 1 through 15 (must equal line 33)   | 4,023,391             | 16  | 4,170,448          |
|                             | 17    | Accounts payable and accrued expenses   |                       | 17  |                    |
|                             | 18    | Grants payable  |                       | 18  |                    |
|                             | 19    | Deferred revenue  |                       | 19  |                    |
|                             | 20    | Tax-exempt bond liabilities   |                       | 20  |                    |
|                             | 21    | Escrow or custodial account liability. Complete Part IV of Schedule D   |                       | 21  |                    |
| Liabilities                 | 22    | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |                       | 22  |                    |
| iat                         | 00    | controlled entity or family member of any of these persons  |                       | 23  |                    |
| -                           | 23    | Secured mortgages and notes payable to unrelated third parties  |                       | 24  | <del></del>        |
|                             | 24    | Unsecured notes and loans payable to unrelated third parties  |                       | 24  |                    |
|                             | 25    | 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   |                       | 25  |                    |
|                             | 26    | Total liabilities. Add lines 17 through 25  |                       | 26  |                    |
| ces                         |       | Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.   |                       |     | •                  |
| au                          | 27    | Net assets without donor restrictions   | <del></del>           | 27  |                    |
| Ва                          | 28    | Net assets with donor restrictions  |                       | 28  |                    |
| Net Assets or Fund Balances |       | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.   |                       | ,   | ,                  |
| ō                           | 29    | Capital stock or trust principal, or current funds  | <u> </u>              | 29  | <del> </del>       |
| ets                         | 30    | Paid-in or capital surplus, or land, building, or equipment fund  |                       | 30  |                    |
| SS                          | 31    | Retained earnings, endowment, accumulated income, or other funds  |                       | 31  |                    |
| Ϋ́                          | 32    | Total net assets or fund balances   | 4,023,391             |     | 4,170,448          |
| Š                           | 33    | Total liabilities and net assets/fund balances  | 4,023,391             | 33  | 4,170,448          |

| Form 9 | 90 (2019)  |            |    | Pa   | ige <b>12</b> |
|--------|--|------------|----|------|---------------|
| Par    | XI Reconciliation of Net Assets  |            |    |      |               |
|        | Check if Schedule O contains a response or note to any line in this Part XI  | <u></u>    |    |      | <u> </u>      |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)  | 1          |    | 56   | 9,191         |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2          |    | 37   | 2,728         |
| 3      | Revenue less expenses. Subtract line 2 from line 1   | 3          |    | 19   | 6,463         |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4          |    | 4,02 | 3,391         |
| 5      | Net unrealized gains (losses) on investments   | 5          |    |      |               |
| 6      | Donated services and use of facilities   | 6          |    |      |               |
| 7      | Investment expenses  | 7          |    |      |               |
| 8      | Prior period adjustments   | 8          |    |      |               |
| 9      | Other changes in net assets or fund balances (explain on Schedule O)   | 9          |    | -4   | 9,406         |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   |            |    |      |               |
|        | 32, column (B))  | 10         |    | 4,17 | 0,448         |
| 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.   Cash Accrual Other   |            |    | ,    | ,             |
|        | If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.   | explain in |    | ,7°  |               |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?  |            |    |      | <b>-</b>      |
| 20     |  |            |    | ╀. ┤ | -             |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both. | npilea or  |    |      |               |
|        | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis   |            |    |      |               |
| b      | Were the organization's financial statements audited by an independent accountant?   |            | 2b |      | >             |
|        | If "Yes" check a hox below to indicate whether the financial statements for the year were aud  | ited on a  | ., | r +  | * ·           |

separate basis, consolidated basis, or both.

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**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

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

2c

3a



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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

| VENI   | ENICE JAPANESE COMMUNITY CENTER, INC 95-6220754  |                                     |   |                         |                                      |   |   |  |  |  |
|--------|--|-------------------------------------|---|-------------------------|--------------------------------------|---|---|--|--|--|
| Pai    | t I Reason for Public Cha  | rity Status (All                    | organizations must  | comple                  | te this p                            | art.) See instruction                                   | ons.  |  |  |  |
| 1      | he organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)  1  |                                     |   |                         |                                      |   |   |  |  |  |
| 3      |  |                                     |   |                         |                                      |   |   |  |  |  |
| 5      | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  |                                     |   |                         |                                      |   |   |  |  |  |
| 6<br>7 |  |                                     |   |                         |                                      |   |   |  |  |  |
| 8      | ☐ A community trust described  | ın <b>section 170(b</b> )           | (1)(A)(vi). (Complete   | Part II.)               |                                      |   |   |  |  |  |
| 9      | An agricultural research organ or university or a non-land-grauniversity.  |                                     |   |                         |                                      |   |   |  |  |  |
| 10     | An organization that normally receipts from activities related support from gross investmen acquired by the organization a   | I to its exempt funt income and uni | nctions—subject to c<br>related business taxa                                       | ertain exc<br>ble incom | eptions,<br>ie (less se              | and (2) no more tha<br>ection 511 tax) from             | n 331/3% of its                                 |  |  |  |
| 11     | An organization organized and  | d operated exclus                   | sively to test for public   | c safety.               | See <b>sect</b> i                    | ion 509(a)(4).  |   |  |  |  |
| 12     | An organization organized and of one or more publicly supp Check the box in lines 12a thro   | orted organizatio                   | ns described in secti   | ion 509(a               | )(1) or se                           | ection 509(a)(2). Se                                    | e section 509(a)(3).                            |  |  |  |
| а      | <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <b>You must complete Part IV, Sections A and B.</b> |                                     |   |                         |                                      |   |   |  |  |  |
| b      | <b>Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). <b>You must complete Part IV, Sections A and C.</b>             |                                     |   |                         |                                      |   |   |  |  |  |
| C      | Type III functionally integers its supported organization  |                                     |   |                         |                                      |   | ally integrated with,                           |  |  |  |
| d      | Type III non-functionally that is not functionally inte requirement (see instructional see instructions).  | grated. The orga                    | nization generally mu   | st satisfy              | a distribu                           | ition requirement an                                    | · · · · · · · · · · · · · · · · · ·             |  |  |  |
| е      | Check this box if the organ functionally integrated, or  |                                     |   |                         |                                      |   | e II, Type III                                  |  |  |  |
| f      | Enter the number of supported  | •                                   |   |                         |                                      |   |   |  |  |  |
| g      | Provide the following information  | n about the supp                    | , <del>.</del>  |                         |                                      |   |   |  |  |  |
|        | (i) Name of supported organization   | (ti) EIN                            | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) | listed in you           | rganization<br>ir governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of other support (see instructions) |  |  |  |
|        |  |                                     |   | Yes                     | No                                   |   |   |  |  |  |
| (A)    |  |                                     |   |                         |                                      |   |   |  |  |  |
| (B)    |  |                                     |   |                         |                                      |   |   |  |  |  |
| (C)    |  |                                     |   |                         |                                      |   |   |  |  |  |
| (D)    |  |                                     |   |                         |                                      |   |   |  |  |  |
| (E)    |  |                                     |   |                         |                                      |   |   |  |  |  |

