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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

A Fo	rthe 2	2009 ca	lendar yea	r, or tax year beginnir	ng 07-01-2009	and ending 06-30-201	0			
3 Che	eck if ap	plicable	Please	C Name of organization JAPANESE CULTURAL C	ENTED OF HAWA	IT		D Employer i	dentificat	tion number
– Add	ress cha	ange	use IRS		LIVIER OF HAWA			99-02561		
– Nar	me chan	nge	label or print or	Doing Business As				E Telephone	number	
– Init	al retur	'n	type. See Specific	Number and street (or	P O hov if mail i	s not delivered to street addre	ss) Doom/suite	(808) 945	5-7635	
– Ter	mınated	i	Instruc- tions.	2454 SOUTH BERETANI		s not delivered to street addre	ss) Room, suite	G Gross receip	ts \$ 2,817	,130
_	ended r		tions.	City or town, state or c	ountry and 7ID -	L 1				_
_		pending		HONOLULU, HI 96826	ountry, and Zir	· •				
App	nication	penaing					1	J		
			F Nam Lenny A	ne and address of prin Andrew	icipal officer			nis a group retu ates?	_	Yes 🔽 No
			2454 S	SOUTH BERETANIA S	STREET		aiiiii	ates	'	res J No
			нопог	LULU,HI 96826			H(b) Are a	all affiliates inclu	uded?	┌ Yes ┌ No
. Ta	v-evem	nt etatue	F01(a)) (3) ◄ (insert no)	4047(2)(1) 25			lo," attach a lis		
					4947(a)(1) or	j 52 <i>1</i>	H(c) Gro	up exemption i	number 🖡	•
ı w	ebsite	: ► www	v jcch com							
∢ Forr	n of org	anızatıon	✓ Corporat	tion Trust Associatio	n 🔽 Other ►		L Year of f	ormation 1987	M State o	of legal domicile HI
Pa	rt I	Sumi	nary							_
ņ		TO PRE	SERVEAN	e organization's missi ND PROMOTE THE JA G AND RESPECT AM	PANESE CUI	TURE IN HAWAII AND	TO CREATE	A UNIFIED B	RIDGE	O F
Governance										
<u> </u>										
Š	2	Check t	hıs box 🛏	- ıf the organization d	scontinued it:	s operations or disposed	of more than	25% of its ne	t assets	
ు త	3	Number	of voting n	nembers of the govern	ning body (Par	t VI, line 1a)			3	19
	4	Number	ofındepen	ident voting members	of the govern	ing body (Part VI, line 11	o)		4	
ļ	5	Total nu	ımber of en	nployees (Part V , line	2a)				5	15
Activities	6									200
•	7a	Total gr	oss unrelat	ted business revenue			7a	1,246		
	ь	Net unr	elated busı	ness taxable income	from Form 990	D-T, line 34			7b	0
					Pri	or Year	Cu	rrent Year		
a.	8	Contri	butions and	d grants (Part VIII, lıı		1,078,181		981,757		
anue	9	Progra	m service i	revenue (Part VIII, li	ne 2g)			111,039		105,038
Revenu	10	Invest	ment incon	ne (Part VIII, column	(A), lines 3, 4	1, and 7d)		-35,602		25,983
_	11		,	art VIII, column (A),				-442,789		-360,262
	12			dd lines 8 through 11		art VIII, column (A), lın	e	710,829		752,516
	13), lines 1-3)		· · · · · · · · · · · · · · · · · · ·		0
	14			or for members (Part I		•				0
	15	Salarıe	s, other co	ompensation, employe	e benefits (Pa	rt IX, column (A), lines !	5-			
\$		10)						542,834		546,289
Expenses	16a	Profes	sional fund	raising fees (Part IX,	column (A), lı	ne 11e)				55,497
五	ь			enses (Part IX, column (D)						
	17					i, 11f-24f)		387,332		403,300
	18					X, column (A), line 25)		930,166		1,005,086
, an	19	Reven	ue less exp	penses Subtract line	18 from line 1	2		-219,337		-252,570
Net Assets of Fund Balances							_	ng of Current Year	Er	nd of Year
25 de 1	20	Totala	ssets (Par	rt X, line 16)				16,457,653		16,226,011
주 동 문 문	21			Part X, line 26)				306,192		230,295
žŽ	22	Netas	sets or fun	d balances Subtract	lıne 21 from lı	ne 20		16,151,461		15,995,716
Pai	t II	Sign	ature Blo	ock						
						eturn, including accompanying rer (other than officer) is base				
Sign		****	•••					04.20		
Here			** ature of office	er			2011 Date	-04-29		
		[y Andrew Pre							
			or print nam							
		Preparer'	's k			Date	Check If	Preparer's idei	ntıfyıng nu	mber
Paid		signature		l T Shiigi			self- empolyed 🕨 🦵	(see instructio		
	arer's	Firm's na	me (or yours	s L N&K CPAS Inc			emponyeu r			
Jse (ıf self-en	nployed),	•	1700 ACR TOWE			EIN 🕨		
	-	auuress,	and ZIP + 4	1001 Bishop St Suite		S.		Phone no 🕨	(808) 524	-2255
				Honolulu, HI 968133	696			1	, , , , , , , , , , , , , , , , , , , ,	

