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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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** , 2008, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instruc- tions.

C
ARIZONA MEXICO COMMISSION
1700 W WASHINGTON #180
PHOENIX, AZ 85007-4647

D **Employer identification number** 23-7290803

E Telephone number 602-542-1345

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I **Website:** ► WWW.AZMC.ORG

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) — ☒ 501(c) (4) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 499,606.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	305,344.
	3	Membership dues and assessments	3	181,938.
	4	Investment income	4	12,324.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐		
	a	Gross revenue (not including $ of contributions reported on line 1) — 6a		
	b	Less direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ►)	8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	499,606.
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,898.
	14	Occupancy, rent, utilities, and maintenance	14	651.
	15	Printing, publications, postage, and shipping	15	7,468.
	16	Other expenses (describe ► SEE STATEMENT 1)	16	429,767.
	17	**Total expenses** (add lines 10 through 16) ►	17	439,784.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	59,822.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	506,764.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	566,586.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	518,364.	22	593,359.
23	Land and buildings		23	
24	Other assets (describe ►)		24	
25	**Total assets**	518,364.	25	593,359.
26	**Total liabilities** (describe ► SEE STATEMENT 2)	11,600.	26	26,773.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	506,764.	27	566,586.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SEE STATEMENT 3

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 EDUCATIONAL, SCIENTIFIC AND CULTURAL ADVANCEMENT OF GOODWILL AND MUTUAL DEVELOPMENT OF GOVERNMENT FOR THE STATE OF ARIZONA AND MEXICO.

(Grants $) If this amount includes foreign grants, check here ► ☐ 28a 428,839.

29

(Grants $) If this amount includes foreign grants, check here ► ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32 428,839.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 4		0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	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		X
41	List the states with which a copy of this return is filed ► AZ			

42a The books are in care of ► ED CELAYA Telephone no ► 602-542-1345

Located at ► 1700 W. WASHINGTON PHOENIX AZ ZIP + 4 ► 85007-4647

			Yes	No
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)? If 'Yes,' enter the name of the foreign country. ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►	42c		X

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name 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 and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► Signature of officer — Date 11/17/10

► VICTOR FLORES, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► PIERO G. AVILES	Date	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► AVILES FINANCIAL GROUP, LLC 2601 N. 3RD ST., STE. 100 PHOENIX, AZ 85004		EIN ► N/A Phone no ► (480) 839-3110	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	$ 63,646.
BANK CHARGES	5,758.
CONFERENCES, CONVENTIONS, AND MEETINGS	3,346.
INTERNS	220.
MEMBERSHIP	8,076.
OFFICE EXPENSES	1,052.
PLENARY SESSIONS	285,368.
PROTOCOL	21,319.
SPORTS COMMITTE EXPENSES	31,154.
STORAGE	554.
SUBSCRIPTIONS	802.
TELEPHONE	6,050.
TRANSLATION SERVICES	750.
TRAVEL	1,672.
TOTAL	$ 429,767.

STATEMENT 2
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 0.	$ 15,173.
DEPOSITS	11,600.	11,600.
TOTAL	$ 11,600.	$ 26,773.

STATEMENT 3
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION IS TO IMPROVE THE ECONOMIC WELL-BEING AND QUALITY OF LIFE FOR THE RESIDENTS OF ARIZONA THROUGH A STRONG COOPERATIVE RELATIONSHIP WITH MEXICO AND LATIN AMERICA THROUGH ADVOCACY, TRADE, NETWORKING AND INFORMATION.

STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VICTOR M. FLORES 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	PRESIDENT & CEO 10.00	$ 0.	$ 0.	$ 0.

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LAWRENCE T. LUCERO 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	VICE PRESIDENT 10.00	$ 0.	$ 0.	$ 0.
CRISTINA K. MUNOZ 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	SECRETARY 10.00	0.	0.	0.
EDWARD CELAYA 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TREASURER 10.00	0.	0.	0.
MARGIE EMMERMANN 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	EXECUTIVE DIREC 60.00	0.	0.	0.
JANICE K. BREWER 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
AMANDA AGUIRRE 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
MICHELLE ANGLE 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
MARK BONSALL 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
HARLIN CAPIN 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
DAVID CAVAZOS 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
MICHAEL GUGGEMOS 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
DERRICK HALL 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
J.B. MANSON 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	$ 0.	$ 0.	$ 0.
KAY MCLOUGHLIN 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
KEVIN ROGERS 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
TODD SANDERS 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
RICARDO VALENCIA 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
RICK VAN SCHOIK 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
WENDY VITTORI 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
LYN WHITE 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
BRUCE WRIGHT 1700 W. WASHINGTON #180 PHOENIX, AZ 85007-4647	TRUSTEE 0	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
ARIZONA MEXICO COMMISSION	23-7290803

Number, street, and room or suite number If a P O box, see instructions
1700 W WASHINGTON #180

City, town or post office, state, and ZIP code For a foreign address, see instructions
PHOENIX, AZ 85007-4647

Check type of return to be filed (file a separate application for each return).

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► ED CELAYA

Telephone No. ► 602-542-1345 FAX No ► 602-542-1411

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- 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 box ► [ ] 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 09, to file the exempt organization return for the organization named above
The extension is for the organization's return for.
► [X] calendar year 20 08 or
► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

	Name of Exempt Organization	Employer identification number
Type or print	ARIZONA MEXICO COMMISSION	23-7290803
File by the extended due date for filing the return See instructions	Number, street, and room or suite number If a P O box, see instructions AVILES FINANCIAL GROUP, LLC 2601 N. 3RD ST., STE. 100	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PHOENIX, AZ 85004	

Check type of return to be filed (File a separate application for each return)

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of ► ED CELAYA
Telephone No ► 602-542-1345 FAX No. ► 602-542-1411

• If the organization does not have an office or place of business in the United States, check this box ► [ ]

• 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 box ► [ ] 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

4 I request an additional 3-month extension of time until 11/15 , 20 09.

5 For calendar year 2008 , or other tax year beginning _____ , 20 __ , and ending _____ , 20 __ .

6 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**8a**	$
b If this application is for Form 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 and any amount paid previously with Form 8868	**8b**	$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	**8c**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► _____ Title ► President Date ► 11/17/10