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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No. 1545-1150

**Open to Public** Inspection

A	F	or the	2010 calendar year, or tax year beginning Ap	ril 1 , 2010,	and ending	_ M	arch 31	, 20 11				
8	Cr	neck if ap	C Name of organization	<del></del>		D Empl	oyer ide	ntification number				
Ļ	=	ddress c		n of Arizona			. 86	860675293				
上	=	larne cha		to street address)	Room/suite	E Telep	hone nu	mber				
F	=	nitial retur erminate	I I 1002 M Milliet KG		480-998-4724							
È	<b>≕</b> `	mended	City or town state or country and ZIP + 4			F Grou	F Group Exemption					
Ē	△ً	pplicatio	pending Scottsdale, AZ 85282	Nun	Number ▶							
G	À	ccount	ng Method:   ☐ Cash ☐ Accrual Other (specify) ►		н	Check I	Check ▶ ☑ if the organization is no					
1	W	Vebsit	e:  www.jbaa.net				equired to attach Schedule B					
J	Та	x-exen	pt status (check only one) —	(insert no ) 4947(a)(1) or	527	(Form 9	90, 990	-EZ, or 990-PF)				
K Check ▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,00												
	Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization choose											
	to	o file a	return, be sure to file a complete return.									
ī	. Ac	dd lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts	pts are \$200,000 or more,	or if total asset	s (Part II,						
li	ne	25, col	ımn (B) below) are \$500,000 or more, file Form 990 ınstead of For	n 990-EZ			<b>▶</b> \$	35649				
1	Pa	art I	Revenue, Expenses, and Changes in Net Ass	ets or Fund Baland	es (see the	instru		for Part I.)				
_			Check if the organization used Schedule O to resp	ond to any question	in this Part							
		1	Contributions, gifts, grants, and similar amounts received				1	0				
		2	Program service revenue including government fees a				2	0				
	1	3	Membership dues and assessments				3	30400				
		4	Investment income				4	00.00				
		5a	Gross amount from sale of assets other than inventory	5a	1		11.24					
		b	Less: cost or other basis and sales expenses		1	0						
	ł	C	Gain or (loss) from sale of assets other than inventory		line 5a\		5c	0				
		6	Gaming and fundraising events	THOM GO SIM JOB BOD	inic ou,			<del></del>				
		а	Gross income from gaming (attach Schedule G	ıf greater than			33.1					
	Revenue	a	\$15,000)		1	0						
		h	Gross income from fundraising events (not including \$		f contributio		₹.					
			from fundraising events reported on line 1) (attach Se		or contributio	115	學學工					
- 1			sum of such gross income and contributions exceeds	445 000\ I	1	2425						
		_	Less: direct expenses from gaming and fundraising ev	1 1	<u> </u>	3125	i., - '					
		d	Net income or (loss) from gaming and fundraising ev		d 6b and su	htraat	5.97					
		u	line 6c)	rents (add illies da all	id ob alid st	Duaci	64	2425				
		7a	Gross sales of inventory, less returns and allowances	170			6d	3125				
		b			<del>  -</del>	2124						
		C	<del>-</del>		<u> </u>	U		242				
		8	Gross profit or (loss) from sales of inventory (Subtract Other revenue (describe in Schedule O)			•••	7c	2124				
		9			EIVED.		8	0				
-	Expenses	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	35649				
			Grants and similar amounts paid (list in Schedule O)			8	10	15300				
		11	Benefits paid to or for members	"A" AUU I	l 5 2011 ·	is.	11	0				
		12	Salaries, other compensation, and employee benefits				12	7200				
-	ē	13	Professional fees and other payments to independent	contractors	EN, UT	- <del></del>	13	645				
2011	훘	14	Occupancy, rent, utilities, and maintenance			].	14	0				
• -	Ш	15	Printing, publications, postage, and shipping				15	2146				
0		16					16	173				
ഞ		17	Total expenses. Add lines 10 through 16	<del></del>		<u> </u>	17	32464				
à.UG	ts	18	Excess or (deficit) for the year (Subtract line 17 from li				18	-3186				
-=1	Assets	19	Net assets or fund balances at beginning of year (from	om line 27, column (A	)) (must agre	e with	مثد					
	À		end-of-year figure reported on prior year's return) .				19	39526				
يَلِياً	草	20	end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain Net assets or fund balances at end of year. Combine l work Reduction Act Notice, see the separate instructions.	ın Schedule O)			20					
4	_	21	Net assets or fund balances at end of year. Combine	ines 18 through 20	<u></u> .	. ▶	21	36340				
	or	Paper	work Reduction Act Notice, see the separate instructions.	Ca	t. No. 106421			Form <b>990-EZ</b> (2010				
(S)												
(U)								١٥				
								1				