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

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To be a vibrant resource, strengthening our diverse community by educating present and future generations in the evolving Japanese American experience in Hawaii. We do this through relevant programming, meaningful community service and innovative partnerships that enhance the understanding and celebration of our heritage, culture and love of the land. To guide us in this work, we draw from the values found in our Japanese American traditions and the spirit of Aloha.

					Form 990 (2009)
4e	Total program service expens	es⊫ \$ 689,	871		
	(Expenses \$	including grants	s of \$) (Revenue \$)
4d	Other program services (Des	cribe in Schedule O)			
	A RESOURCE CENTER THAT PROVID collection includes ethnographic, libra and for research and educational pu	ary/archival, and art objects t	hat help tell the story of the	Japanese experience in Hawaii Th	
4c	, , ,	enses \$ 5,2!	3 3 ') (Revenue \$	450)
70	HISTORICAL & COMMUNITY GALLERI HISTORY, ARTIFACTS AND EXHIBITS	ES THAT PROVIDE A BETTER	,	, ,	• •
	AWARENESS IN HAWAII Over 15,000 (Code) (Exp	o attended our multicultural Notes: \$ 22,94		d Children's Day Festival) (Revenue \$	34,254)
	PROGRAMS (INCLUDING VARIOUS W				JLTURAL HERITAGE AND
4a	(Code) (Exp	enses \$ 661,6	72 including grants of \$) (Revenue \$	153,650)
4	Describe the exempt purpose a Section 501(c)(3) and 501(c)(allocations to others, the total	4) organizations and se	ction 4947(a)(1) trusts	are required to report the an	•
	If "Yes," describe these change	es on Schedule O			
3	Did the organization cease conservices?		cant changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these new se	rvices on Schedule O			
2	Did the organization undertake the prior Form 990 or 990-EZ?	, , , , ,	services during the year	ar which were not listed on	┌ Yes ┌ No

Part IV	Checklist	of Rea	uired	Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🥵	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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, or key employee? If "Yes," complete Schedule L, Part			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
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," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Form 990 (2	2009)		Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Yes	No

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
L	Enter the number of Forms W. 2G uncluded in line 15. Enter C. if not applicable	-		
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	return	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a	Yes	
ь	return?	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
•	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
	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			

2454 S BERETANIA STREET HONOLULU, HI 96826 (808) 945-7633

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

Se	ection A. Governing Body and Management			
<u> </u>	ener eerering boay and right gement		Yes	No
1a	Enter the number of voting members of the governing body 1a 19)		
ь	Enter the number of voting members that are independent 1b 19)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		N o
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			N
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	venue Code.)			
	,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	,		
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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		15a	Yes	
ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed HI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he orga	anızatıoı	n ►
	Caroline Okihara			

Part VIII 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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