Total

| Schedu    | ele A (Form 990 or 990-EZ) 2019   |                                 |                                    |                                 |                                |  | Page <b>2</b>                 |
|-----------|---|---------------------------------|------------------------------------|---------------------------------|--------------------------------|--|-------------------------------|
| Part      | <ul> <li>Support Schedule for Organiza<br/>(Complete only if you checked the<br/>Part III. If the organization fails to</li> </ul>  | e box on lin                    | e 5, 7, or 8 of                    | Part I or if th                 | e organizatio                  | n failed to qu                                   |                               |
| Secti     | on A. Public Support  |                                 |                                    |                                 |                                |  |                               |
|           | idar year (or fiscal year beginning in)   | (a) 2015                        | <b>(b)</b> 2016                    | (c) 2017                        | (d) 2018                       | <b>(e)</b> 2019                                  | (f) Total                     |
| 1         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |                                 |                                    | , ,                             |                                |  | 1                             |
| 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   |                                 |                                    |                                 |                                |  |                               |
| 4         | Total. Add lines 1 through 3  |                                 |                                    |                                 |                                | 1  |                               |
| 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) |                                 |                                    | /                               |                                |  |                               |
| 6         | Public support. Subtract line 5 from line 4   |                                 | <u> </u>                           | /                               | -                              | <del>                                     </del> |                               |
|           | on B. Total Support   |                                 | 1                                  |                                 | 1                              | 1  |                               |
|           | dar year (or fiscal year beginning in)  | (a) 2015                        | <b>(b)</b> 2016                    | ( <b>ć</b> ) 2017               | (d) 2018                       | (e) 2019   | (f) Total                     |
| 7         | Amounts from line 4   |                                 |                                    | /                               |                                | 1  | `,                            |
| 8         | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |                                 |                                    |                                 |                                |  |                               |
| 9         | Net income from unrelated business activities, whether or not the business is regularly carried on  | /                               |                                    |                                 |                                |  |                               |
| 10        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                                 |                                    |                                 |                                |  |                               |
| 11        | Total support. Add lines 7 through 10   |                                 |                                    |                                 |                                |  |                               |
| 12        | Gross receipts from related activities, etc.  |                                 |                                    |                                 |                                | 12   |                               |
| 13        | First five years. If the Form 990 is for the organization, check this box and stop her  | е                               |                                    |                                 |                                |  |                               |
|           | on C. Computation of Public Support   |                                 |                                    | 4 1 (6)                         |                                | 1441   | 0/                            |
| 14        | Public support percentage for 2019 (line 6  |                                 |                                    |                                 |                                | 15   | <u>%</u>                      |
| 15<br>16a | Public support percentage from 2018 Sch<br>331/3% support test—2019/1f the organiz<br>box and stop here. The organization quali   | zation did not                  | t check the box                    | c on line 13, ar                | nd line 14 is 3                |  | check this                    |
| ь         | 331/3% support test — 2018. If the organization this box and stop here. The organization of   | ation did not                   | check a box o                      | n line 13 or 16                 | Sa, and line 15                | ıs 33 <sup>1</sup> /3% or m                      | . ► ∐<br>lore, check<br>. ► □ |
| 17a       | 10%-facts-and-circumstances test—20<br>10% or more, and if the organization me<br>Part VI how the organization meets the "forganization".   | ets the "facts                  | s-and-circumsta                    | ances" test, ch                 | neck this box                  | and <b>stop here</b> .                           | . Explaın ın                  |
| b         | 10%-facts-and-circumstances test – 20<br>15 is 10% or more, and if the organizate<br>Explain in Part VI how the organization m<br>supported organization  | tion meets the<br>eets the "fac | ne "facts-and-c<br>cts-and-circum: | circumstances<br>stances" test. | " test, check<br>The organizat | this box and                                     | stop here.                    |
|           | <i>C</i>  |                                 |                                    |                                 |                                |  |                               |

rivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

# 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.)

|            | on A. Public Support   |          |                   |          |                   |             |                    |
|------------|--|----------|-------------------|----------|-------------------|-------------|--------------------|
| Calen      | idar year (or fiscal year beginning in) 🕨  | (a) 2015 | <b>(b)</b> 2016   | (c) 2017 | (d) 2018          | (e) 2019    | (f) Tótal          |
| 1          | Gifts, grants, contributions, and membership fees  |          |                   | _        |                   |             |                    |
|            | received (Do not include any "unusual grants.")  |          |                   |          |                   |             |                    |
| 2          | 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 |          |                   |          |                   |             |                    |
| 3          | Gross receipts from activities that are not an unrelated trade or business under section 513   |          |                   |          |                   |             |                    |
| 4          | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |                   |          |                   |             |                    |
| 5          | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |                   |          |                   |             |                    |
| 6<br>7a    | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .   |          |                   |          |                   |             |                    |
| Ь          | 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           |          | /                 |          |                   |             |                    |
| с<br>8     | Add lines 7a and 7b  |          |                   |          |                   |             |                    |
| A          | line 6.)   | <u> </u> |                   |          | . =               |             |                    |
|            | on B. Total Support  |          | 1 (1) 2012        | 4 ) 0047 | ( )) 0040         | (-) 0040    |                    |
| Calen<br>9 | dar year (or fiscal year beginning in) Amounts from line 6   | (a) 2015 | <b>/ (b)</b> 2016 | (c) 2017 | ( <b>d</b> ) 2018 | (e) 2019    | (f) Total          |
| 10a        | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.   |          |                   |          |                   |             |                    |
| b          | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |                   |          |                   |             |                    |
| 11         | Add lines 10a and 10b  |          |                   |          |                   |             |                    |
| 12         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |          |                   |          |                   |             |                    |
| 13         | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |                   |          |                   |             |                    |
| 14         | First five years. If the Form 990 is for the organization, check this box and stop he  | re       | <u> </u>          |          | _                 |             |                    |
|            | on C. Computation of Public Suppor   |          |                   |          |                   | <del></del> |                    |
| 15         | Public support percentage for 2019 (line 8   |          |                   |          |                   |             | %                  |
| 16         | Public support percentage from 2018 Sch  |          |                   | <u> </u> | <u> </u>          | 16          | %                  |
|            | on D. Computation of Investment In   |          |                   |          |                   | <del></del> |                    |
| 17         | Investment income percentage for 2019 (  | -        |                   | •        |                   | <del></del> | <u>%</u>           |
| 18         | Investment income percentage from 2018   |          |                   |          |                   | 18          | % and has          |
| 19a        | 331/3% support tests – 2019. If the organ 1/1s not more than 331/3%, check this box  |          |                   |          |                   |             |                    |
| Ь          | 331/3% support tests - 2018. If the organiz  |          | _                 |          |                   | _           | _                  |
| -/         | line 18 is not more than 331/3%, check this l  |          |                   |          |                   |             |                    |
| 20         | Private foundation. If the organization di   | =        | -                 | •        |                   | •           | _                  |
| 7          |  |          |                   |          |                   |             | 90 or 990-EZ) 2019 |

## Part IV Supporting Organizations

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

|       | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F  | art V  | .)  |        |
|-------|--|--|-----|--------|
| Secti | on A. All Supporting Organizations   |  |     |        |
|       |  |  | Yes | No     |
| 1     | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1  |     |        |
| _     |  | <del>                                     </del> |     |        |
| 2     | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)   |  |     |        |
| 20    | + · · · · · · · · · · · · · · · · · · ·  | 2  | -   |        |
| За    | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.  | 3a   |     |        |
| Ь     | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.  | 3b   |     |        |
| С     | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  | 3c   |     |        |
| 4a    | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.   | 4a   |     |        |
| b     | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   | 4b   |     |        |
| С     | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.  | 4c   | · · |        |
| 5a    | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). |  |     |        |
| b     | <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?   | 5b   |     | لحد    |
| С     | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c   |     |        |
| 6     | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .  | 6  |     |        |
| 7     | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)   |  |     |        |
| 8     | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  | 7<br>  |     |        |
| 9a    | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | 9a   |     |        |
| b     | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>   | 9b   |     | لــــا |
| С     | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>  | 9c   |     |        |
| 10a   | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below  | 10a  |     |        |
| b     | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to   |  |     | 1      |

determine whether the organization had excess business holdings.)

