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### **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)

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the 2	011 calend	lar year, or tax y	ear beginnir	ng	, 2011,	and endin	g		<u>,                                     </u>		
В	Check if app	olicable	С					Ď	Employer Iden	tification Number		
	Addres	s change	ARIZONA ME						23-7290	0803		
	Name o	change	1700 W. WA					E	Telephone nun	nber		
	Initial r	eturn	PHOENIX, A	Z 85007-	4647				602-542	2-1345		
	Termin	ated										
	Amend	ed return						la	Gross receipts	\$ 306,438.		
	Applica	ition pending	F Name and address	s of principal off	icer			H(a) Is this a gre				
		٠	SAME AS C .	ABOVE				H(b) Are all affil		Yes No		
ī	Tax-exem	npt status		501(c) ( 4	) (insert no )	4947(a)(1) or	527	If 'No,' atta	ch a list (see in	structions)		
J	Websit		W.AZMC.ORG	<u></u>	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.1. (0)(1) 0.1		H(c) Group exer	nntion number	•		
ĸ		rganization	Corporation	Trust X A	ssociation Other	Ly	rear of Format			legal domicile AZ		
_		Summar					real of Format	25.2		legar dormene 112		
				on's mission	or most significar	nt activities TF	IE AMC'	S MISSIO	N IS TO	IMPROVE THE		
đ	1 770	ONOMIC	WELL-BEING	AND OU	ALITY OF LI	FE FOR THE	RESTDE	NTS OF A	ARTZONA	THROUGH A		
Governance	ST									OUGH_ADVOCACY,		
Ĭ,	TF		ETWORKING A									
Š	2 Ch	eck this bo			liscontinued its op	erations or dispe	osed of mo	ore than 25%	of its net a	ssets		
අ	3 Nu				ng body (Part VI, I				3	22		
9	4 Nu				f the governing bo		•		4	21		
Activities &	6 Tot		of individuals en		alendar year 2011	(Part V, line 2a)	)		5	46		
Act	7a Tot				rt VIII, column (C)	line 12			7a	0.		
	1				m Form 990-T, lin				7b	<del></del>		
								Prio	r Year	Current Year		
	8 Co	ntributions	and grants (Part	VIII, line 1h	)				39,359.	304,039.		
Revenue	<b>9</b> Pro	ogram serv	ice revenue (Par	t VIII, line 2	g)							
e e	10 Inv	estment in	come (Part VIII,	column (A),	lines 3, 4, and 7d	)			3,914.	2,399.		
ď	1 0"				5, 6d, 8c, 9c, 10d	•						
					iust equal Part VII		ne 12)	1	43,273.	306,438.		
	1				column (A), lines			<b></b>				
	14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)											
o,	15 Sai											
Expenses	<b>16a</b> Pro	ofessional										
E C	<b>b</b> Tot	tal fundrais										
ш	17 Otr	ner expens	es (Part IX, colu	mn (A), lines	s Ha-Hu, Hi-2 <del>4e</del>	<del>;)</del>	เก	1	50,749.	205,503.		
	18 Tot	al expense	es Add lines 13-	17 (must eqi	ual Part IX, cotom	n (A) կline 25)	3013 /g	1	50,749.	205,503.		
_	19 Re	venue less	expenses Subti	act line 18 f	rom line 12		\o	21	-7,476.	100,935.		
5	8				100			Beginning o	f Current Year	End of Year		
	20 Tot	tal assets	(Part X, line 16)		//	OGOEN		= 5	56,742.	640,218.		
ລຸ\$	<b>21</b> Tot	tal liabilitie	s (Part X, line 26	5)					38,099.	20,640.		
_ ž.	22 Ne	t assets or	fund balances	Subtract line	21 from line 20				18,643.	619,578.		
P	art II	<u>Signatur</u>	e Block	·								
ם עַרֶּ	ider penalties	of perjury, I d	eclare that I have exar	nined this return	, including accompanyin	g schedules and state	ments, and to	the best of my k	nowledge and b	elief, it is true, correct, and		
⊋		I V	2 1 10 cd	Col	anomaton of which pre	parer rias any knowne	<del></del>		1/2/			
		Signatur	re of officer	( )	<u>a 44</u>			Date	0/26/1	3		
	ign								DDD	•		
п	ere		ARD CELAYA print name and title		<del></del>			TREASU	RER			
_		<del> </del>	reparer's name		reparer's signature		Date			PTIN		
-	. ! . !	"	G. AVILES			eckif						
	aid		3.63.36		IERO G. AVI		<u></u>	sel	f-employed	P00839477		
	reparer se Only	Firm's name				RVICES, LL	<u> </u>	——————————————————————————————————————		1_005/210		
•		Firm's addre								0-8854319		
	au tha IDC	diactic = Ji		K, AZ 85		.mater.at.ae.a		Ph	one no (60			
<u>VI</u>	ay the IRS	uiscuss th	is return with the	preparer sr	nown above? (see	instructions)				X Yes No		