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

Check this box if the organization did i	ffice	r, dırector, trustee	or key employee							
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Key employee Officei Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)			Page
1b	Total	0		20,63
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated emplo	yee		
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	• 4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	. 5		No.
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) (B)		(0	:)
	Name and business address Description of servi	ices	Compe	
200	MMERCIAL ROOFING & WATERPROOFING 2 KAHAI STREET roof repair & maintenance	;		250,000
	RGY INDUSTRIES LLC			
	0 WAIWAI LOOP AC Chillers repair & maint OLULU, HI 96819	enance		156,379
_				
2	Total number of independent contractors (including but not limited to those listed above) who received more th	nan		

\$100,000 in compensation from the organization >2

Form 99	•	•						Page 9
Part V	/1111	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ots	1a	Federated cam	paigns 1a					
ar our	ь	Membership du	es 1b	153,090				
કું. ⊞	C	Fundraising eve	ents 1c	95,190				
<u>≅,</u> ਰ	d		ations 1d					
ي عرق	e	Government grants		265,000				
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ons, gifts, grants, and at included above butions included in 0,485	468,477				
Coni	h		s 1a-1f	▶	981,757			
<u> </u>				Business Code				
Ken	2a	Programs ————————————————————————————————————		900,099	90,950	90,950		
Program Serwice Revenue	Ь	Galleries		900,099	13,638	13,638		
	°	Resource center		900,099	450	450		
	d							
	e	- II						
Ď	'	All other progra	ım service revenue					
<u>*</u>	g	Total. Add lines	s 2a-2f	▶	105,038			
	3		ome (including dividend		47.670			47.670
	١.		ar amounts)	⊢	47,670			47,670
	4 5	Royalties	tment of tax-exempt bond	proceeds				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	1,029,514	(II) I CISOIIII				
	ь	Less rental	1,438,899					
	_c	expenses Rental income	-409,385					
	d	or (loss)	me or (loss)		-409,385			-409,385
	<u> </u>	Net rental incol	(i) Securities	(II) O ther	,			,
	7a	Gross amount from sales of assets other than inventory	478,582	(ii) o thei				
	b	Less cost or other basıs and	500,269					
	_c	sales expenses Gain or (loss)	-21,687					
	ď		s)		-21,687			-21,687
ψ	8a	Gross income f	rom fundraısıng					
Other Revenue		Ψ	,190 reported on line 1c) e 18	58,538				
Ē.	ь	Less direct ex	penses b	93,977				
δ	С	Net income or (loss) from fundraising	events 📂	-35,439			-35,439
	9a	Gross income f See Part IV, lin	rom gaming activities e 19					
	b c		penses b loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	inventory, less					
		1	a .	114,785				
	b с		oods sold b loss) from sales of inve	31,469	83,316	83,316		
	۴	Miscellaneous		Business Code	33,310	03,310		
	11a	Book sale comr		900,099	750		750	
		Soda commissi	-	900,099	496		496	
	c	Joua Commissi	VII3	, -	-			
	d	All other reven	ue					
	u	Total. Add lines		·				
			See Instructions		1,246			
	12	rotar revenue.	see instructions	•	752,516	188,354	1,246	-418,841

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations multiplies of their organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	271,197	172,152	58,124	40,921
7	Other salaries and wages	208,352	184,482	23,870	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,135	4,135		
9	Other employee benefits	24,749	20,495	4,254	
10	Payroll taxes	37,856	27,996	6,679	3,181
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17	55,497			55,497
f	Investment management fees	,			· · · · · · · · · · · · · · · · · · ·
g	Other	48,493	25,950	22,543	
12	Advertising and promotion	3,885		,	3,885
13	Office expenses	25,156	6,212	17,619	1,325
14	Information technology	12,503	4,489	8,014	<u> </u>
15	Royalties		,,,,,	-,	
16	Occupancy				
17	Travel	11,454	8,031	3,423	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	22,131	6,651	5,125	
19	Conferences, conventions, and meetings				_
20	Interest	16,741		16,741	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	education EVENTS	205,881	205,881		_
ь	MEMBERSHIP DEVELOPMENT	31,084			31,084
С	administrative cost	16,958		16,958	
d	Gallery	14,417	14,417		_
e	PROPERTY & EXCISE TAXES	12,198	12,198		
f	All other expenses	4,530	3,433		1,097
25	Total functional expenses. Add lines 1 through 24f	1,005,086	689,871	178,225	136,990
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,,,,,,,,,		-,	,
. —					