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

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org   | _     |                           |                                |
|--|-------|---------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.                                    |       |                           |                                |
| 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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8     |                           |                                |
| Section B—Minimum Asset Amount   |       | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):   |       |                           |                                |
| a Average monthly value of securities  | 1a    |                           | _                              |
| <b>b</b> Average monthly cash balances   | 1b    |                           |                                |
| c Fair market value of other non-exempt-use assets   | 1c    |                           |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d    |                           |                                |
| e Discount claimed for blockage or other factors (explain in detail in Part VI)  |       |                           |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2     |                           |                                |
| 3 Subtract line 2 from line 1d.  | 3     |                           |                                |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4     |                           |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5     |                           |                                |
| 6 Multiply line 5 by .035.   | 6     |                           |                                |
| 7 Recoveries of prior-year distributions   | 7     |                           |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8     |                           |                                |
| Section C—Distributable Amount   |       |                           | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1     |                           |                                |
| 2 Enter 85% of line 1.   | 2     |                           |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3     |                           |                                |
| 4 Enter greater of line 2 or line 3.   | 4     |                           |                                |
| 5 Income tax imposed in prior year   | 5     |                           |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6     |                           |                                |
| 7 Check here if the current year is the organization's first as a non-functionall instructions).   | y int | egrated Type III supporti | ng organization (see           |

| Part       | v Type III Non-Functionally integrated 509(a)(3   | g Supporting Organi         | zations (continued)                    |   |  |  |  |
|------------|---|-----------------------------|--|---|--|--|--|
| Seçti      | Section D — Distributions   |                             |  |   |  |  |  |
| 1          | Amounts paid to supported organizations to accomplish   |                             |  |   |  |  |  |
| 2          | Amounts paid to perform activity that directly furthers exe   | empt purposes of suppo      | rted                                   | _   |  |  |  |
|            | organizations, in excess of income from activity  |                             |  |   |  |  |  |
| 3          | Administrative expenses paid to accomplish exempt purp  | nizations                   | ·                                      |   |  |  |  |
| 4          | Amounts paid to acquire exempt-use assets   |                             | <del></del> -                          |   |  |  |  |
| 5          | Qualified set-aside amounts (prior IRS approval required)   |                             |  |   |  |  |  |
| 6          | Other distributions (describe in Part VI). See instructions.  |                             |  |   |  |  |  |
| 7          | Total annual distributions. Add lines 1 through 6.  |                             |  |   |  |  |  |
| 8          | Distributions to attentive supported organizations to which   | h the organization is res   | ponsive                                |   |  |  |  |
|            | (provide details in Part VI). See instructions.   |                             |  |   |  |  |  |
| 9          | Distributable amount for 2019 from Section C, line 6  |                             |  |   |  |  |  |
| 10         | Line 8 amount divided by line 9 amount  |                             |  |   |  |  |  |
| Secti      | on E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |  |  |  |
| 1          | Distributable amount for 2019 from Section C, line 6  |                             |  |   |  |  |  |
| 2          | Underdistributions, if any, for years prior to 2019   |                             |  |   |  |  |  |
|            | (reasonable cause required—explain in Part VI). See   |                             |  |   |  |  |  |
|            | instructions.   | <u> </u>                    |  |   |  |  |  |
| 3          | Excess distributions carryover, if any, to 2019   |                             |  |   |  |  |  |
| а          | From 2014   |                             |  |   |  |  |  |
| Ü          | From 2015   |                             |  |   |  |  |  |
| с          | From 2016   |                             |  |   |  |  |  |
| <u>d</u>   | From 2017   |                             |  |   |  |  |  |
| е          | From 2018   |                             |  |   |  |  |  |
| f          | Total of lines 3a through e   |                             |  |   |  |  |  |
| g          | Applied to underdistributions of prior years  |                             |  |   |  |  |  |
|            | Applied to 2019 distributable amount  |                             |  |   |  |  |  |
| <u>i</u> _ | Carryover from 2014 not applied (see instructions)  |                             |  |   |  |  |  |
| j_         | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |  |  |  |
| 4          | Distributions for 2019 from   |                             |  |   |  |  |  |
|            | Section D, line 7.  |                             |  | <u> </u>                                  |  |  |  |
|            | Applied to underdistributions of prior years  |                             |  |   |  |  |  |
| b          | Applied to 2019 distributable amount  |                             |  |   |  |  |  |
| С          | Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |  |  |  |
| 5          | Remaining underdistributions for years prior to 2019, if  |                             |  |   |  |  |  |
|            | any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions. |                             |  |   |  |  |  |
|            |   |                             |  |   |  |  |  |
| 6          | Remaining underdistributions for 2019. Subtract lines 3h  |                             |  | •   |  |  |  |
|            | and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.                        | •                           |  |   |  |  |  |
| 7          | Excess distributions carryover to 2020. Add lines 3   | _ /                         |  |   |  |  |  |
|            | and 4c.   |                             |  |   |  |  |  |
| 8          | Breakdown of line 7.  |                             |  |   |  |  |  |
| а          | Excess from 2015  |                             |  |   |  |  |  |
| b          | Excess from 2016  |                             |  |   |  |  |  |
| С          | Excess from 2017  |                             |  |   |  |  |  |
| d          | Excess from 2018  |                             |  |   |  |  |  |
| е          | Excess from 2019  |                             |  |   |  |  |  |
|            |   |                             |  |   |  |  |  |

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **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

