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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)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must
file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than
\$250,000 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

2007

OMB No. 1545-1150

Open to Public Inspection

	~ FU	1 2007 0	nendar year, or tax year beg.		, 2007, & end.				, 20
	B Ch	eck if olicable	C Name of organ	nization		D	Employe	er Ide	entification number
		dress cha	ge Use IRS CENTRO CU	LTURAL DE MEXICO	EN EL CON	ODADI			33-0614169
	Н	me chang	label or No. & street (o	r P O. box, if mail is not delivere			Telephoi	ne nu	
	Н	nal return	print or type.		u 15 02001 222,000,	Suite	ТОЮРПО		
	H	See DIA II EMIL OM						(7	14)543-0095
	H								
		Anended return tions. City of town, state of country, and Zir + 4							MON
							Number.		V Carb Anamari
	• S	ection 5		17(a)(1) nonexempt charitable t	rusts must attach				X Cash Accrual
			<u></u>	dule A (Form 990 or 990-EZ).			(specify)		
			<u>www.el-centro</u>			-		_	zation is not required
			on type (check only one) X 5		1947(a)(1) or 52				rm 990, 990-EZ, or 990-PF).
		_		tion 509(a)(3) supporting organi			normally	not r	nore than \$25,000. A
				on chooses to file a return, be su					
				ss receipts, if \$100,000 or more, file Fo			\$		70,363
	Pai	11	Revenue, Expenses, an	d Changes in Net Asset	s or Fund Bala	inces (See i	nstruction	1S.)	
				similar amounts received				1	63,994
		2	rogram service revenue includ	ing government fees and contra	cts		L	2	500
		3	lembership dues and assessm	ents			L	3	
		4	nvestment income				L	4	
		5a (ross amount from sale of asse	ts other than inventory	5a				
		b	ess: cost or other basis and sa	les expenses	5b				
	R	С	iain or (loss) from sale of asset	s other than inventory. Subtract	line 5b from line 5a	(attach sched	lule)	5c	
	E	6	pecial events and activities (att	tach schedule). If any amount is	from gaming,	•			
	Ě	a	iross revenue (not including \$	of contr	ibutions	EDEIN		- 1	
	REVENUE	1	eported on line 1)				842		
		b	ess: direct expenses other thar	n fundraising expenses	6b	NIR TA	500		
13		С	et income or (loss) from specia	al events and activities. Subtract	line 6b from line 6a	1	:#1	6c	5,342
SCANNED		7a (iross sales of inventory, less re	turns and allowances	7a	DENDOR			
Z		ь	ess. cost of goods sold		7b		ICH	1	
Z		c	iross profit or (loss) from sales	of inventory. Subtract line 7b fro	om line 7a			7c	
		8	ther revenue (describe ►Se	e attachment #2) [8	27
		9 .	otal revenue. All lines 1, 2, 3,	4, 5c, 6c, 7c, and 8			. ▶ [9	69,863
AUG				(attach schedule)				10	· · · · · · · · · · · · · · · · · · ·
	E	11	enefits paid to or for members	CEIVEU				11	
 200	Х			nd employee benefits				12	
~	P E			ments to independent contracto				13	
20	E N	14	ccupancy, rent, utilities, and m	naintenance			[14	65,933
	Ĕ	15	rinting, publications, postage	and shipping			[15	
	S	16	ther expenses (describe	and shipping) [16	5,672
				rough 16				17	71,605
		r		Subtract line 17 from line 9				18	-1,742
	, A		-	peginning of year (from line 27, o			····		
	ASSE TET			prior year's return)			Ī	19	2,858
	Ť	l		und balances (attach explanation				20	
	S	1	_	end of year. Combine lines 18 th			· · · ·	21	1,116
	Par			al assets on line 25, column (B)					
	<u> </u>	* * * * * *	(See instru		<u> </u>	(A) Beginnii		$\overline{}$	(B) End of year
	22 (Cash sa	•	· · · · · · · · · · · · · · · · · · ·	<u> </u>		2,858	22	345
							,	23	
			ets (describe ►See atta		′./			24	771
				#1	' 		2,858	25	1,116
			illitles (describe ▶		\ F		0	26	0
				f column (B) must agree with lir				27	1,116
	-, ,		: IGIIG PGIGIIVES (IIIIC E/ U	, voisini i i i i i i i i a di ce i i i i i i i i i i i i i i i i i i		4			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2007)