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			18,201	1	35,613		
Assets	2	Savings and temporary cash investments							
	3	Pledges and grants receivable, net		3					
	4	Accounts receivable, net		4					
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of							
		Schedule L				5			
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of							
		Schedule L							
	7	Notes and loans receivable, net				7			
	8	Inventories for sale or use			12,973	8	9,909		
⋖	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	23,407,114					
	ь	Less accumulated depreciation	10b	9,512,299	14,242,052	10c	13,894,815		
	11	Investments—publicly traded securities			1,558,469	11	1,668,102		
	12	Investments—other securities See Part IV, line 11			477,524	12	378,764		
	13	Investments—program-related See Part IV, line 11		13					
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11	13,900	15	16,978				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16,457,653	16	16,226,011		
	17	Accounts payable and accrued expenses .			1,227	17	2,533		
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
ē	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
Ξįη		persons Complete Part II of Schedule L		•		22			
	23	Secured mortgages and notes payable to unrelated third parties				23			
	24	Unsecured notes and loans payable to unrelated third parties				24			
	25	Other liabilities Complete Part X of Schedule D			304,965	25	227,762		
	26	Total liabilities. Add lines 17 through 25			306,192	26	230,295		
S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	ines 27					
- JQ		through 29, and lines 33 and 34.							
<u> </u>	27	Unrestricted net assets			15,612,488	27	15,373,420		
Fund Balance	28	Temporarily restricted net assets			318,973	-	327,296		
핕	29	Permanently restricted net assets			220,000	29	295,000		
Fu		Organizations that do not follow SFAS 117, check here ► an	d com	ıplet e					
JO.		lines 30 through 34.				20			
Assets	30	Capital stock or trust principal, or current funds				30			
SS	31	Paid-in or capital surplus, or land, building or equipment fund				31			
	32	Retained earnings, endowment, accumulated income, or other fu	nas		46 454 464	32	1F 00F 740		
Net	33	Total labelities and set seems (find belones			16,151,461	33	15,995,716		
l	34	Total liabilities and net assets/fund balances			16,457,653	34	16,226,011		

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization JAPANESE CULTURAL CENTER OF HAWAII

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

								_	99-02561			
	t Ι			blic Charity Stat						structions		
	rganı:			e foundation because					ox)			
1	<u> </u>		•	on of churches, or as			•)(1)(A)(i).				
2	<u> </u>			ın section 170(b)(1)			•					
3	<u> </u>			perative hospital serv								
4				organization operate ty, and state	ed in conjunc	tion with a	ı hospital desc	cribed in sec	tion 170(b)(1	L)(A)(iii). E	nter the	
5	Г	_	-	erated for the benefit	_	or univers	ıty owned or o	perated by a	a governmenta	al unit desc	rıbed ın	
	_			A)(iv). (Complete Pa								
6		A feder	al, state, or	local government or	governmenta	ıl unıt desc	cribed in secti	on 170(b)(1	.)(A)(v).			
7	 ~	describ	ed in	t normally receives a A)(vi) (Complete Pa		part of its	support from	a governme	ntal unit or fro	om the gene	eral publi	С
8	Г			described in section)(vi) (Co	mplete Part II)				
9				t normally receives					butions, meml	bership fees	s. and arc	ss
	•			ties related to its ex								
		•		ss investment incom	•	-		• •	• •			
			_	anization after June 3				-		,		
0	\vdash	•		anized and operated	•			•	•			
1	,	-	_	anized and operated	•					carry out t	he purpo	ses of
	,	one or r	nore publicl	y supported organizates the type of supported by Type II	tions describ orting organiz	oed in sect zation and	tion 509(a)(1)	or section : s 11e throu	509(a)(2) Se gh 11h	e section 5		. Check
e f g	ı	other th section If the or check t Since A	ian foundation 509(a)(2) rganization i his box ugust 17, 2	ox, I certify that the con managers and oth received a written de 006, has the organiz	er than one c	or more pu from the IF	blicly supporte	ed organızat Type I, Type	ions describe	d in section	n 509(a)((1) or
			g persons? rson who dir	ectly or indirectly co	introls eithe	ralone or	together with i	nersons des	crihed in (ii)		Yes	No
				governing body of the	•			persons acs	cribed iii (ii)	11g		110
				r of a person describ	7.7	-	dilon			11g		+
			•	ed entity of a person	• •		ahove?			11g(+
h				g information about t						119(/	
		riovide	the followin	g illioilliation about t	ile Supporter	u Organiza	tion(s)					
s	(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	Did you no organiza col (i) o suppo	otify the tion in of your	(vi Is t organiza col (i) or in the l	he ation in ganized	Am	(vii) lount of pport?
				instructions))	Yes	No	Yes	No	Yes	No		
otal												