	990 (2011) ARIZONA MEXICO COMMISSION	23-7290803	Page 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission.		
	THE AMC'S MISSION IS TO IMPROVE THE ECONOMIC WELL-BEING AND QUAL	ITY OF LIFE F	OR THE
	RESIDENTS OF ARIZONA THROUGH A STRONG COOPERATIVE RELATIONSHIP W	ITH MEXICO AN	D_LATIN_
	AMERICA THROUGH ADVOCACY, TRADE, NETWORKING AND INFORMATION.		
2	Did the organization undertake any significant program services during the year which were not listed or	n the prior	
	Form 990 or 990-EZ?	∐ Y€	s X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Y	s X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the air	rices, as measured b	y expenses
	others, the total expenses, and revenue, if any, for each program service reported	mount or grants and	anocations to
4a	(Code (Code (Expenses \$ 174,899. including grants of \$ ) (F	Revenue \$	306, 437.)
• •	EDUCATIONAL, SCIENTIFIC AND CULTURAL ADVANCEMENT OF GOODWILL AND		
	OF GOVERNMENT FOR THE STATE OF ARIZONA AND MEXICO.		<u> </u>
	-1-0-10-10-11-10-11-10-11-10-11-11-11-11		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	(Code:) (Expenses \$ including grants of \$) (F	Pavanua Š	
70	(Code:) (Expenses $\varphi$ ) (F	vevenue 5	
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		· <b>-</b>	
	(C)		
4 C	: (Code) (Expenses \$ including grants of \$) (F	revenue \$	)
		. – <b>–</b> – – – – –	
		- <b>-</b>	
		<del>-</del>	
			<del></del>
4 d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ► 174,899.		orm 000 (2011)

Part IV . Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	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	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	4 100 20 4	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b		X
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		x
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		<u>x</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X_	<u> </u>
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		<u>x</u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	<u> </u>

Part IV A Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization 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 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III* 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I. 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R. Part VI 37 Х

BAA

Form 990 (2011)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Par	Check if Schedule O contains a response to any question in this Part V						
				Yes	No		
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0	ļ				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	1	ļ			
C	Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1c				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see if	nstructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3a		X		
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4a		Х		
b	If 'Yes,' enter the name of the foreign country ▶		į	Į			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F	i i					
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	· 1	5a 5b		<u>X</u>		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	]	5с				
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a		Х		
t	If 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?	ontributions or gifts were	6b		_		
7	Organizations that may receive deductible contributions under section 170(c).		_				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and	7a				
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich it was required to file	7c				
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	efit contract?	7f				
ç	If the organization received a contribution of qualified intellectual property, did the organizations required?	on file Form 8899	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form $1098\text{-}C$ ?	e organization file a	7h		<u></u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the lave excess business	8				
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?	į	9a				
t	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь				
10	Section 501(c)(7) organizations. Enter	,					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106					
11	Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders	11a		1			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).	116			<b>.</b>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 1	12a				
t	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	_			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	]			
	Note. See the instructions for additional information the organization must report on Schedu	le O					
Ł	Enter the amount of reserves the organization is required to maintain by the states in	126					
_	which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13b 13c					
		136	14.5		Х		
	Did the organization receive any payments for indoor tanning services during the tax year?  If 'You' has it filed a Form 720 to report these payments? If 'No ' provide an evaluation in	Schodula O	14a 14b				
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Scriedule U	14D	1			