Forr	n 990-EZ (2007)	CENTRO CULT	URAL DE MEXI	CO 33	-063	14169			Page	2
Pa	rt, III Statement	of Program Service Accor	nplishments (See ins	structions.)				Expens	es	
Wha	at is the organization's p	rimary exempt purpose? See a	ttachment #5	<u> </u>					1(c)(3) & (4	
Des	cribe what was achieve	d in carrying out the organization's	exempt purposes. In a c	lear and concis	se man	ner,			d 4947(a)(1)
desc	cribe the services provide	ded, the number of persons benefit	ed, or other relevant info	rmation for eac	ch prog	ram title.	trusts; c	ptional fo	r others.)	_
28			·							
			<u> </u>]			
	(Grants \$) If this amount includes f	oreign grants, check her	<u>е</u>		>	28a			_
29	 -					_				
										
,							_			
	(Grants \$) If this amount includes f	oreign grants, check her	<u> </u>	· · · · <u> </u>	•	29a			_
30							1 1			
	(Cranta di	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				<u>.</u>				
	(Grants \$) If this amount includes for	oreign grants, check her	e,,, _ ,,,,		_ • 1	30a			
	Other program services (Grants \$	•	arolan aronto, obook bor	•		. \Box	31a			
	<u>`————</u>) If this amount includes for expenses. Add lines 28a through:					32		0	—
		cers, Directors, Trustees,						Instruction		_
, a	LIST OF OTHE	cers, Directors, Trustees,	(B) Title & average	(C) Compens				(E)	Expense	—
	(A) Name	and address	`hours per week devoted to position	(If not pale enter -0-	d,	employee b & deferr		s acco	ount and allowance:	s
Se	e attachment	: #6	dovoted to postabili		"			+		_
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
				J]		
				[1					
Pa	rt V Other Infor	mation (Note the statement requ	irement in General Instru	iction V.)	•				Yes No	<u> </u>
33		nake a change in its activities or me			" attach	ı a				
	detailed statement of	each change						. 33	X	
34		ade to the organizing or governing			? If "Ye	es,"				_
	attach a conformed co	opy of the changes						34	X	
35	If the organization had	d income from business activities, s	uch as those reported or	n lines 2, 6, and	d 7 (an	nong othe	ers), but			
	not reported on Form	n 990-T, attach a statement explaini	ng your reason for not re	eporting the inc	come o	n Form 9	90-T			
а	Did the organization h	nave unrelated business gross incoi	me of \$1,000 or more or	6033(e) notice	, repor	tıng, and				
	proxy tax requirement	ts?						35a	X	
b		tax return on Form 990-T for this y						. 35b	X	
36	Was there a liquidatio	n, dissolution, termination, or subst	antial contraction during	the year? If "Y	'es," att	ach a				
	statement							. 36	X	
37a	•	cal expenditures, direct or indirect,						_		
b		le Form 1120-POL for this year?						. 37b	X	
38a	Did the organization b	porrow from, or make any loans to,	any officer, director, trus	tee, or key em	ployee	or were				
		in a prior year and still unpaid at th			turn?			38a	X	
b	If "Yes," attach the scl	hedule specified in the line 38 instru	actions and enter the am	ount						
				<u>.</u>	38b					
39	501(c)(7) organization							_		
2	Initiation fees and can	utal contributions included on line 9	1		39a		N/:	ΔΕ	1	