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 of Part I	.)							
	ection A. Public Support	1	1	1	1							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	652,65	1,559,769	1,065,946	1,078,181		981,757	5,338,307				
	grants ") 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	652,654	1,559,769	1,065,946	1,078,181		981,757	5,338,307				
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							413,218				
6	(f) Public Support. Subtract line 5 from line 4							4,925,089				
S	ection B. Total Support	•	•		•							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	0 9	(f) Total				
7	A mounts from line 4	652,654	886,150	1,065,946	1,078,181		981,757	5,338,307				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	814,504	886,150	936,934	1,070,671	1,077,184		1,077,184		1,077,184		4,785,443
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on	502	554	2,092	2,256		1,246	6,650				
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets											
11	Total support (Add lines 7 through 10)							10,130,400				
12	Gross receipts from related activiti	•	·			12		1,299,047				
13	First Five Years If the Form 990 is check this box and stop here			third, fourth, or fi	Ifth tax year as a !	501(c)(3	;) organız 	ation, ▶┌				
	ection C. Computation of Pul Public Support Percentage for 200			1.1 column (f))		1,		40.632.01				
14		•		II COIUIIII (F))		14		48 620 %				
15	Public Support Percentage for 200	•	•			15		50 100 %				
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a public	ly supported orga	nization			•	▶ ✓				
	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization means and if the organization means are organization.	n qualifies as a p — 2009. If the org tion meets the "i	ublicly supported of anization did not c facts and circumst	organization heck a box on lin ances" test, chec	e 13, 16a, or 16b ck this box and st o	and line	e 14 Explain	▶┌				
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organiza Explain in Part IV how the organiza	nızatıon meets th	ie "facts and circu	mstances" test, c	heck this box and	stop he	ere.					
18	supported organization Private Foundation If the organizations	ion did not check	c a box on line 13,	16a, 16b, 17a or	17b, check this l	box and	see	►⊏ ►⊏				

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
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	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493132042041

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** JAPANESE CULTURAL CENTER OF HAWAII