2019

Open to Public Inspection

Employer identification number

| A EMIC | E JAPANESE COMMUNITY CENTER, INC   |  | 95-6220754                                |
|--------|--|--|---|
| Par    | Organizations Maintaining Donor Adv  |  |   |
|        | Complete if the organization answered "  | Yes" on Form 990, Part IV, line 6  |   |
|        |  | (a) Donor advised funds  | (b) Funds and other accounts              |
| 1      | Total number at end of year  |  |   |
| 2      | Aggregate value of contributions to (during year) .  |  |   |
| 3      | Aggregate value of grants from (during year)   |  |   |
| 4      | Aggregate value at end of year   |  |   |
| 5      | Did the organization inform all donors and donor   | <del>-</del>   |   |
| 6      | funds are the organization's property, subject to the<br>Did the organization inform all grantees, donors, a<br>only for charitable purposes and not for the benef | nd donor advisors in writing that gra  | nt funds can be used                      |
|        |  |  |   |
| Par    | Il Conservation Easements.   |  |   |
|        | Complete if the organization answered "  | Yes" on Form 990, Part IV, line 7.   | <u></u>                                   |
| 1      | Purpose(s) of conservation easements held by the   | organization (check all that apply).   |   |
|        | Preservation of land for public use (for example, recre  | eation or education)   | of a historically important land area     |
|        | ☐ Protection of natural habitat  | ☐ Preservation   | of a certified historic structure         |
|        | ☐ Preservation of open space   |  |   |
| 2      | Complete lines 2a through 2d if the organization he  | ld a qualified conservation contribution                                     | on in the form of a conservation          |
|        | easement on the last day of the tax year.  |  | Held at the End of the Tax Year           |
| а      | Total number of conservation easements   |  |   |
| b      | Total acreage restricted by conservation easements   |  |   |
| С      | Number of conservation easements on a certified h  |  |   |
| d      | Number of conservation easements included in historic structure listed in the National Register  | (c) acquired after 7/25/06, and not  | I I                                       |
| 3      | Number of conservation easements modified, trans   |  |   |
|        | tax year ▶   |  |   |
| 4      | Number of states where property subject to conser  |  |   |
| 5      | Does the organization have a written policy reg<br>violations, and enforcement of the conservation ear   |  |   |
| 6      | Staff and volunteer hours devoted to monitoring, inspec  | cting, handling of violations, and enforci                                   | ng conservation easements during the year |
| 7      | Amount of expenses incurred in monitoring, inspectin  \$ \( \)   | g, handling of violations, and enforcing                                     | g conservation easements during the year  |
| 8      | Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?   |  | f section 170(h)(4)(B)(i)                 |
| 9      | In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of  | onservation easements in its revenue   | e and expense statement and               |
|        | organization's accounting for conservation easeme  | nts.   |   |
| Part   | Organizations Maintaining Collections  | of Art, Historical Treasures, or   | Other Similar Assets.                     |
|        | Complete if the organization answered "  |  |   |
| 1a     | If the organization elected, as permitted under FAS  |  |   |
|        | of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote   | held for public exhibition, educatio   | n, or research in furtherance of public   |
| b      | If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item   | SB ASC 958, to report in its revenue for public exhibition, education, or re | statement and balance sheet works of      |
|        | (i) Revenue included on Form 990, Part VIII, line 1  |  | <b>&gt;</b> \$                            |
|        | (ii) Assets included in Form 990, Part X   |  | • \$                                      |
| 2      | If the organization received or held works of art, following amounts required to be reported under FA  | historical treasures, or other similar                                       |   |
| а      | Revenue included on Form 990, Part VIII, line 1  |  | <b>&gt;</b> \$                            |
| b      | Assets included in Form 990, Part X  |  |   |