Pai	rt II Balance Sheets. (see the instructions to Check if the organization used Schedule		diam im dhia	Dort II		_
	Check if the organization used Schedule	O to respond to any ques	tion in this		• •	· · · · .
-00	Cook assisses and assessments			(A) Beginning of year	001	(B) End of year
22 23	Cash, savings, and investments			36340	23	39526
24	Land and buildings				24	0
25	Total assets			36340	-	39526
26	Total liabilities (describe in Schedule O)				26	33320
27	Net assets or fund balances (line 27 of column		)	36340	-	39526
Par			•			Expenses
	Check if the organization used Schedule				(Req	uired for section
What	t is the organization's primary exempt purpose?	support the Japanese comm	nunity			c)(3) and 501(c)(4)
Desci	ribe what was achieved in carrying out the organization	's exempt purposes. In a clea	r and concis	se manner, describe		nizations and section 7(a)(1) trusts; optional
the se	ervices provided, the number of persons benefited, and o	other relevant information for e	ach progran	n title.		thers.)
28	JBAA supports the AZ Gauken School by providing .	Japanese businessmen assi	gned to the	United States		
	with classes that promote the integration of the Japa	nese language, culture and I	heritage.			
		••••••••••				
		includes foreign grants, che			28a	12000
29	JBAA provides financial support to the Annual Matsu				1	
	the Japanese culture. In order to enhance the interes			s financial		
	support to various institutions in improve Communic					
30	(Grants \$ ) If this amount	includes foreign grants, che	eck nere .	<u> ▶ ⊔</u>	29a	3300
30	In oder to enhance international studdies the JBAA of	donatos timo and angreto be	ina hormon		l	
	Businessmen and thier American counterparts.	donates time and engry to br	ing narmon	y to 05		
		ıncludes foreign grants, che	ack hara		30a	17163
31		· · · · · · · · · · · · · · · ·			30a	17103
•.		includes foreign grants, che			31a	
32	Total program service expenses (add lines 28a t	through 31a)			32	32463
	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not co	mpensated. (see the	instru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to any ques	stion in this	s Part IV		📋
	(a) Name and address	(b) Title and average hours per week	(c) Compe			(e) Expense account and
		devoted to position	enter -			
see	attachment					
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Part				$\Box$
	Check if the organization used Schedule O to respond to any question in this Part V	<del>· ·</del>	· ·	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>✓</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		<b>√ √</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			لا
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37Ь		<b>√</b>
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		<b>✓</b>
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	.		1 1
b	Gross receipts, included on line 9, for public use of club facilities	.		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		· ,	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	,		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>✓</b>
41	List the states with which a copy of this return is filed. ▶ arizona			
42a	The organization's books are in care of ▶ Debra Rankin  Located at ▶ 1840 S Pinto, Apache Junction  Telephone no. ▶  ZIP + 4 ▶	48096 85	87772 120	!
b	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country:	420	<del>                                     </del>	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<u> </u>	<u> </u>	<b> </b>
_	completed instead of Form 990-EZ	44a	<u> </u>	/
b	· · · · · · · · · · · · · · · · · · ·			<del></del>
	completed instead of Form 990-EZ	44b	_	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	$\vdash$	+ ✓
d	explanation in Schedule O	44d	<u> </u>	1

