# **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

# FOR THE YEAR ENDING

DECEMBER 31, 2018

THE FRIENDS OF THE JAPANESE HOUSE AND GARDEN 5070 PARKSIDE AVENUE NO. 1404 PHILADELPHIA, PA 19131
BBD, LLP 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

### \*\*\* PUBLIC DISCLOSURE COPY \*\*\*

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

OMB No. 1545-0047

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

Internal Revenue Service

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

2018	
Open to Public Inspection	

Α	For the	2018 calendar year, or tax year beginning and ending	<u> </u>	
В	Check if applicable	C Name of organization THE FRIENDS OF THE JAPANESE HOUSE AND	D Employer identifi	cation number
	Addres change	S GARDEN		
	Name change			223316
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address)  Room/s  1404		237-3550
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,172,143.
	Amend return	I III III III III III III III III III	H(a) Is this a group re	eturn
	Applica tion pendin	F Name and address of principal officer: ADEDATDE FERGUSON	for subordinates <b>H(b)</b> Are all subordinates in	
$\overline{\mathbf{T}}$	Ταν-ρνρ		<del></del>	list. (see instructions)
		E: ► WWW.JAPANPHILLY.ORG	H(c) Group exemption	
				A State of legal domicile: PA
		Summary	rour or formation, = = = = [	otato or logar dormono, = ==
		Briefly describe the organization's mission or most significant activities: SEE PART	' III, LINE 1	FOR THE
Activities & Governance	9	ORGANIZATION'S MISSION STATEMENT.		
ern	1	Check this box   if the organization discontinued its operations or disposed of r	1	
δŠ			3	22
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)		22
es	5	otal number of individuals employed in calendar year 2018 (Part V, line 2a)	5	19
Ĭ₹		Total number of volunteers (estimate if necessary)		150
Act	7a -	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	1 d	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
			Prior Year	Current Year
<u>e</u>		Contributions and grants (Part VIII, line 1h)	840,991.	699,976.
enr	9 1	Program service revenue (Part VIII, line 2g)	495,598.	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,481.	
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,051.	
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,361,121.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	572,796.	-
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ğ	b T	Total fundraising expenses (Part IX, column (D), line 25)  111,896.		44
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	573,563.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,146,359.	
	19	Revenue less expenses. Subtract line 18 from line 12	214,762.	104,511.
Net Assets or Find Balances	É		Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	498,802.	554,843.
at A	21	Total liabilities (Part X, line 26)	121,696.	72,700.
	22 1	Net assets or fund balances. Subtract line 21 from line 20	377,106.	482,143.
_		Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	•	y knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
		Signature of officer	Data	
Sig	jn	, -	Date	
He	re	ADELAIDE FERGUSON, BOARD PRESIDENT  Type or print name and title		
		,	I Data	I DTIN
<b>.</b> .		Print/Type preparer's name Preparer's signature	Date   Check   Check	PTIN
Pai	-	JENNIFER SOLOT John Solot. Cold	self-employ	
		Firm's name BBD, LLP	Firm's EIN	23-2896692
Use	Only	Firm's address 1835 MARKET STREET, 3RD FLOOR		F F C 7 B B B C 0
		PHILADELPHIA, PA 19103	Phone no.21	5-567-7770
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  JASGP INSPIRES MUTUAL CURIOSITY, UNDERSTANDING, AND COLLABORATION
	BETWEEN JAPAN AND THE PHILADELPHIA REGION. PROGRAMS: SHOFUSO JAPANESE
	HOUSE & GARDEN, SUBARU CHERRY BLOSSOM FESTIVAL, US-JAPAN BUSINESS &
	PUBLIC POLICY SERIES, JAPANESE ARTS, BUSINESS AND CULTURAL EDUCATIONAL
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
0	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.
7	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 \$ 365,000 • including grants of \$ ) (Revenue \$ 236,899 • )
Ta	JASGP OPERATES AND MAINTAINS SHOFUSO JAPANESE HOUSE AND GARDEN. IN
	2018, SHOFUSO SERVED APPROXIMATELY 38,000 STAKEHOLDERS.
4b	(Code: ) (Expenses \$ 270,000 • including grants of \$ ) (Revenue \$ 90,000 • )
	PRESENTATION OF THE SUBARU CHERRY BLOSSOM FESTIVAL, WHICH HAD AN
	ATTENDANCE OF 20,000 IN 2018.
	406 545
4c	(Code:) (Expenses \$ 106,545. including grants of \$) (Revenue \$
	ORGANIZE THE US-JAPAN BUSINESS AND PUBLIC POLICY SERIES, AND PRESENT
	JAPANESE ART, BUSINESS, AND CULTURAL PROGRAMS FOR MORE THAN 3,900
	STAKEHOLDERS IN 2018.
44	Other program services (Describe in Schedule O.)
<del>-t</del> u	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 741,545.