| Dor    | 3113    | Organizations Mainteining   | . 0-1  | la ationa at   | A-t Lia     | torio al 1    |                | 27.0       | than Cimilan Aa      | raye &                |
|--------|---------|---|--------|----------------|-------------|---------------|----------------|------------|----------------------|-----------------------|
|        |         | Organizations Maintaining   |        |                |             |               |                |            |                      |                       |
| 3.     |         | the organization's acquisition, tion items (check all that apply)     |        | ssion, and o   | ther reco   | rds, chec     | ck any of th   | ne follov  | wing that make s     | ignificant use of its |
| а      | ☐ Pu    | blic exhibition   |        |                |             |               | or exchang     |            |                      |                       |
| b      | ☐ Sc    | holarly research  |        |                | е           | □ Other       | ,              |            |                      |                       |
| C      | ☐ Pr    | eservation for future generations                                     | 3      |                |             |               |                |            |                      |                       |
| 4      | Provid  | de a description of the organiza                                      | tion's | collections    | and expl    | ain how t     | hey further    | the or     | ganization's exen    | npt purpose in Part   |
| 5      |         | g the year, did the organization<br>s to be sold to raise funds rathe |        |                |             |               |                |            |                      |                       |
| Part   | _       | Escrow and Custodial Arra   |        |                | arrica as   | built of th   | c organizat    |            | SHEOTION             |                       |
| T all  |         | Complete if the organization 990, Part X, line 21.                    |        |                | s" on For   | m 990, I      | Part IV, lın   | e 9, or    | reported an am       | ount on Form          |
| 1a     |         | organization an agent, trustee<br>led on Form 990, Part X?            |        |                |             |               |                |            |                      | ot                    |
| b      | If "Ye  | s," explain the arrangement in P                                      | art XI | II and compl   | lete the fo | llowing t     | able           |            |                      |                       |
|        |         |   |        |                |             |               |                |            | Ar                   | mount                 |
| С      | Begin   | ning balance  |        |                |             |               |                | 10         | ;                    |                       |
| d      | Addit   | ons during the year   |        |                |             |               |                | 10         | 1                    |                       |
| е      | Distril | outions during the year   |        |                |             |               |                | 16         | •                    |                       |
| f      | Endın   | g balance   |        |                |             |               |                | 11         | F                    |                       |
| 2a     | Did th  | e organization include an amou  | nt on  | Form 990, P    | art X, line | 21, for e     | scrow or c     | ustodia    | I account liability  | ? 🗌 Yes 🔲 No          |
| b      | If "Ye  | s," explain the arrangement in P                                      | art XI | II. Check her  | re if the e | xplanatio     | n has been     | provid     | ed on Part XIII .    | $\square$             |
|        | t V     | Endowment Funds.  |        |                |             |               |                |            |                      |                       |
|        |         | Complete if the organization  | ans    | wered "Yes     | on For      | m 990, I      | Part IV, lin   | e 10.      |                      |                       |
|        |         |   | (a)    | Current year   | (b) Pri     | or year       | (c) Two yea    | ırs back   | (d) Three years back | (e) Four years back   |
| 1a     | Begin   | ning of year balance  |        |                |             |               |                |            |                      |                       |
| b      | Contr   | ibutions  |        |                |             |               |                |            |                      |                       |
| С      |         | vestment earnings, gains, and   |        |                |             |               |                |            |                      |                       |
| d      | Grant   | s or scholarships   |        | -              |             |               |                |            |                      |                       |
| е      |         | expenditures for facilities and                                       |        |                |             |               |                |            |                      |                       |
|        |         | ams   |        |                |             |               |                |            |                      |                       |
| f      | Admir   | nistrative expenses   |        | _              |             | <del></del> , |                |            |                      |                       |
| g      |         | f year balance  |        |                |             |               |                |            |                      |                       |
| 2      |         | de the estimated percentage of  | the cu | ırrent vear ei | nd balanc   | e (line 1c    | ı. column (a   | a)) held   | <br>as               |                       |
| а      |         | I designated or quasi-endowme   |        | , ,            | %           | ` `           | ,, ,           | <i>"</i> , |                      |                       |
| b      |         | anent endowment   |        |                |             |               |                |            |                      |                       |
| c      | Term    | endowment ► %   |        |                |             |               |                |            |                      |                       |
| _      |         | ercentages on lines 2a, 2b, and                                       |        | ould equal 1   | 00%.        |               |                |            |                      |                       |
| 3a     |         | ere endowment funds not in th   |        |                |             | zation th     | at are held    | and an     | lministered for th   | Δ                     |
| Ų.     |         | ization by.   | 0 000  |                | no organi   | 2011011 1111  | a. a. o 1101a  | 4.74       |                      | Yes No                |
|        | -       | orelated organizations  |        |                |             |               |                |            |                      | 3a(i)                 |
|        | • •     |   |        |                |             |               |                |            |                      | 3a(ii)                |
| b      | • •     | s" on line 3a(ii), are the related o                                  |        |                |             |               |                |            |                      | 3b                    |
| 4      |         | be in Part XIII the intended uses                                     | _      |                | -           |               |                |            |                      |                       |
| Part   |         | Land, Buildings, and Equip  |        |                |             |               |                |            |                      | <del></del>           |
|        |         | Complete if the organization  |        |                | on For      | m 990. F      | Part IV. lin   | e 11a.     | See Form 990.        | Part X, line 10.      |
|        |         | Description of property   |        | (a) Cost or o  | ther basis  | (b) Cost of   | or other basis | (c)        | Accumulated          | (d) Book value        |
|        |         |   |        | (investn       | nent)       | (0            | other)         | d          | epreciation          |                       |
| 1a     | Land    |   |        |                | 1,000       |               | 1,000          | L          |                      | 1,000                 |
| b      | Buildi  | ngs   |        |                | 1,926,067   |               | 1,926,067      |            |                      | 1,926,067             |
| С      | Lease   | hold improvements   |        |                |             |               |                |            |                      |                       |
| d      | Equip   | ment  |        |                | 370 942     |               | 370 942        |            |                      | 370 942               |
| е      | Other   |   |        |                |             |               |                |            |                      |                       |
| Total. | Add lir | nes 1a through 1e. (Column (d) n                                      | nust e | equal Form 9   | 90, Part 2  | K, column     | n (B), line 1  | Oc)_       |                      | 2,298,009             |