				025614			
Par			unds	or Acc	ounts	. Comple	ete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	1	/b) Eup/	ds and o	ther acco	unte
1	Total number at end of year	(a) Donor advised failus	+	(D) I dile	3 and 0	ther acco	23
	Aggregate contributions to (during year)	75,000	_				8,323
	Aggregate contributions to (during year) Aggregate grants from (during year)	73,000					0,323
	Aggregate value at end of year	295,000					327,296
5	Did the organization inform all donors and donor advi			ıcad			327,230
	funds are the organization's property, subject to the	organization's exclusive legal control?				☐ Yes	√ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	5 5	•		; e	☐ Yes	√ No
Par	t II Conservation Easements. Complete	if the organization answered "Yes" t	n Forr	n 990	Part IV	•	
1	Purpose(s) of conservation easements held by the or		.0 1 011	11 330,	I dit I v	, iiiic 7.	
-	Preservation of land for public use (e.g., recreati		n histor	ically in	portant	ly land ar	ea
	Protection of natural habitat	Preservation of a		•	-	· ·	
	Preservation of open space						
2	Complete lines 2a-2d if the organization held a quali	ified conservation contribution in the form	ofac	onserva	tion		
	easement on the last day of the tax year						
				Held	at the	End of th	e Year
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified his	, .	2c				
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d				
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by th	ne organ	ızatıon (during	
	the taxable year 🗠						
4	Number of states where property subject to conserva	ation easement is located ►					
5	Does the organization have a written policy regarding			fviolatic	ns. and		
	enforcement of the conservation easements it holds?		3		,	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents d	urıng th	e year 🕨	-	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement:	s durin	g the ye	ar ► \$_		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sec	tion				_
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?					☐ Yes	∏ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia					
Part	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures,	or Ot	her Si	milar /	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	ch ın fu				ce,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	116, to report in its revenue statement a public exhibition, education, or research i	and bal			•	
	(i) Revenues included in Form 990, Part VIII, line 1			.	\$		
	(ii) Assets included in Form 990, Part X			b. c			
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or finan	cıal gaıı	ı, provid	ie the	
a	•			L	+		
а	Revenues included in Form 990, Part VIII, line 1			 - 9	<i>-</i>		

b Assets included in Form 990, Part X

Part	111 Organizations Maintaining Co	llections of Art	t, His	torical T	reas	ures, or C	the	r Similar As	sets	(cont	tınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following	that a	re a significa	ant u	se of its collec	ion		
а	Public exhibition		d	┌ Loan	orexo	hange prog	rams				
ь	Scholarly research		e	┌ Othe	r						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	v they furth	er the	organızatıor	ı's e>	cempt purpose	n		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					┌ Yes	. Г	_ _{No}
Par	t IV Escrow and Custodial Arrang	•				n answere	d "Y	es" to Form 9	90,		
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ıtıons	or other ass	ets	not	┌ Yes	Г	_ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng table		г		_			
_						-	4 -	An	nount		
C -I	Beginning balance					-	1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fo		e 21?						Yes	. [No
	If "Yes," explain the arrangement in Part XIV										
Pa	t V Endowment Funds. Complete	if the organizatio		<u>wered "Ye</u>)Prior Year		Form 990, wo Years Back		T IV, line 10. Three Years Back	(e)For	r Vea	rs Back
1a	Beginning of year balance	220,000	(1)	195,00	+ ` ´	WO TCGTS BUCK	1	THICE TCUIS BUCK	(C)i oc	- rea	13 Back
 b	Contributions	75,000		25,00							
c	Investment earnings or losses	4,638		4,65	8						
d	Grants or scholarships										
e	O ther expenditures for facilities	4,638		4,65	8						
	and programs				1						
f	Administrative expenses				1						
g	End of year balance	295,000		220,00	0						
2	Provide the estimated percentage of the yea		as								
а	Board designated or quasi-endowment 🕨	0 %									
Ь	Permanent endowment - 100.000 %										
c	Term endowment ► 0 %										
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hat are hel	d and	admınıstere	d for	the			
	organization by (i) unrelated organizations							3a(i) Ye	-	No No
	(ii) related organizations							3a(-	No
ь	If "Yes" to 3a(II), are the related organization				٠.٠		٠.	3		十	
4	Describe in Part XIV the intended uses of th	e organization's en	dowme	ent funds					_		
Par	t VI Investments—Land, Building:	s, and Equipme	nt. S	ee Form 9	90, F	art X, line	10.				
	Description of investment			(a) Cost or basis (invest		(b) Cost or o basis (othe		(c) Accumulated depreciation	(d)	Book	value
1a	Land					3,267	7,755			3,:	267,755
ь	Buildings					18,899	,682	8,832,14	7	10,0	067,535
c	_easehold improvements										
d	Equipment					1,239	,677	680,15	2		559,525
e	Other										