# THE FRIENDS OF THE JAPANESE HOUSE AND

Form 990 (2018)

GARDEN

Part IV | Checklist of Required 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X
_	during the tax year? If "Yes," complete Schedule C, Part II	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		- 22
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	44.	Х	
h	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	11a	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
~	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	Х	
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		^
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
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		Х
			206	

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# THE FRIENDS OF THE JAPANESE HOUSE AND

Form	990 (2018) GARDEN	23-22233	316	Р	age 4
Pa	rt IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	s current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," comple	te:			
	Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000	1			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comp				
	Schedule K. If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to d	efease			1
	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	-	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year	ar, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," con	nplete			
	Schedule L, Part I		25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current	: or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If	1			
	complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantia	I			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family me				
	of any of these persons? If "Yes," complete Schedule L, Part III		27		Х
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):				
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserved				
	contributions? If "Yes," complete Schedule M		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
	If "Yes," complete Schedule N, Part I		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV	1			37
	Part V, line 1		34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled				1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related of				v
	If "Yes," complete Schedule R, Part V, line 2	·····	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19			Х	
Pa	Note. All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Colorada a Complete Schedule Occasion and Tax Compliance		38	_ <u>^</u>	
Fa					
	Check if Schedule O Contains a response of note to any line in this Part V	<u></u>			L
	Enter the murpher reported in Day 0 of Forms 1000 February 0 15 and 1000 February 1000	15		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g (gambling) winnings to prize winners?		4	Х	
	(garnomig) withings to prize withers:		1c	1 43	(

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### Part V 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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		х
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
7 a	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
Ū	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  N / A   110			
a h	Gross income from members or shareholders N/A 11a Gross income from other sources (Do not net amounts due or paid to other sources 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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	F	990	(0040

Form 990 (2018)

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

_	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 4	22		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent		22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$		. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	. 5		X
6	Did the organization have members or stockholders?		. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
а	The governing body?		. 8a	_	
b	Each committee with authority to act on behalf of the governing body?		. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10k		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	118	a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12k	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	in Schedule O how this was done		. 120		
13	Did the organization have a written whistleblower policy?		. 13		
14	Did the organization have a written document retention and destruction policy?		. 14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al 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	a X	
b	Other officers or key employees of the organization		15k	X	
	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 arrange	ment with a			
	taxable entity during the year?		. 16a	a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's			
	exempt status with respect to such arrangements?		16k		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 501(c)	(3)s on	ly) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.				
		in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records 🕨			
	THE ORGANIZATION - 267-237-3550	10101			
	5070 PARKSIDE AVENUE, NO. 1404, PHILADELPHIA, PA	19131			