| Part VII       | Investments — Other Securities.  Complete if the organization answered "Yes" on For   | m 990 Part IV lin        | e 11b. See Form     | 990 Part X line 12                     |
|----------------|---|--------------------------|---------------------|--|
|                | (a) Description of security or category (including name of security)  | (b) Book value           | (c) Met             | hod of valuation -of-year market value |
| (1) Financial  | derivatives   |                          | <u>-</u>            |  |
| (2) Closely h  | neld equity interests   |                          |                     |  |
| (3) Other      |   |                          |                     |  |
| /A\            |   |                          |                     |  |
| (B)            |   |                          |                     | •                                      |
| (C)            |   |                          |                     |  |
| (D)            |   |                          |                     |  |
| (E)            |   |                          |                     | <u>-</u>                               |
| (F)            |   |                          |                     |  |
| (G)            |   |                          |                     |  |
| (H)            |   |                          |                     |  |
|                | mn (b) must equal Form 990, Part X, col (B) line 12.) .   |                          |                     |  |
| Part VIII      | Investments — Program Related.  Complete if the organization answered "Yes" on For  | m 990 Part IV lin        | e 11c See Form      | 000 Part Y line 13                     |
|                | (a) Description of investment   | (b) Book value           |                     | hod of valuation                       |
|                | (4, 555-4, 55 | (2, 200 14               | 1-7                 | -of-year market value                  |
| (1)            |   |                          |                     |  |
| (2)            |   |                          |                     |  |
| (3)            |   |                          |                     |  |
| (4)            |   |                          |                     |  |
| (5)            |   |                          |                     |  |
| (6)            |   |                          |                     |  |
| (7)            |   |                          |                     |  |
| (8)            | · · · · · · · · · · · · · · · · · · ·   |                          |                     |  |
| (9)            | mn (b) must equal Form 990, Part X, col. (B) line 13.) .  |                          |                     | <del>-</del>                           |
| Part IX        | mn (b) must equal Form 990, Part X, col. (B) line 13.) . ►  Other Assets.   |                          |                     |  |
| Teller         | Complete if the organization answered "Yes" on For  | m 990. Part IV. lin      | e 11d. See Form     | 990. Part X. line 15.                  |
|                | (a) Description   |                          |                     | (b) Book value                         |
| (1)            |   |                          |                     |  |
| (2)            |   |                          |                     |  |
| (3)            |   |                          |                     |  |
| (4)            |   |                          |                     |  |
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| (6)            |   |                          |                     |  |
| (7)            |   |                          |                     |  |
| (8)            |   |                          |                     |  |
| (9)            | (b) (C) (D) (   |                          |                     |  |
| Part X         | mn (b) must equal Form 990, Part X, col. (B) line 15 )  Other Liabilities.  |                          | <u> ▶</u> ]         | <u> </u>                               |
| Part A         | Complete if the organization answered "Yes" on For line 25.   | m 990, Part IV, lin      | e 11e or 11f. See   | e Form 990, Part X,                    |
| 1.             | (a) Description of liability  |                          | ·                   | (b) Book value                         |
| (1) Federal in |   |                          |                     |  |
| (2)            |   |                          |                     |  |
| (3)            |   |                          |                     |  |
| (4)            |   |                          |                     |  |
| (5)            |   |                          |                     | <u></u> .                              |
| (6)            |   |                          |                     |  |
| _(7)           |   |                          |                     |  |
| (8)            |   |                          |                     |  |
| (9)            | (1)   |                          |                     |  |
|                | mn (b) must equal Form 990, Part X, col. (B) line 25.)  |                          |                     | -1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |
|                | uncertain tax positions. In Part XIII, provide the text of the footnotes liability for uncertain tax positions under FASB ASC 740. Check  |                          |                     |  |
| organization S | s liability for differtallitias positions differ PASE ASC 740. Check  | There is the text of the | TOOLITOILE HAS DEEN | PIOVIDED III FAILAIII                  |

| Par       | Reconciliation of Revenue per Audited F Complete if the organization answered "Ye  |   | e per Return.                         |
|-----------|--|---|---------------------------------------|
| 1.        |  |   | [1]                                   |
| 2         | Amounts included on line 1 but not on Form 990, Part   |   | · · <del>- ' </del>                   |
|           | Net unrealized gains (losses) on investments   |   |                                       |
| a         | Donated services and use of facilities   |   | <del></del>                           |
| b         |  |   | <del> </del>                          |
| G         | Recoveries of prior year grants  |   | <del> </del>                          |
| d         |  | <u></u>                                 |                                       |
| e         | Add lines 2a through 2d  |   | 2e 3                                  |
| 3         |  |   | 3                                     |
| 4         | Amounts included on Form 990, Part VIII, line 12, but r  |   |                                       |
| a         | Investment expenses not included on Form 990, Part \   |   | <del> </del>                          |
| b         | Other (Describe in Part XIII.)   | <u> </u>                                | <del></del>                           |
| C E       |  | rm 000 Port Line 12)                    |                                       |
| 5<br>Dowl | Total revenue. Add lines 3 and 4c. (This must equal Fo<br>XII Reconciliation of Expenses per Audited                     |   |                                       |
| Part      | Complete if the organization answered "Ye  |   | ses per neturn.                       |
| 1         | Total expenses and losses per audited financial staten   | *************************************** | . 11                                  |
| 2         | Amounts included on line 1 but not on Form 990, Part   |   | ·                                     |
| a         | Donated services and use of facilities   | 1 1                                     |                                       |
| b         | Prior year adjustments   |   | <del></del>                           |
| c         | Other losses   |   | <del></del>                           |
| ď         | Other (Describe in Part XIII.)   |   | <del></del>                           |
| e         | Add lines 2a through 2d  |   | 2e                                    |
| 3         | Subtract line 2e from line 1   |   | 3                                     |
| 4         | Amounts included on Form 990, Part IX, line 25, but no   |   |                                       |
| a         | Investment expenses not included on Form 990, Part V   |   |                                       |
| b         | Other (Describe in Part XIII.)   | F-1                                     |                                       |
| C         | ,  |   | 4c                                    |
| 5         | Total expenses. Add lines 3 and 4c. (This must equal F   |   | . 5                                   |
|           | XIII Supplemental Information.   |   | · · · · · · · · · · · · · · · · · · · |
|           | de the descriptions required for Part II, lines 3, 5, and 9; rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also |   |                                       |
|           |  |   |                                       |
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| Schedule D (Form 990) 2019 Page <b>5</b> |                                      |   |  |  |  |
|--|--------------------------------------|---|--|--|--|
| Part XIII                                | Supplemental Information (continued) |   |  |  |  |
|  |                                      |   |  |  |  |
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### SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-E2.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