13,894,815

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		,
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	e Form 990, Part X, line	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion 5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Rental deposits	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Rental deposits	5.) , line 25. (b) A mount	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Rental deposits	5.) , line 25. (b) A mount	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Rental deposits	5.) , line 25. (b) A mount	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Rental deposits	5.) , line 25. (b) A mount	

_	Reconcination of change in feet reports from Forth pro-		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	752,516
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,005,086
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-252,570
4	Net unrealized gains (losses) on investments	4	96,826
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1
9	Total adjustments (net) Add lines 4 - 8	9	96,825
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-155,745
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	<u>'</u>
1	Total revenue, gains, and other support per audited financial statements	1	2,326,278
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	96,826
3	Subtract line 2e from line 1	3	2,229,452
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-1,476,936
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	752,516
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	2,482,022
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	Ť	
- а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	1,476,936
3	Subtract line 2e from line 1	3	1,005,086
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,005,086
Pai	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Endowment Funds	the intended use of the organization's endowment funds is to provide a stream of income to fund programs and resource center projects
Part XI, Line 8 - Other Adjustments		rounding difference -1
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSES -1438899 COST OF GOODS SOLD -31469 Direct Fundraising Expense -6568
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES 1438899 COST OF GOODS SOLD 31469 Direct Fundraising Expense 6568

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2009 Open to Public

Department of the Treasury

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

Name of the organization JAPANESE CULTURAL CENTER OF HAWAII Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	n
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	ber
Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	
a	
b	
c	
d ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?	
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is	
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is	
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts (v) A mount paid to (or retained by) fundraiser listed in organization organization.	d by)
Consulting and planning on capital campaign No 207,520 55,497	152,023
Total	152,023
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration.	tion or

licensing

ΗΙ

Pa	rt II	Fundraising Events. Components than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List	on answered "Yes" to events with gross reco	Form 990, Part IV, lır eıpts greater than \$5,	ne 18, or .000.	report	ted
			(a) Event #1 Leadership & achievement dinner (event type)	(b) Event #2 Jon Nakamatsu Concert (event type)	(c) O ther Events (total number)	(d) Tot (Add col col		
⊕ ∏	1	Gross receipts	145,748	7,980			15	3,728
Revenue	2	Less Charitable contributions	92,205	2,985	•		9	5,190
	3	Gross income (line 1 minus line 2)	53,543	4,995			5	8,538
	4	Cash prizes						
မာ	5	Non-cash prizes	697					697
Expenses	6	Rent/facility costs	5,973					5,973
ă	7	Food and beverages	25,177	5,365			3	0,542
Direct	8	Entertainment	17,944	474			1	8,418
ā	9	Other direct expenses .	37,618	729			3	8,347
	10	Direct expense summary Add line	es 4 through 9 in column	(d)			9	3,977
	11	Net income summary Combine lin	ies 3, column d, and line	10			-3	5,439
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col		
	1	Gross revenue						
penses	2	Cash prizes						
ğ.	3	Non-cash prizes						
Direct Ex	4	Rent/facility costs						
<u></u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	∀es	│ Yes <u>%</u> │ No			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Comb	oine lines 1, column d, ar	nd line 7				No
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	NO
10a b	100							
11 12	Is th	es the organization operate gaming a he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	ıp or other entity	. 12	.F7\ 20	

		Yes	No				
13	Indicate the percentage of gaming activity operated in						
а	The organization's facility						
b	An outside facility						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records						
	Name 🟲						
	Address -						
15a	Does the organization have a contract with a third party from whom the organization receives gaming						
	revenue?	,					
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+					
	amount of gaming revenue retained by the third party 🟲 \$						
c	If "Yes," enter name and address						
	Name 🟲						
	Address •						
16							
16	Gaming manager information						
	Name 🟲						
	Name F						
	Gaming manager compensation 🕨 \$						
	Description of services provided •						
	Director/officer Employee Independent contractor						
	I Independent contractor						
.7	Mandatory distributions						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?	<u> </u>					
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent						
	in the organization's own exempt activities during the tax year ▶ \$	1					

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

Software ID: **Software Version:**

EIN: 99-0256147

Name: JAPANESE CULTURAL CENTER OF HAWAII

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132042041

OMB No 1545-0047

Supplemental Information to Form 990

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information.