Pai	rt V	Other Information	(Note the statement require	ment ir	General Instruc	ction V.) (Co	ntinued)				
40a	501(c)(3) organizations. Enter a	mount of tax imposed on th	e orgar	nization during th	ne year und	er:				
	sectio	on 4911 ▶	; section 4912 ▶			; section 49	955 ▶		_		
þ	501(c)(3) and (4) organizations	. Did the organization engag	e in an	y section 4958 e	xcess bene	fit transacti	on during the		Yes	No
	year c	or did it become aware of	an excess benefit transactio	n from	a prior year? If '	'Yes," attach	n an explan	ation	40b		X
C	Enter	amount of tax imposed o	n organization managers or	disqual	lified persons du	ırıng					
	the ye	ear under sections 4912, 4	1955, and 4958			. •					İ
d			reimbursed by the organiza					 _			ŧ
е	All org	ganizations. At any time di	uring the tax year, was the o	rganıza	ition a party to a	prohibited	tax shelter	 _			1
									40e		X
41			y of this return is filed. ► C.								
42a	The b	ooks are in care of > Se	ee attachment	#6		Te	lephone no	. ▶			
	Locate	ed at ▶					ZIP + 4	-			
Ь	At any	time during the calendar	year, did the organization h	ave an	interest in or a	signature or	other auth	ority			
			reign country (such as a ban							Yes	No
									42b		X
		s," enter the name of the t									
			ons and filing requirements t	or For i	m TD F 90-22.1						
С			year, did the organization n				S.?		42c]	X
	-	s," enter the name of the f	-								
43			charitable trusts filing Form 9	90-EZ	in lieu of Form	1041 Ch	neck here .				▶ [
			empt interest received or ac					1 1			٠
Plea Sigr	1	and belief, it is true, correct Signature of officer			her than officer) is	based on all in	formation of J Date	Which preparer has a UL 2 5 2011	ıny knov		
Her	-	BENJAMIN V	VAZQUEZ		I	PRESIDI	ENT				
		Type or print name	and title.	<i>I</i>							
Pald		Preparer's signature Aaron		JU	Date 2 5 2011		k if self- oyed ▶	Preparer's SSN or P	TIN (Se	e Gen, la	nst X)
Prepa	arer's	Firm's name (or yours	Amigos Center				EIN	<u> </u>			
Use (Only	ıf self-employed),	17412 Beach Blv					ne no ▶			
		address, and ZIP + 4	Huntington Be	ington Beach CA 92647 714-369-834							
JVA	07	990EZ3 TWF 22148	Copyright Forms (Software Only) – 2007	TW			Forr	n 990	–EZ	(2007)

SCHEDULĘ A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service

Supplementary Information -- (See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ 2007

OMB No. 1545-0047

Name of the				Employer identific	ation number
	CULTURAL DE MEXICO EN			33-0614169	
Part I	Compensation of the Five High (See the instructions. List each one. If ther		her Than Office		
(a) Name a	and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					<u>-</u>
Total number	r of other employees paid over \$50,000 🕨	0			
Part II-A	Compensation of the Five High	est Paid Independent C	contractors for	Professional Se	ervices
/a\ Nama	(See the instructions. List each one (whether and address of each independent contract	·		of service	(c) Compensation
NONE	and address of each independent contract	tor paid more man \$50,000	(2) 1900	01 301 1100	(c) componential
NONE					
Total number	r of others receiving over \$50,000 for				
	services	0			
Part II-B	Compensation of the Five High	est Paid Independent (Contractors for	Other Services	
	(List each contractor who performed servi		vices, whether indiv	iduals or	
	firms. If there are none, enter "None." See		(h) Tuno	of convoc	(c) Compensation
NONE	and address of each independent contrac	tor paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE					
Total numbe	r of other contractors receiving over	T			1
	other services	0			
+30,000 101 C			L 		· · · · · · · · · · · · · · · · · · ·

Pe	Statements About Activities (See the instructions)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,		
	Part VI-A, or line I of Part VI-B.)		<u>X</u>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?	 	<u>x</u>
b	Lending of money or other extension of credit?		<u>x</u>
С	Furnishing of goods, services, or facilities?	-	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	-	X
e	Transfer of any part of its income or assets?		X
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	-	<u>x</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	:	Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<u>x</u>
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		Х
b	Did the organization make any taxable distributions under section 4966?	,	
С	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such finds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		

33-0614169

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Schedule A (Form 990 or 990-EZ) 2007 CENTRO CULTURAL DE MEXICO