VENICE JAPANESE COMMUNITY CENTER, INC

Employer identification number 95-6220754

|         |  |          | YES | NO           |
|---------|--|----------|-----|--------------|
| 1       | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  | 1        | ~   |              |
| 2       | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?   |          | د . |              |
| 3       | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please |          |     |              |
|         | describe. If "No," please explain. If you need more space, use Part II   | 3        | ~   |              |
|         |  |          |     |              |
|         |  |          | . , |              |
| 4       | Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?   | 4a       |     | لَــا        |
| a<br>b  | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | 4b       | ٧   |              |
| С       | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  | 4c       | ~   |              |
| d       | Copies of all material used by the organization or on its behalf to solicit contributions?   | 4d       | ~   |              |
| _       | If you answered "No" to any of the above, please explain. If you need more space, use Part II.   | 1        |     | - [          |
|         |  | . )      | ,   |              |
|         |  |          | ,   | ·            |
| 5       | Does the organization discriminate by race in any way with respect to.   |          |     | ٠            |
| а       | Students' rights or privileges?  | 5a       |     | ~            |
| b       | Admissions policies?   | 5b       |     |              |
| С       | Employment of faculty or administrative staff?   | 5c       |     |              |
| d       | Scholarships or other financial assistance?  | 5d       |     | -            |
| е       | Educational policies?  | 5e       |     | ~            |
| f       | Use of facilities?   | 5f       |     | ~            |
| g       | Athletic programs?   | 5g       |     | ~            |
| h       | Other extracurricular activities?  | 5h       | •   | 7            |
|         |  |          | -   |              |
| e-      | Does the exemptation receive any figure all and or construct from a parameter and a  | -        |     |              |
| 6a<br>h | Does the organization receive any financial aid or assistance from a governmental agency?  | 6a<br>6b |     | <u> </u>     |
| b       | Has the organization's right to such aid ever been revoked or suspended?   | 90       |     | <del>-</del> |
| 7       | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through   | _        |     | ,]           |
| -       | 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.   | 7        | ~   |              |

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

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or 990-EZ.

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

20**19** 

Open to Public Inspection

Employer identification number

VENICE JAPANESE COMMUNITY CENTER, INC 95-6220754 **GRANTS** FORM 990, PART III, LINE 401 **EXPENSES** REVENUE \$19,404. JAPANESE LANGUAGE SCHOOL \$19:,702 Teaches adults and children the Japanes language Adults classes are two hours per week in the evenings with about 10 students Childrens classes from first to twelve grades are held on Saturdays from 8 AM to noon with about 30 students. **BOY SCOUTS** \$45,075 Activities are camping trips, scout training, etc for about 80 boys and girls TAIKO JAPANESE DRUM CLASS Teaches about 40 adults and youths the art of Japanese taiko drumming **CALIGRAPHY** About 40 adults and children learn the art of writing Japanese Kanji characters using brushes nd charcoal ink **BONSAI** \$ 6,735 About 30 adults learn the art of designing and growing dwarf trees YOUNG ADULTS CLUB \$ 4,737 Young adults learn about investing, etc. and having a social program \$ 3,795 **ART CLASSES** \$ 4,939 Classes are held to teach water color painting, charcoal paintinng, photography, koto and shamisen, Japanese folk singing and craft, hula, Japanese dancing and ballroom dancing KARAOKE Adults learn the art of singing **ADULT SOCIAL ACTIVITIES** \$ 9.732 Field trips, group theater trips and other social activities for adults ADULT BASKETBALL \$ 1,164 \$ 1,164 Pickup basketball games are scheduled for adults **UKULELE CLASS** \$ 1,440 0 \$2,965

| Name of the organization   | Employer identification number          |
|--|---|
| VENICE JAPANESE COMMUNITY CENTER, INC  | 95-6220754                              |
| FORM 990, PART VI, LINE 11b. The Board of Directors meet once a month to discuss and decide on any m   | atter pending including the             |
| operation of the center Prior to filing the 990, a copy is submitted to the Board members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for review and approximately account to the second members for the se | oproval A copy of the entire            |
| return is kept on file for review by anyone upon request   |   |
| FORM 990, PART VI, LINE 12c The center has a written statement that is signed by all members of the Bo   | ard of Directors that require           |
| disclosure of possible conflict of interest. If a conflict of interest exists, the board member or members are   | e asked to leave the board              |
| meeting while the subject in question is discusssed and decided upon. The board member or members are  | e not allowed to vote on that           |
| particular malter  |   |
| FORM 990, PART VI, LINE 19. The governing documents, conflict of interest policy and financial statement   | ts are made available to the public     |
| upon request to the Board of Directors   |   |
| FORM 990, PART VII, SECTION A None of the officers and members of the Board of Directors are compen  | sated for their services at any time    |
| The organization has a part time secretary as the only compensated employee besides the teachers and in  |   |
| employees holda governing position   |   |
| FORM 990, PART IX, LINE 24 A schedule of all other expenses is attached as a separate attachment   |   |
|  |   |
| FORM 990, PART VI, LINE 15a None of the officers and Board of Directors are compensated for their servi-   | ces                                     |
| FORM 990, PART VI, LINE 15b: The employee's compensation is determined by the Finance Committee wh   | to then present their decision to the   |
| Board of Directors for approval  |   |
| FORM 990, PART XI, LINE 9 An error was made in 2011 where a transfer of funds from a bank account to a   | another bank account was                |
| reported as contributed income This error was discovered in 2019 and corrected   | ••••                                    |
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