Form 990 (2018) GA

23-2223316

Page 7

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Key employee Highest compensated employee Former		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DENNIS MORIKAWA	1.00	7,		77				0	0	0
PRESIDENT	1.00	Х		Х				0.	0.	0.
(2) FRED HUFF	1.00	X		х				0.	0.	0.
VICE PRESIDENT	1.00	^	_	Δ	_	-		0.	0.	0.
(3) JEFFREY MCLAUGHLIN TREASURER	1.00	X		х				0.	0.	0.
(4) FRANK CHANCE	1.00	Δ	$\vdash$	Δ		┢		0.	0.	0.
SECRETARY	1.00	X		х				0.	0.	0.
(5) PAT DAILEY	0.25		$\vdash$			$\vdash$		0.	0.	•
DIRECTOR	0.23	x						0.	0.	0.
(6) ADELAIDE FERGUSON	0.25							0.0		
DIRECTOR		х						0.	0.	0.
(7) JAMES E. FOLEY, PH. D.	0.25							-		
DIRECTOR		Х						0.	0.	0.
(8) LEO A. HOLT	0.25									
DIRECTOR		Х						0.	0.	0.
(9) NOBUKI IIJIMA	0.25									
DIRECTOR		Х						0.	0.	0.
(10) KAORI IKEUCHI	0.25									
DIRECTOR		Х						0.	0.	0.
(11) HIROO MORI	0.25									
DIRECTOR		Х						0.	0.	0.
(12) KAZ MORIHATA	0.25									
DIRECTOR		Х						0.	0.	0.
(13) JAY SHOJI	0.25								_	_
DIRECTOR		Х						0.	0.	0.
(14) LOU PADULO	0.25									
DIRECTOR		Х						0.	0.	0.
(15) MILLER PARKER	0.25								_	_
DIRECTOR	0.05	Х			_	_		0.	0.	0.
(16) TAKASHI YUKOSHI	0.25	٠,,							_	_
DIRECTOR	0.05	Х	<u> </u>	$\vdash$	_	_	<u> </u>	0.	0.	0.
(17) THERESE STEPHEN	0.25	X						0.	0.	_
DIRECTOR 832007 12-31-18		Δ						J 0.	U •	0 <b>.</b> Form <b>990</b> (2018)

832007 12-31-18

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			((				(D)	(E)		(F)	
Name and title	Average	(do		Pos		l than	one	Reportable	Reportable		Estimate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount	of
	week	_	Cer an	iu a u	recio	or/trus	lee)	from	from related		other	
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC)	C	ompensa from th	
	related	e or d	stee			Highest compensated employee		(W-2/1099-MISC)	(88-2/1099-181130)		organizat	
	organizations	Individual trustee	Institutional trustee		yee	mper		(** 2, 1000 111100)		- 1	and relat	
	below	idual	tution	er	key employee	est co loyee	Je.			(	organizati	ons
	line)	Indiv	Instii	Officer	Key e	High emp	Former			$\perp$		
(18) STEVE UJIFUSA	0.25								_			_
DIRECTOR		Х						0.	0	•		0.
(19) WILLIAM WHITAKER	0.25								•			^
DIRECTOR	0 25	Х		lacksquare	_		L	0.	0	+		0.
(20) NOBUFUMI YASUE	0.25	-						0.	0			0
DIRECTOR	0.25	Х		$\vdash$	_		H	0.	0	+		0.
(21) MIRAI YASUYAMA	0.25	х						0.	0			0.
DIRECTOR (22) JOSEPH ZURISKY	0.25	_		$\vdash$	_		┢	0.	0	+		0.
DIRECTOR	0.23	х						0.	0			0.
(23) KIM ANDREWS	40.00			Н			$\vdash$	0.	0	+		<u> </u>
EXECUTIVE DIRECTOR	40.00	ł		х				90,985.	0		8,3	04.
IMPOSITAL BINDOLON							H	3073030		╫	0 7 5	<u> </u>
		1										
										$\top$		
		ĺ										
										$\top$		
		1										
1b Sub-total							<b></b>	90,985.	0		8,3	04.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								90,985.	0	•	8,3	04.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			_
compensation from the organization											1	0
											Yes	No
3 Did the organization list any <b>former</b> officer,												v
line 1a? If "Yes," complete Schedule J for s										F	3	X
4 For any individual listed on line 1a, is the su	•		-					·	-			X
and related organizations greater than \$150										Ľ	4	Λ
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-			_		,	5	X
Section B. Independent Contractors	piete Scrieduie	<del>2</del> J I	OI SI	ucii į	pers	SOII .					5	21
Complete this table for your five highest co	mnensated inc	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe		on from	
the organization. Report compensation for	-	-							•	ioatik	011 11 0111	
(A)	<u>, , , , , , , , , , , , , , , , , , , </u>							(B)	,		(C)	
Name and business	address	N	INC	3				Description of s	ervices	Com	npensatio	n
							_					
							$\dashv$					
2 Total number of independent contractors (i	naludina but s	ot II	mita	d +c	tha	SO 11	otoc	d abovo) who received ~	oro than			
\$100,000 of compensation from the organi	•	UL II	iiiite	u iU		se 11: )	ى ب <del>و</del> ل	a above, who received if	IOI G II IAI I			
\$ 100,000 of compensation from the organi	Lation									Fo	rm <b>990</b> (	2018)