Part IV Reason for Non-Private F	oundation Status	(See instructions.)					
I certify that the organization is not a private founds 5 A church, convention of churches, or asso			applicable box)			
6 A school Section 170(b)(1)(A)(ii). (Also co	emplete Part V.)						
7 A hospital or a cooperative hospital service	e organization Section	170(b)(1)(A)(III).					
8 A federal, state, or local government or go	overnmental unit. Sectio	n 170(b)(1)(A)(v).					
9	in conjunction with a h	ospital. Section 170(b	o)(1)(A)(III). En	ter the hospital	's name, city, and		
10 An organization operated for the benefit o (Also complete the Support Schedule in	-	owned or operated b	y a governme	ental unit. Section	n 170(b)(1)(A)(ıv)		
11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)							
11b A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)							
An organization that normally receives: (1) from activities related to its charitable, etc from gross investment income and unrelated organization after June 30, 1975. See section 3. An organization that is not controlled by a requirements of section 509(a)(3). Check Type I. Type II.	, functions subject to ted business taxable inction 509(a)(2). (Also conny disqualified persons the box that describes to type III Functional	o certain exceptions, a come (less section 51 inplete the Support S (other than foundation the type of supporting ally Integrated	and (2) no mo 1 tax) from bu chedule in Pa n managers) a organization.	ore than 33 1/3% sinesses acquire art IV-A.) and otherwise m	6 of its support ed by the		
Provide the following	Information about the	supported organiza	tlons. (See in	structions)			
(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) (e) Is the supported Amount organization listed in support		(e) Amount of support		
			Yes	No			
Total							
		<u></u>					
14 An organization organized and operated JVA 07 990A34 TWF 21863 Copyright Form	to test for public safety				n 990 or 990-EZ) 2007		

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

	Tou may use the worksheet in					(a) Total
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	65,041	24,597	17,069	22,19	7 128,904
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services					
	performed, or furnishing of facilities in any activity that is					
	related to the organization's charitable, etc., purpose	8,182	23,649	27,632	3,84	9 63,312
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)5), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in					
	line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets # 7.	419		77		496
23	Total of lines 15 through 22	73,642	48,246	44,778	26,04	6 192,712
24	Line 23 minus line 17.	65,460	24,597	17,146	22,19	7 129,400
25	Enter 1% of line 23,	736	482	448	26	0
26	Organizations described on I	Ines 10 or 11: a	Enter 2% of amount	ın column (e), line 24.	▶ 26	Sa 2,588
b	Prepare a list for your records					
	governmental unit or publicly s					24 406
	amount shown in line 26a. Do					34,406
С	Total support for section 509(a				i i	ic 129,400
d	Add: Amounts from column (e)) for lines: 18	496	19		
		22	496_	26b34	<u>,406</u> ▶ 26	34,902
е	Public support (line 26c minus				· · · · · · · · · · · · · · · · · · ·	Se 94,498
f	Public support percentage (I					6f 73.03 %
27	Organizations described on l person," prepare a list for your Do not file this list with your	records to show the n	amounts included in lir ame of, and total amou of such amounts for ea	unts received in each	t were received fror year from, each "di	n a "disqualified squalified person."
	(2006)	(2005)	(200	4)	(2003)	
b	For any amount included in lin show the name of, and amour (Include in the list organization computing the difference betw (the excess amounts) for each (2006)	e 17 that was received it received for each yeas is described in lines 5 to een the amount received.	from each person (oth ar, that was more than through 11b, as well as ed and the larger amo	ner than "disqualified p the larger of (1) the s individuals.) Do not unt described in (1) o	persons"), prepare a amount on line 25 f file this list with your or (2), enter the sum	or the year or (2) \$5,000 our return. After
С	Add: Amounts from column (e) for lines: 15		16		
·	· · ·			21		7c
d	Add: Line 27a total		nd line 27b total			7d
e	Public support (line 27c total n	ninus line 27d total)			> 2	7e
f	Total support for section 509(a					
g	Public support percentage (i					7g [†] %
h	Investment Income percenta					7h %
<u></u>	Politici ilioville percella		o) (namerator) divides			