Form 990	0-F7 (20	10)					P	age 4
	(20	,			<del></del>		Yes	<del></del>
45	ls anv	related organization a controlled entity of	the organization within the r	meaning of section	1 512(b)(13)?	45		7
а	Did th meani	e organization receive any payment from ong of section 512(b)(13)? If "Yes," Form	r engage in any transaction	with a controlled	entity within the			İ
		990-EZ (see instructions)				45a		_
	to ca	e organization engage, directly or indirectly ndidates for public office? If "Yes," comple				46		<b>√</b>
Part \	- ;	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and 52, and complete the tables for lin	17(a)(1) nonexempt charit es 50 and 51.	able trusts must	answer questio	ll sec ns 41	tion 7-491	b
		Check if the organization used Schedule	O to respond to any ques	tion in this Part V	<u>'</u>	<u> </u>		
4-7	D: 1 1 L		-0 16 W/ IIl-t- O-b	4.1. O D. 4.0			Yes	No
47		e organization engage in lobbying activitie	· •		<sup>.</sup>	47		<b>V</b>
48 49a		organization a school as described in section or organization make any transfers to an expension or organization make any transfers to an expension or organization make any transfers to an expension or organization or organization as the control of the control or organization or organization as the control or		•	E	48 49a	<del> </del>	<b>/</b>
		s," was the related organization a section 5	•	a organization .		49b	<u> </u>	<b>V</b>
50		blete this table for the organization's five hi	•	vees (other than o	fficers, directors, t		es an	d kev
		byees) who each received more than \$100,						
	(a) Nar	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Exper	and
			·					
						<del> </del>	~	<del></del>
						1		
f 51	Comp \$100,	number of other employees paid over \$100 plete this table for the organization's five 000 of compensation from the organization of compensation from the organization from the o	highest compensated inde n. If there is none, enter "No	one."				
		(a) Name and address of each independent contractor	paid more than \$100,000	(6) 195	e of service	(c) Co	mpens	ation
					İ			
d	Total	number of other independent contractors	each receiving over \$100.00	n <b>-</b>				
52	Did th	ne organization complete Schedule A? Not xempt charitable trusts must attach a com	e: All section 501(c)(3) orga		```	7 v	. [7]	
Under p	enalties	of perjury, I declare that I have examined this return, in d complete. Declaration of preparer (other than officer)	cluding accompanying schedules a	and statements, and to	the best of my knowled	J <b>Yes</b> dge an		
	irect, air	d complete. Beclaration of preparer (other trial officer)	// / / / / /	Tipreparer has any kno		-		
Sign		Signature of officer			8-12-2	101	<u> </u>	
Here	mR. Akihito NAKAmura - Treasurer							
		Type or print name and title	arer's signature	Date		DTIN		
Paid		Print/Type preparer's name	aci a aigilatura	Date	Check I if self-employed	PTIN		
Prep		Firm's name ▶			Firm's EIN ►	_		
use	Only Fim's name ► Fim's EIN ►							

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

. ▶ ☑ Yes ☐ No

JAPAN BUSINESS ASSOCIATION OF ARIZONA 86-06752 990-EX tax return 3/31/2011						
Arizona Form 99	Line 19					
Administration Expenses						
Tax filing and Fees	\$	645.00				
Meetings & Confereences	\$	7,173.00				
Advertising	\$	1,177.00				
Web Site Maintance	\$	650.00				
TOTALS	\$	9,645.00				

STATEMENT Line 19

## JAPAN BUSINESS ASSOCIATION OF ARIZONA 86-0675293

990-EX tax return 03/31/2011

FORM 990EZ, PART IV -LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

## Business Name & Address Staff Name & Position / Title

Time

Nissan Technical Cntr N America, Inc. 7815 N. White & Parker Rd., Stanfield, AZ 85272 Part Time Okada, Mr. Sadaharu, Secertary

SUMCO USA Corp. 19801 N Tatim, Phoenix, AZ 85050 Ichikawa, Mr. Mitsuru - President

Part Time

Toyota Technical Center U.S.A. 30700 W. Patton Rd., Wittman, AZ 85361 **Takeshita, Mr. Eiji,**, Vice President

Part Time

Nikko Materials USA Inc. (NMU Bldg) 125 N. Price Rd., Chandler, AZ 85224 Fukuyo, Mr. Hideaki, Vice Presdient

Part Time

MGC Pure Chemicals America, Inc. 6560 S. Mt. Rd., Queen Creek, AZ 85242-9716

Masunaga, Mr. Akito, JBAA Director

Part Time

IBIDEN USA Corporation 1300 N. McClintock Dr., Bldg. A, Chandler, AZ 85226

Nakamura, Mr. Akihito, JBAA Director

Part Time

Shinko Electric America, Inc. 4450 S Rural Rd #B-200, Tempe, AZ 85282 Sakaguchi, Mr. Tetsuo, JBAA Director

Part Time

Attorney at Law 10049 E. Dynamite Blvd., Village at Troon North #115 (Box 3), Part Time Kondo, Yuri, JBAA Director Scottsdale, AZ 85262

STATEMENT Part IV