GARDEN 23-2223316 Page 9 Form 990 (2018) Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 37,746. **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d 14,294. e Government grants (contributions) f All other contributions, gifts, grants, and 647,936 similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 699,976. h Total. Add lines 1a-1f Business Code 611710 432,696 432,696 2 a PROGRAM REVENUE Program Service Revenue f All other program service revenue 432,696. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 39,471 and allowances 15,268. **b** Less: cost of goods sold ..... 24,203. 24,203. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue

832009 12-31-18

Form 990 (2018)

,156,875.

Total revenue. See instructions

e Total. Add lines 11a-11d

456,899.

### 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).

Sect	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 respor	nse or note to any line in	this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	99,289.	19,857.	39,716.	39,716.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	416,847.	332,918.	44,504.	39,425.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	45,856.	35,786.	5,306.	4,764.				
10	Payroll taxes	42,600.	29,454.	6,786.	6,360.				
11	Fees for services (non-employees):								
а	9								
b	9								
С	Accounting								
d	, , , , , , , , , , , , , , , , , , , ,								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	, -	51,031.	29,449.	20,942.	640.				
40	column (A) amount, list line 11g expenses on Sch O.)	36,919.	30,004.	6,915.	040.				
12	Advertising and promotion	53,235.	28,092.	18,772.	6,371.				
13	Office expenses	33,233.	20,002.	10,772	0,371.				
14 15	Information technology								
16	Royalties	80,432.	59,857.	10,621.	9,954.				
17	Occupancy	11,598.	5,025.	6,573.	2,72323				
18	Payments of travel or entertainment expenses		7,020	7,0101					
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	8,435.	4,402.	3,883.	150.				
20	Interest	,	,	,					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	2,662.	1,841.	424.	397.				
23	Insurance	20,179.	12,491.	6,686.	1,002.				
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)								
	amount, list line 24e expenses on Schedule 0.)	4							
а	PROGRAM EXPENSES	128,381.	126,193.	36.	2,152.				
b	CREDIT CARD AND BANK FE	19,352.	40.600	19,352.					
С	ARTISTS AND PERFORMANCE	13,688.	13,688.						
d	RESTORATION EXPENSES	8,004.	8,004.	0.	0.				
	All other expenses	13,856.	4,484.	8,407.	965.				
25	Total functional expenses. Add lines 1 through 24e	1,052,364.	741,545.	198,923.	111,896.				
26	<b>Joint costs.</b> Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (004.0)				

Form 990 (2018)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	80,647.	1	42,093
2	Savings and temporary cash investments	5,105.	2	
3	Pledges and grants receivable, net		3	484,661
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	2,977.	8	2,058
9	Prepaid expenses and deferred charges		9	16,834
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 29,849			
b		6,727.	10c	4,065
11	Investments - publicly traded securities		11	
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	4,154.	15	5,132
16	Total assets. Add lines 1 through 15 (must equal line 34)	40000	16	554,843
17	Accounts payable and accrued expenses	121,696.	17	42,700
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	
g 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
<u> </u>	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	30,000
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	121,696.	26	72,700
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29	complete lines 27 through 29, and lines 33 and 34.	4.40 550		006 560
27	Unrestricted net assets			-206,569
28	Temporarily restricted net assets	525,678.	28	688,712
29	Permanently restricted net assets		29	
2	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ဖို့ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32	Retained earnings, endowment, accumulated income, or other funds		32	400 410
2 33	Total net assets or fund balances		33	482,143
34	Total liabilities and net assets/fund balances	498,802.	34	554,843

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)		1,15			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,05	2,3	64.	
3	Revenue less expenses. Subtract line 2 from line 1	3	104,511.		11. 06.	
4	3 3 7 ( 1 7 7 7 ( //					
5						
6						
7						
8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		5	26.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)) 10				43.	
Pa	rt 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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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.						
За	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		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits					