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²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other		Yes	No
	governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			1
	catalogues, and other written communications with the public dealing with student admissions, programs, and			
	scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	The first state of the first sta			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		[
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			<u> </u>
_	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
·	student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
u	Copies of air material accuracy in organization of office contained containe			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			-
	in you and to to any of the above, pleases explaining (if you need the explained a separate of the control of the any of the above, pleases explaining (if you need the explaining of the control of the any of the above, pleases explaining (if you need the explaining of the control of the any of the above, pleases explaining (if you need the explaining of the above, pleases explaining of the above, pleases explaining of the above, pleases explained and the above, pleases explaining of the above, and the above explaining of the abo			
33	Does the organization discriminate by race in any way with respect to:			
				1
а	Students' rights or privileges?	33a	İ	
b	Admissions policies?	33b	}	
С	Employment of faculty or administrative staff?	33c	<u> </u>	
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		J
g	Athletic programs?	33g	<u> </u>	
h	Other extracurricular activities?	33h		<u> </u>
				1
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		ļ
			1	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		ļ
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			1
				1
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of			F
	Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	1	1

JVA

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures (add lines 36 and 37) Total lobbying expenditures (add lines 36 and 37) Total exempt purpose expenditures (add lines 38 and 39) Total exempt purpose expenditures (bobying nontaxable amount. Enter the amount from the following table	36 37 38 39 40 41 42 43 44 n 50	Affiliated total	a) i group als		ol" provisions ap (b) To be complet for all electin organization
Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures (add lines 36 and 37) Total lobbying expenditures (add lines 36 and 37) Total lobbying expenditures (add lines 38 and 39) Total exempt purpose expenditures (add lines 38 and 39) Total exempt purpose expenditures (add lines 38 and 39) Total exempt purpose expenditures (add lines 38 and 39) Total exempt purpose expenditures (add lines 38 and 39) Total exempt purpose expenditures (add lines 38 and 39) Total over \$500,000 expenditures (add lines 38 and 39) Total over \$500,000 grassle amount (and a section 50,000 grassle amount is	37 38 39 40 41 41 42 43 44 nn 50 nplete	all of the fiv		nns beld	
Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Total lobbying expenditures (add lines 38 and 39) Total exempt purpose expenditures (add lines 38 and 39) Total exempt purpose expenditures (add lines 38 and 39) Total exempt purpose expenditures (add lines 38 and 39) Total exempt purpose expenditures (add lines 38 and 39) Total by the exempt purpose expenditures (add lines 38 and 39) Total lobbying nontaxable amount is The lobbying nontaxable amount is The lobbying nontaxable amount is The lobbying nontaxable amount is The lobbying nontaxable amount is The lobbying nontaxable amount is The lobbying nontaxable amount is The lobbying total line 40 Total lobbying table The lobbying nontaxable amount is The lobbying is 10% of the excess over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 S175,000 plus 10% of the excess over \$1,500,000 S175,000 plus 10% of the excess over \$1,500,000 S175,000 plus 5% of the excess over \$1,500,000 S175,000 plus 10% of the excess over	37 38 39 40 41 41 42 43 44 nn 50 nplete	all of the fiv		nns beld	ow
Total lobbying expenditures (add lines 36 and 37). Other exempt purpose expenditures (add lines 38 and 39). Obyting nontaxable amount. Enter the amount from the following table — In the amount on line 40 is — The lobbying nontaxable amount is — Not over \$500,000 20% of the amount on line 40. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Over \$17,000,000 Over \$1,000,000 \$1,000,000 Ov	38 39 40 41 42 43 44 n 50 nplete	all of the fiv		nns belo	ow
Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table — If the amount on line 40 is — The lobbying nontaxable amount is — Not over \$500,000 20% of the amount on line 40. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36. Enter —0— if line 42 is more than line 36 Subtract line 41 from line 38. Enter —0— if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4—Year Averaging Period Under Section (Some organizations that made a section 501(h) election do not have to complete the instructions for lines 45 through 50 Lobbying Expenditures During 4—Y	41 42 43 44 n 50	all of the fiv		nns belo	ow
Total exempt purpose expenditures (add lines 38 and 39). Lobbying nontaxable amount. Enter the amount from the following table — If the amount on line 40 is — Not over \$500,000	41 42 43 44 n 50	all of the fiv		nns beld	ow
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Not over \$500,000	42 43 44 In 50 inplete	all of the fiv		nns belo	ow
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Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	42 43 44 In 50 inplete	all of the fiv		nns beld	ow
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00	42 43 44 In 50 inplete	all of the fiv		nns beld	ow
Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section (Some organizations that made a section 501(h) election do not have to compose the instructions for lines 45 through 50. Lobbying Expenditures During 4-Y	43 44 n 50 nplete	all of the fiv		nns bek	ow
Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section (Some organizations that made a section 501(h) election do not have to complete the instructions for lines 45 through 50. Lobbying Expenditures During 4-Y	43 44 n 50 nplete	all of the fiv		nns belo	ow
Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section (Some organizations that made a section 501(h) election do not have to compose the instructions for lines 45 through 50. Lobbying Expenditures During 4-Y	43 44 n 50 nplete	all of the fiv		nns bek	ow
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Sectio (Some organizations that made a section 501(h) election do not have to com See the instructions for lines 45 through 50 Lobbying Expenditures During 4-Y	44 n 50 pplete	all of the fiv		nns bek	ow
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section (Some organizations that made a section 501(h) election do not have to compose the instructions for lines 45 through 50 Lobbying Expenditures During 4-Y	nplete).)	all of the fiv		nns bek	ow
4-Year Averaging Period Under Sectio (Some organizations that made a section 501(h) election do not have to com See the instructions for lines 45 through 50 Lobbying Expenditures During 4-Y	nplete).)	all of the fiv		nns bek	ow
(Some organizations that made a section 501(h) election do not have to com See the instructions for lines 45 through 50 Lobbying Expenditures During 4-Y	nplete).)	all of the fiv		nns bek	ow
(Some organizations that made a section 501(h) election do not have to com See the instructions for lines 45 through 50 Lobbying Expenditures During 4-Y	nplete).)	all of the fiv		nns bek	ow
	ear A	veraging P	erlod		
endar year (or fiscal (a) (b) (c)					
beginning in) ▶ 2007 2006 2005		(¢ 20	d) 004		(e) Total
obbying ontaxable amount		_			
obbying ceiling imount (150% of line 45(e))				,	
Total lobbying expenditures					
Grassroots nontaxable amount			,		
Grassroots ceiling mount (150% if line 48(e))					
Grassroots lobbying expenditures It VI-B Lobbying Activity by Nonelecting Public Charities			-		
Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See the	e instr	ructions)			N/A
ng the year, did the organization attempt to influence national, state or local legislation, inc			$\Gamma \Box$	T	
ng the year, did the organization attempt to inhidence national, state or local legislation, me opt to influence public opinion on a legislative matter or referendum, through the use of:	9	,,	Yes	No	Amount
Volunteers					
Paid staff or management (Include compensation in expenses reported on lines c through	gh h.)				
Media advertisements				\neg	
Mailings to members, legislators, or the public					
Publications, or published or broadcast statements					
Grants to other organizations for lobbying purposes					
Direct contact with legislators, their staffs, government officials, or a legislative body					
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means					
Total lobbying expenditures (Add lines c through h.)					

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52a		affiliated with, or related to, one or more tax-e (other than section 501(c)(3)) or in section 52	
b	If "Yes," complete the following schedule		
	(a)	(b)	(c)
	Name of organization	Type of organization	Description of relationship
N/A			
JVA	07 990A7 TWF 21887 Copyright	Forms (Software Only) – 2007 TW	Schedule A (Form 990 or 990-EZ) 200

