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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 organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No. 1545-1150

Open to Public Inspection

_	i or the	2003 Calcilu	ı year,	or tax year beginning , 2009, and e	arium y			, 20		
В	Check if a	f applicable Please C Name of organization D Em					imployer identification number			
	Address of	label or					01-0721171			
님	Name cha	print or Number and street (or PO box, if mail is not delivered to street address) Room/suite						Telephone number		
H	Initial retu Terminate		915-858-0971							
Ħ	Amended		Specific Instruc-	City or town, state or country, and ZIP + 4		F Group Ex	Group Exemption			
Ħ		on pending	•	Number ▶						
	• Sec	tion 501(c)(3)	tına Method	<u> </u>	Cash Accrual					
			specify) >		_					
					H Check	▶ ☑ If the	ora	anization is not		
1	Websit	te: ► N/A			dule B (Form 990,					
J	Tax-exe	, or 990-PF).							
ĸ	Check I	► ☑ If the	e organı	zation is not a section 509(a)(3) supporting organization and its gross recei	pts are no	rmally not r	nore	than \$25,000 A		
	Form 99			turn is not required, but if the organization chooses to file a return, be su						
L,	Add line:	s 5b, 6b, and 7	b, to line	9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of F	orm 990-E	Z ▶	\$	7,451		
F	art I	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances (S	See the 1	nstructio	ns fo	or Part I.)		
	1	Contributio	ns, gif	s, grants, and similar amounts received		1		7,451		
	2	Program se	ervice r	evenue including government fees and contracts		2	T			
	3	-		and assessments						
	4	Investment				4	T			
	5a	Gross amo	unt fro	m sale of assets other than inventory 5a			1			
	b			r basis and sales expenses						
	c			sale of assets other than inventory (Subtract line 5b from line 5a	a)	5c	1			
e	6	•	•	ivities (complete applicable parts of Schedule G) If any amount is from gaming, ch	•		\top			
Revenue	a			ot including \$ of contributions		_				
ě	1			6a						
_	b			nses other than fundraising expenses 6b						
	C	Net income	6c	-						
	7a		· · ——	1						
	b	Less cost		entory, less returns and allowances						
	c		-	ss) from sales of inventory (Subtract line 7b from line 7a)		7c	1			
	8	Other rever				1 8	\top			
	9		-	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		_,	\top	7,451		
	10			amounts paid (attach schedule)			\top	1,000		
	11			r for members			1			
ģ	12	Salaries, ot		$\uparrow $						
Expenses	13				4,376					
be	14	Professional fees and other payments to independent contractors								
Щ	15	Printing publications, postage, and shipping								
	16	Other expenses (describe Monthly bank charges						119		
	17			Add Through 16) <u>16</u> ▶ 17	\top	5,495		
S	18	Excess of (deficit)	for the year (Subtract line 17 from line 9)		. 18	1	1,956		
šet	19	Net lassets.	or_fun	d-balances at beginning of year (from line 27, column (A)) (mus	st agree v	with				
Ąŝ		end-of-year	(igure	reported on prior year's return)		. 19		1,327		
Net Assets	20			net assets or fund balances (attach explanation)				(14)		
Z	21		_	balances at end of year. Combine lines 18 through 20				3,269		
P	art II			ts. If Total assets on line 25, column (B) are \$1,250,000 or more,			ad c	of Form 990-EZ.		
	(See the instructions for Part II.) (A) Beginning of					ning of year		(B) End of year		
2	22 Cash, savings, and investments					1,327	22	3,269		
23							23	0		
24 Other assets (describe ▶)							24	0		
25	5 То	tal assets .				1,327	25	3,269		
26	i To	tal liabilities	(desc	ribe ▶			26	0		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)						1,327	27	3,269		

Par	Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses								
What is the organization's primary exempt purpose? See Statement 1 (Required for section									
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise 501(c									
	ner, describe the services provided, the number of					izations and section a)(1) trusts, optional			
each program title.									
28	See Statement 4	··· ·							
	(Grants \$) If this amount				28a				
29	Taranto 4) Il ano arriount			-					
23									
	(Grants \$) If this amount				29a				
30					ZJa				
30									
		ıncludes foreign grants, ch			30a				
24	Other program services (attach schedule)				Jua				
31	(Grants \$) If this amount				31a				
32	Total program service expenses (add lines 28a t				32	<u> </u>			
	List of Officers, Directors, Trustees, and Key					tions for Part IV			
		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compen		account and other allowances			
Cecil	lia Levine		cinci v i,	deterred compen	Selion	Cities anowances			
	Pan American Dr, El Paso, TX 79927	President - 20 hours/wk	0		0	0			
	Perez Ramirez					······································			
	Mariano Otero 3405, Fracc. Guadalajara, Jal, MX	Vice President - 1 hr/wk	0		0	0			
	a Lovino		•						
	Pan American Dr. El Paso, TX 79927	Treasurer - 1 hr/wk	٥	o		0			
	an Minha					<u> </u>			
	Willow Glen, El Paso, TX 79922	Director - 1 hr/wk	0		٥	0			
			-			<u>_</u>			
			-						
	••••								
		·				· · · · · · · · · · · · · · · · · · ·			
		:							
		•							