► Attach to Form 990.

Inspection

Name of the organization JAPANESE CULTURAL CENTER OF HAWAII

Employer identification number

99-0256147

Identifier	Return Reference	Explanation
		form 990, part v, line 7g the organization did not receive any contributions of qualified intellectual property

ldentifier	tifier Return Explanation Reference	
		form 990, part v, line 7h the organization did not receive any contributions of cars, boats, airplanes, and other vehicles

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		There shall be Perpetual, Associate, and Regular Members

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Voting members refer to Perpetual or Regular Members. Voting members can cast one vote for the election of Director to the governing board. Also any amendment, new or repeal of bylaws voted by the Directors are subject to repeal or change by the voting membership. Voting is done at the annual meeting in July of each year.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The form 990 will be provided to the board of directors for their review and will be reviewed by the Budget and Finance Committee prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each Board member receives the conflict of interest policy at the start of the fiscal year and signs the conflict of interest statement in acknow ledgement of receipt, and certifying that they understand and abide to the policy. If there is a conflict of interest the board member will notify the board of the conflict and if a conflict is found, the member abstains from voting. For key employees, there is a conflict of interest policy in the Employee Handbook, which they sign an acknow ledgement statement.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		The Nonprofit heads' salaries are available online and this is used as a reference. The Board designates a non-profit whose size and responsibilities are similar to JCCH. Also taken into consideration is the replacement market forces, what would have to be paid to fill the position. For the Executive Director, there is a performance evaluation that is distributed to the Board. An independent third party administers the evaluation Based on the evaluation, the board sets goals and is used as a basis for merit increases.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Documents are made available to the public upon request. Financial statements are also made available to the public by the annual report to members and through the membership new sletter. The new sletter is also posted on the organization's wiebsite.

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 1		The organization uses the modified cash method of accounting

ldentifier	Return Reference	Explanation
Form 990 Part XI, Line 2C		The board of directors assumes responsibility for oversight of the audit. This process has not changed from the previous year

Software ID: Software Version:

EIN: 99-0256147

Name: JAPANESE CULTURAL CENTER OF HAWAII

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other			
per week	week and higher		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations						
80	Х		х				0	0	0			
90	Х		x				0	0	0			
50	X		x				0	0	0			
80	Х		х				0	0	0			
70	Х		х				0	0	0			
70	Х		х				0	0	0			
20	Х						0	0	0			
70	X						0	0	0			
10	Х						0	0	0			
20	Х						0	0	0			
40	Х						0	0	0			
40	Х						0	0	0			
60	Х						0	0	0			
40	Х						0	0	0			
40	Х						0	0	0			
30	Х						0	0	0			
50	Х						0	0	0			
60	Х						0	0	0			
30	Х						0	0	0			
40 00			х				89,327	0	5,278			
40 00			х				60,365	0	5,153			
40 00			Х				52,714	0	4,687			
40 00			х				52,500	0	5,517			
	(B) Average hours per week 80 90 50 80 70 70 20 70 10 20 40 40 40 40 40 40 40 40 4	(B) Average hours per week Post to the per week 80	(B) A verage hours per week 80	(B) A verage hours per week (C) Individual trustee (C) Individual trustee 80 X X 90 X X 80 X X 80 X X 80 X X 70 X X 70 X X 20 X X 10 X X 20 X X 40 X X 40 X X 40 X X 40 X X 50 X X 40 X <	C Position (check a that apply) Reyemployee Position (check a that apply) Reyemploy Position (check a th	C	C	C	Compensation Comp			

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
education EVENTS	205,881	205,881		
MEMBERSHIP DEVELOPMENT	31,084			31,084
administrative cost	16,958		16,958	
Gallery	14,417	14,417		
PROPERTY & EXCISE TAXES	12,198	12,198		