SCHEDULE OF SPECIAL EVENTS AND ACTIVITIES Attachment 1: page 1 - 990-EZ, Page 1, Page	WITIES 1, P.	art I, line	9			
For Calendar yea	or tax year	perlod beginning		and ending	5	•
Name of Organization CENTRO CULTURAL DE MEXICO EN EL CONDADO		DE ORANGE		Employer Ide 33-06141	Employer Identification Number 33-0614169	
Event Name or Description	Nbr. of Occasions	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Day of Dead. It purpose is to honor the ancient traditions of the dead.2500		4,325		4,325	500	3,825
SHOWS-SCREENS. Programs which enables all people to explore their own heritage and culture CAFE CENTRO. A place to share	540	986		986		986
diferents opinions about heritage and culture SON DEL CENTRO. A place for youth	150	231		231		231
to explore their traditions, creativity, and consciousness.	120	300		300		300
	Total	7 7 7		7 842	C C	342
JVA Copyright Forms (Software Only) - 2007 TW L0705F	<u>2</u>	4 k0 ' 7		350,0)	07_E0E21S5

SCHEDULE OF OTHER REVENUE

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8 Open to Public Inspection For calendar year 2007 or tax period beginning , and ending **Employer Identification Number** Name of Organization CENTRO CULTURAL DE MEXICO EN EL CONDADO DE ORANGE 33-0614169 Description of Other Revenue **Amount** Refund 27 Total 27

SCHEDULE OF OTHER ASSETS
990-EZ Page 1. Part I. Line 24

Attachment	4: page 1 - 990-EZ Page 1, I	Part I, Line 2	4	
Open to Public				
Inspection	For calendar year 2007 or tax period beginning	, and endi		Aldi antion Number
Name of Organizati	on Tural de mexico en el condado	DE ORANGE	33-06141	tification Number
CENTRO COL		Beginning	End	EOY FMV
	Description of Other Assets	of Year	of Year	(990-PF Only)
Equipment.	Musical Instruments. 3			
Jaranas			771	
		1		
			}	
			ļ	
	Totals	 	771	
	IOTAIS		/1	

SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection For calendar year 2007 or tax period beginning , and ending .

Name of Organization

CENTRO CULTURAL DE MEXICO EN EL CONDADO DE ORANGE

Employer Identification Number
33-0614169

Description of Other Expenses	Amount			
Bank Charge	121			
Liability Insurance	2,547			
Telephone	375			
Volunteer Stipend	2,500			

Total 5,543

PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

CENTRO CULTURAL DE MEXICO EN EL CONDADO DE ORANGE

Open to Public

Name of Organization

Inspection For calendar year 2007 or tax period beginning

, and ending

Employer Identification Number

33-0614169

Primary Purpose

El Centro Cultural de Mexico is an alternative space in Santa Ana where the community can find cultural, educational, and artistic activities that strengthen their identities, develop their talents and develop a sense of leadership in their community. By engaging Orange County residents and communities through community outreach efforts, it supports inter and intra-cultural interaction and dialogue among Orange Countys residents by creating a variety of programs which enables all people to explore their own heritage and culture. Through educational programming, it promotes understanding and appreciation of the contributions of the many cultures in our region by sharing knowledge of Mexico's rich cultural, and educational, and social legacy.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

•							
Attachment 6: page 1 - 99	0-EZ Page 2,	Part IV					
Open to Public	<u></u>						
Inspection For calendar year 2007 or ta	ax period beginning	. and	ending				
	ax period beginning	, una		tification Number			
Name of Organization CENTRO CULTURAL DE MEXICO EN EL CONDADO DE ORANGE 33-0614169							
(A) Name and Address	(B) Title and Average	(C) Compensation (If	(D) Cont. to Employee	(E) Expense Account			
CAROL TAIA CARACTERIMO	Hrs. per Week	not paid, enter 0)	Ben Plans & Def. Comp	& Other Allowances			
	PRESIDENT						
	10.00	_		_			
Santa Ana, CA 92706		0	0	0			
ROXANA GUAJARDO	SECRETARY						
2637 W MONTECARLO DR	10.00						
Santa Ana, CA 92706		0	0	0			
	TREASURY						
	10.00						
Tustin, CA 92780		0	o	0			
rascrii, cir 52700		Ĭ	Ĭ	ŭ			
•							
]					
		,					