Form 9	90-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part 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		>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		~
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 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		,
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		•
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b 38a	Did the organization file Form 1120-POL for this year?	37b	-	•
h	any such loans made in a prior year and still outstanding at the end of the period covered by this return? If "Yes." complete Schedule L. Part II and enter the total amount involved	38a		/
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9			
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 undersection 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
_	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		·
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		<u>-</u> -
41	List the states with which a copy of this return is filed. ▶ None			
42a			8-0971	
	Located at ▶ 9570 Pan American Dr., El Paso, TX ZIP + 4 ▶	799) 2 7	
D	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	,	Vaal	Na
	account)?	42b	Yes	<u> </u>
	If "Yes," enter the name of the foreign country: ▶	720		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	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		<u> </u>
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			N/A
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		7
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		_
			-EZ	(2000)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	47(a)(1) nonexempt chari	xempt charital table trusts mu	ble trusts only. A st answer question	II section ins 46–49	b			
	Did the organization engage in direct or indirect				Yes	No			
	candidates for public office? If "Yes," complete				46	1			
	Did the organization engage in lobbying activities		47	'					
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
	Did the organization make any transfers to an ex	- ·	d organization? .		49a	-			
	If "Yes," was the related organization a section 5				49b	1			
	Complete this table for the organization's five hi employees) who each received more than \$100,								
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expe	nse			
	than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account other allow				
NONE									
f	Total number of other employees paid over \$100	0.000	NONE						
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor			pe of service	(c) Compens	ation			
NONE									
d		ach receiving over \$100,00	0▶	NONE					
	Under penalties of penury, I declare that I baye examine and belief, it is true correct, and complete Declaration	ed this return, including accompany of preparer (other than officer) is ba	ring schedules and sta ased on all information	atements, and to the bes n of which preparer has a	t of my know iny knowledg	ledge je			
Sign Here	Signature of officer	i0/14/10							
	Lance Levine, Treasurer Type or print name and title		· · · · · · · · · · · · · · · · · · ·						
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	ber (See instru	ctions)			
Jse Onl	Firm's name (or		EII Ph	N •					
May the	e IRS discuss this return with the preparer shown	above? See instructions		▶ 🛚		No			
				For	m 990-EZ	. (2009)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number U.S. / Mexico / Canada Strategic Alliance 0721171 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives. (1) more than 33\% % 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 331/3 % 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated **d** Type III-Other e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(ı) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US2 support? Yes Yes No No Yes No 1

Total

TE	(Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	ction A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,707	23,018	6,375	125	7,451	73,676
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						,
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	36,707	23,018	6,375	125	7,451	73,676
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						26,571
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						47,105
Sec	tion B. Total Support	<u> </u>		ь		l	,,,,
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	36,707	23,018	6,375	125	7,451	73,676
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on			-			0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11	Total support. Add lines 7 through 10						73,676
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	0
13	First five years. If the Form 990 is for toganization, check this box and stop her	the organization	n's first, second	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3) . • □
Sec	tion C. Computation of Public Sur						
14	Public support percentage for 2009 (line 6		-	, column (f))		14	63.9 %
15	Public support percentage from 2008 Sch				l	15	71.1 %
16a	33\% % support test—2009. If the organization qualifies				ne 14 is 33½ %	6 or more, chec	k this box ▶ ☑
b	331/3 % support test—2008. If the organize box and stop here. The organization quality				and line 15 is 3	33/3 % or more,	check this
17a	10%-facts-and-circumstances test – 200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	cts-and-circum	stances" test, c	heck this box a	nd stop here.	Explain in Part I	V how the
b 18	10%-facts-and-circumstances test—2008. more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did in the	icts-and-circums nces" test. The o	tances" test, ch rganization quali	eck this box an fies as a publicly	nd stop here to supported org	Explain in Part I ¹ janization	/ how the ▶ □

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

	(Complete only if you checke	ed the box o	n line 9 of Pa	ırt I.)			
_	tion A. Public Support						
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				,		
	tion B. Total Support						
	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	·					
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for toganization, check this box and stop h	_		nd, third, fourth	•		on 501(c)(3) ►
Sec	tion C. Computation of Public Sur						
15 16	5 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 %						
	tion D. Computation of Investmen			· ·		····	
17	Investment income percentage for 2009			by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 20			-	'''	18	%
19a		ınızatıon dıd nı	ot check the bo	ox on line 14, a	nd line 15 is m		
b	331/3 % support tests - 2008. If the organi line 18 is not more than 331/3 %, check this	zation did not	check a box on	line 14 or line	19a, and line 16	s is more than 3	331/3 %, and
20	Private foundation. If the organization of						

Griedute A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.
·					
				·····	
	·····	• • • • • • • • • • • • • • • • • • • •			
				·	
			•		
	·		·		

Federal Tax Statements – 2009 990-EZ & Schedule A U.S. / Mexico / Canada Strategic Alliance 01-0721171

Statement 1
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

- [1] To operate exclusively for charitable purposes to alleviate poverty, lessen the burdens of government, and improve the economic conditions affecting border area citizens of the United States and Mexico.
- [2] At all times and within such purposes, to operate exclusively for charitable, educational and scientific purposes, within the meaning of section 501 (c) (3) of the Internal Revenue Code of 1986.

Statement 2
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

To educate the border communities within Texas, New Mexico and Chihuahua, Mexico through the sponsorship of educational events designed to create awareness of the challenges and opportunities for economic growth in international trade within the border regions.

Statement 3
Form 990-EZ, line 10
Grants and similar amounts paid

Foundation for the Diocese of El Paso; El Paso, TX \$1,000

Statement 4
Form 990-EZ, line 20
Other changes in net assets or fun balances

Beginning balance of bank account as of 1/1/10 per bank statement is \$1,313; prior year ending balance was stated as \$1,327, but should have been \$1,313, resulting in a difference of (\$14) for beginning balance of account.

Statement 5

Extension of time to File

There was a change in accountants for this entity during the calendar year, and the information for the 2009 return was not provided to the new tax preparers. This has now been rectified with this tax return and subsequent years going forward.