#### **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.

THE FRIENDS OF THE JAPANESE HOUSE AND

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

GARDEN 23-2223316 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	358,398.	269,589.	325,014.	840,991.	699,976.	2493968.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	250 200	060 500	205 014	0.40 0.01	600 076	0402060
4	Total. Add lines 1 through 3	358,398.	269,589.	325,014.	840,991.	699,976.	2493968.
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,						1046386.
•	column (f)						1447582.
	Public support. Subtract line 5 from line 4.						144/302.
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
	Amounts from line 4	358,398.	269,589.	(c) 2016 325, 014.	(d) 2017 840,991.	699,976.	2493968.
	Gross income from interest,	33073301	205,0051	020,0210	020,3320	03373700	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	333.	156.	597.	752.	0.	1,838.
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.)		9.				9.
11	<b>Total support.</b> Add lines 7 through 10						2495815.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 1	,709,927.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor		<u></u>				<u></u> ▶∟
	ction C. Computation of Publ						<u> </u>
14	Public support percentage for 2018 (					14	58.00 %
15	Public support percentage from 2017					15	58.82 %
16a	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
10	organization meets the "facts-and-circ						
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2018

### Schedule A (Form 990 or 990-EZ) 2018 GARDEN

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

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

Se	ction A. Public Support	siow, piedoe com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
	Gifts, grants, contributions, and	(4) 20	(3) 23 13	(5, 25 : 5	(0,) = 0 1 1	(0, 20.0	(1) 1010.
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	1					
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1	1	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ľ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						<del>                                     </del>
•••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						<del>                                     </del>
	First five years. If the Form 990 is for	the organization	s first second this	I rd fourth or fifth t	av voar as a socti	n 501(c)(3) organi:	zation
-	check this box and <b>stop here</b>	ě .	•	<i>'</i>	,		´ <b>,</b> $\Box$
Se	ction C. Computation of Publi						
	Public support percentage for 2018 (li			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2018. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
ŀ	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
- 55		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)		- 10	ago <b>o</b>
. u	Continued		Ves	NI-
44	Has the examination accepted a gift or contribution from any of the following payments		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly controls either alone or together with persons described in (b) and (c)			
d	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		
h	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		
	tion B. Type I Supporting Organizations	110		
000	tion b. Type i cupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	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 organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	).		
a	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.	tructi	<b>.</b> 1	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	uuctions		No
2	Activities Test. <b>Answer (a) and (b) below.</b> Did substantially all of the organization's activities during the tay year directly further the exempt purposes of		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All				
	other Type III non-functionally integrated supporting organizations must co				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	ganization (see	

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Pai	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
С	<b>c</b> From 2015			
	d From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
7	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

#### THE FRIENDS OF THE JAPANESE HOUSE AND

Schedule A	(Form 990 or 990-EZ) 2018 <b>GARDEN</b>	23-2223316 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

THE FRIENDS OF THE JAPANESE HOUSE AND GARDEN

Employer identification number

23-2223316

Organization type (check one):					
Filers of	•	Section:			
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),			
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year			
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to			

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
THE FRIENDS OF THE JAPANESE HOUSE AND
GARDEN

Employer identification number

23-2223316

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No1	Name, address, and ZIP + 4	\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d) Type of contribution	
No. 3	Name, address, and ZIP + 4	\$ 22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	Tioning soon odg und all 1 1	\$ 14,071.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization
THE FRIENDS OF THE JAPANESE HOUSE AND
GARDEN

Employer identification number

23-2223316

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_   \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		-			
		 \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		-			
		_ _ _			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		_ _ _ \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		_ _			
		_ \$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** THE FRIENDS OF THE JAPANESE HOUSE AND **GARDEN** 23-2223316 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

THE FRIENDS OF THE JAPANESE HOUSE AND

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**GARDEN** 

**Employer identification number** 23-2223316

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring		
	impermissible private benefit?		Yes No		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area		
	Protection of natural habitat Preservation of a certified historic structure				
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax		
	year ▶				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements i	t holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year		
	<b></b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year		
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for		
D	conservation easements.	( A.t. Illataria al Tronscorre	Nils and O'res'll and Assessed		
Pai	t III Organizations Maintaining Collections o	•	other Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (AS	•			
	historical treasures, or other similar assets held for public exl		ance of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts		
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
_					
2	If the organization received or held works of art, historical tre		al gain, provide		
	the following amounts required to be reported under SFAS 1				
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				