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a For calendar year 2007 or tax period beginning , and ending **Employer Identification Number** Name of Organization CENTRO CULTURAL DE MEXICO EN EL CONDADO DE ORANGE 33-0614169 Part V - Line 42a Individual Name JESUS GUTIERREZ Business Name. U S. Address: 92701 Zip code City Santa Ana State CA Foreign Address Province or State Country Postal code Phone Number (714)543-0095 Fax Number

SCHEDULE OF OTHER INCOME

		•	(e) Total	496	496	07_EOAGR49L
	The state of the s	Employer Identification Number 33-0614169	(d) 2003			
me	and ending	Employer Ider 33 - 061416	(c) 2004	77	77	
, Other Income			(b) 2005			
IV-A, Line 22,	eriod beginning	3 ORANGE	(a) 200e	419	419	
Sch A Page 3, Part IV	For Calendar year 2007, or tax year period beginning	XICO EN EL CONDADO DE	Description		Total	307 TW L0703F
age 1	Open to Public Inspection	Name of Organization CENTRO CULTURAL DE MEXICO EN EL CONDADO DE	Other Income Description	REFUND		JVA Copyright Forms (Software Only) - 2007 TW

Form **4562**.

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Department of the Treasury Internal Revenue Service

► See separate Instructions.

► Attach to your tax return.

Attachment Sequence No 67

	me(s) shown on return INTRO CULTURAL DE	MENTOO	1		tivity to which					Identifying number 33-0614169
				_			TIVES TO			p3 0011103
Pa	Election To Exper									
_	Maximum amount. See the instru							<u>1</u>	1	108,000
								r	2	100,000
	Total cost of section 179 property	•						Г	3	430,000
	Threshold cost of section 179 pro	•						r	4	130,000
	Reduction in limitation. Subtract								-	
5	Dollar limitation for tax year. Sub								5	108,000
_	see instructions		,					cted cost		100,000
6	(a) Description	or property		(b) Co:	st (busn_use	Offig)	(C) Elec	Jieu cosi		
		· · ·							-	
				L	'	7				
	Listed property. Enter the amour				-				8	
	Total elected cost of section 179							ſ	<u> </u>	
	Tentative deduction Enter the sr							ſ		
	Carryover of disallowed deduction								10	108,000
	Business income limitation. Enter								11	100,000
	Section 179 expense deduction.							· · · · · · · ·	12	
	Carryover of disallowed deduction					13				
	te: Do not use Part II or Part III be					<u> </u>		4	· · · ·	(Can implications)
	art II Special Depreciat								erty.)	(See instructions)
14	Special allowance for qualified N								4.6	
	and cellulosic biomass ethanol p								14	
	Property subject to section 168(f								15	
	Other depreciation (including AC								16	<u> </u>
Pε	art III MACRS Deprecia	tion (Do not in	clude listed proj	perty) (S	See instructio	ns.)		-		
				Section						
	MACRS deductions for assets pl								17_	
18	If you are electing to group any a									
	general asset accounts, check he							>		-
	Section B A	ssets Placed In			ax Year Usli	ng the	General D	epreciati	on S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/investronly see instr	ment use	(d) Recover		(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property	:				\perp				
Ŀ	5-year property							000		100
_	7-year property			900	07	H	<u>Y</u>	200	DB_	129
C	1 10-year property	[\perp				
•	15-year property					_				
1	20-year property				ļ					
ç	25-year property				25 yrs.	_		S/L		
ł	n Residential rental				27.5 yrs.		MM	S/L		
	property				27.5 yrs.		MM	S/L		
Ī	Nonresidential real				39 yrs.		ММ	S/L		
	property						MM	S/L		
	Section C As	sets Placed In S	Service During	2007 Ta	x Year Using	the	<u>Alternative</u>	Deprecia	ation	System
20 a	Class life							S/L	<u></u>	
k	12-year				12 yrs.			S/L	-	
	: 40-year				40 yrs		ММ	S/L		
	art IV Summary (see instri	uctions)								
	Listed property. Enter amount fro								21	
	Total. Add amounts from line 12							here		
-	and on the appropriate lines of y								22	129
23	For assets shown above and pla									
	portion of the basis attributable t					23				
										4500 :