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Schedule D (Form 990) 2018

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

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Simi	lar Asse	<b>ts</b> (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	at are a s	significant	use of its	collection	items
	(check all that apply):									
а	X Public exhibition	d		Loan or exc	hange progra	ams				
b	X Scholarly research	е		Other						
С	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	ion's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	X No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets no	t included	I		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided on	Part XII	I			
Pai										
	'	(a) Current year		rior year	(c) Two yea			years back	(e) Four	ears back
1a	Beginning of year balance	,	,				,	-		
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end halanc	e (line 1	a column (	a)) held as:					
a	Board designated or quasi-endowment	one your one balanc	%	9, 001411111 (	a)) 11010 00.					
b	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation tha	at are held a	and administe	ered for t	the organ	ization		
ou	by:	obioti of the organiza		at are more	ara darriiriiote	)	ino organ	Zation	Ţ,	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								<del>- ` `   - </del>	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R2					3b	
4	Describe in Part XIII the intended uses of the								00	
	t VI Land, Buildings, and Equipm		WITIETIL	iulius.						
	Complete if the organization answered		) Part I\	/ line 11a 9	See Form 990	) Part X	line 10			
	Description of property	(a) Cost or o		<u> </u>	or other		ccumulat	od l	(d) Book	valuo
	Description of property	basis (investr			(other)		preciation		(u) BOOK	value
12	Land	<del>-   ` `</del>		24013	, , , , , ,	40	55.41.01	-		
	Land									
	Buildings Leasehold improvements							<del>-  </del>		
				2	9,849.		25,7	84.	Δ	,065.
	Equipment Other				,		25,7	<del></del>		,,,,,,,,,
	Add lines 1a through 1e (Column (d) must e		X colur	nn (R) line i	10c.)				4	,065.

Schedule D (Form 990) 2018 GARDEN			23	-2223316 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		•		
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11d. See Form 990	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
Part X Other Liabilities.	,			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See For	m 990, Part X, line 25	j.
1. (a) Description of liability	·	(b) Book value		
(1) Federal income taxes				
(2)				
(3)			-	
(4)				
(5)			1	
(6)			1	
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

	(Form 990) 2018	GARDEN						<u> 23-</u>	
Part XI	Reconciliation of	Revenue per	Audited Fir	nancial S	tatements	With Reven	nue per R	eturr	٦.
	Complete if the organia	zation answered "	Yes" on Form 9	90, Part IV,	line 12a.				

	Complete if the organization answered Tes Official 930,1 art 17, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,188,540.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	31,139.		
С	Recoveries of prior year grants	2c			
		2d	526.		
	Add lines 2a through 2d			2e	31,665.
3	Subtract line 2e from line 1			3	1,156,875.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,156,875.

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

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

1	Total expenses and losses per audited financial statements			1	1,083,503.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	31,139.		
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	31,139.
3	Subtract line 2e from line 1			3	1,052,364.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,052,364.
Da	+ VIII Complemental Information				

| Part XIII | Supplemental Information.

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

### PART III, LINE 1A:

THE COLLECTIONS OF THE ORGANIZATION HAVE BEEN ACQUIRED THROUGH CONTRIBUTIONS. THE COLLECTIONS ARE COMPRISED OF OBJECTS, ART AND TEXTILES THAT CONTRIBUTE TO INTERPRETING SHOFUSO AND JAPANESE CULTURE. THE ITEMS ARE CATALOGUED, PRESERVED AND CARED FOR IN COMPLIANCE WITH THE COLLECTION POLICY. THE COLLECTION ITEMS ARE NOT RECOGNIZED AS ASSETS IN THE STATEMENT OF FINANCIAL POSITION AND CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED AS SUPPORT ON THE STATEMENT OF ACTIVITIES.

#### PART III, LINE 4:

THE COLLECTIONS WERE ACQUIRED THROUGH CONTRIBUTIONS SINCE THE

ORGANIZATION'S INCEPTION. THE COLLECTIONS ARE COMPRISED OF OBJECTS, ART

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Schedule D (Form 990) 2018

Controlled VIII of the control of th
Part XIII   Supplemental Information (continued)
AND TEXTILES THAT CONTRIBUTE TO INTERPRETING SHOFUSO AND JAPANESE CULTURE.
THE ITEMS ARE CATALOGUED, PRESERVED AND CARED FOR IN COMPLIANCE WITH THE
COLLECTION POLICY. THE COLLECTION ITEMS ARE NOT RECOGNIZED AS ASSETS IN
THE STATEMENT OF FINANCIAL POSITION. CONTRIBUTIONS OF COLLECTION ITEMS
ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. JASGP'S COLLECTIONS ARE
USED FOR EXHIBITION TO MORE EFFECTIVELY INTERPRET JAPANESE ART AND CULTURE
AND THE USE OF JAPANESE ARCHITECTURE FOR VISITORS.
PART X, LINE 2:
GAAP REQUIRE ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY
UNCERTAIN INCOME TAX POSITIONS TAKEN ON THEIR TAX RETURNS. GAAP PRESCRIBES
A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE
RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES THAT IT
HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
GAIN ON FOREIGN CURRENCY TRANSLATION 526.

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

THE FRIENDS OF THE JAPANESE HOUSE AND

GARDEN
Part I

**Employer identification number** 

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

23-2223316

	Form 990, Part IV	/, line 14b.									
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,										
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No										
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	side the					
	United States.										
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)						
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total					
		offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and					
		in the region	independent contractors	gram services, investments, grants to	describe specific type	investments					
			in the region	recipients located in the region)	of service(s) in the region	in the region					
EAST	ASIA AND THE										
PAC]	IFIC	0	0	FUNDRAISING		0.					
3 2	Subtotal	0	0			0.					
	Total from continuation					<u> </u>					
J	sheets to Part I	0	0			0.					
^	Totals (add lines 3a					<del> </del>					
C	and 3b)	0	0			0.					
	und 00/	ı									

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

990) 2018 **GARDEN** 

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt of cash grant cash disbursement (f) Manner of (e) Amount by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization

Schedule F (Form 990) 2018

23-2223316

Page 3

Schedule F (Form 990) 2018 GARDEN 23-223316

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2018
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					-
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

art	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No

Instructions for Form 5713; don't file with Form 990)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2018

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Schedule F (Form 990) 2018

#### SCHEDULE O

Internal Revenue Service

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

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE FRIENDS OF THE JAPANESE HOUSE AND GARDEN

**Employer identification number** 23-2223316

FORM 990, PART I, DOING BUSINESS AS:

JAPAN AMERICA SOCIETY OF GREATER PHILADELPHIA

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAMMING.

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

FORM 990 IS DISBURSED TO AND REVIEWED BY THE FINANCE COMMITTEE AND EXECUTIVE DIRECTOR PRIOR TO FILING. COPIES OF THE APPROVED FORM 990 ARE DISTRIBUTED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY REQUIRES AN ANNUAL DISCLOSURE OF CONFLICT INTEREST BY DIRECTORS AND KEY EMPLOYEES, WHICH ARE MONITORED BY THE BOARD. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY WILL RESULT IN DISCIPLINE AND SANCTIONS AS DEFINED IN ARTICLE III, SECTION 5 OF THE POLICY.

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

THE EXECUTIVE COMMITTEE DETERMINES MANAGEMENT COMPENSATION AFTER A COMPARISON WITH SIMILAR MANAGEMENT SALARIES IN OTHER NONPROFIT ORGANIZATIONS.

STAFF'S SALARIES AND BENEFITS ARE BENCHMARKED BY THE EXECUTIVE COMMITTEE AGAINST REGIONAL CULTURAL NONPROFITS USING SEVERAL DIFFERENT BENCHMARKING

REPORTS FROM NONPROFIT SUPPORT ORGANIZATIONS.

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

Schedule O (Form 990 or 990-EZ) (2018)

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# Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. THE FRIENDS OF THE JAPANESE HOUSE AND print 23-2223316 GARDEN File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 5070 PARKSIDE AVENUE, NO. 1404 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PHILADELPHIA, PA 19131 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION • The books are in the care of ▶ 5070 PARKSIDE AVENUE, NO. 1404 - PHILADELPHIA, PA 19131 Telephone No. ► 267-237-3550 Fax No. ● If the organization does not have an office or place of business in the United States, check this box \_\_\_\_\_\_ ▶ L If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending

any nonrefundable credits. See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a \$ 0

5 0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

Change in accounting period

Form 8868 (Rev. 1-2019)

Initial return