Form 990 (2011) ARIZONA MEXICO COMMISSION 23-7290803 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ınstructions,  $\mathbf{X}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year lf there are material differences in voting rights among members 22 1 a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15 a Х 15<sub>b</sub> **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16t Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

X Check this box if neither the organization	n nor any	relate	d or	gan	ızat	ion co	mpe	ensated any current of	ficer, director, or trus	tee.	
		(C)									
(A) Name and title	(B) Average hours per week	unles	s per	son i	ore th s both	nan one l n an offi rustee)	box, cer	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) VICTOR M. FLORES	1										
PRESIDENT & CEO	10							0.	0.	0.	
(2) LAWRENCE T. LUCERO	}				·	i					
VICE PRESIDENT	10							0.	0.	0.	
(3) CRISTINA K. MUNOZ											
SECRETARY	10	_						0.	0.	0.	
(4) EDWARD CELAYA											
TREASURER	10					į		0.	0.	0.	
(5) MARGIE EMMERMANN											
EXECUTIVE DIREC	60		L					0.	0.	0.	
(6) JANICE K. BREWER											
TRUSTEE	0							0.	0.	0.	
(7) AMANDA AGUIRRE											
TRUSTEE	0							0.	0.	0.	
(8) MICHELLE ANGLE											
TRUSTEE	0	<u> </u>						0.	0.	0.	
(9) MARK BONSALL	_										
TRUSTEE	0							0.	0.	0.	
(10) EARL KNUDSEN											
TRUSTEE	0							0.	0.	0.	
(11) DAVID CAVAZOS								_			
TRUSTEE	0							0.	0.	0.	
(12) JOHN MISNER											
TRUSTEE	0							0.	0.	0.	
(13) DERRICK HALL											
TRUSTEE	0			L				0.	0.	0.	
(14) J.B. MANSON											
TRUSTEE	0	<u> </u>		<u> </u>	<u> </u>		L	0.	0.	0.	

Part VII   Section A. Officers, Directors, Trust	ees, l	<b>Кеу</b>	Εm	plo	ye	es,	anc	Highest Com	pensated Emp	oyees (cont)
•				((	C)					
(A) Name and title		Average box, unless person is both an				s both	n an	( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per	<u> </u>	Γ_		т—	or/trust		the organization	compensation from related organizations	amount of other compensation
	week (describ	Individual or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	hours	ector	ıtı oğ	4	ğ	yee Oyee	4			organizations
	related organi-	trust	al tru		yee	mpe				1
	zations	8	stee			nsat				1
	Sch O)		l i			립		,		
(15) KAY MCLOUGHLIN										
TRUSTEE	0							0.	0.	0.
(16) KEVIN ROGERS										
TRUSTEE	0							0.	0.	0.
(17) TODD SANDERS								_	_	_
TRUSTEE	0	<u> </u>			<u> </u>			0.	0.	0.
(18) RICARDO VALENCIA										
TRUSTEE	0_				-	-		0.	0.	0.
(19) RICK VAN SCHOIK TRUSTEE	0						.	0	_	
(20) WENDY VITTORI	-	<del> -</del> -			-	$\vdash$		0.	0.	0.
TRUSTEE	0				Ì			0.	0.	0.
(21) LYN WHITE	┌╺	<del>                                     </del>			<del>                                     </del>				<u>°</u> ·	<u>_</u>
TRUSTEE	0							0.	0.	0.
(22) BRUCE WRIGHT										
TRUSTEE	0_							0.	0.	0.
(23)										
	<b>↓</b>	<u> </u>								
(24)					ĺ					
(AP)		-								
(25)										
1 b Sub-total		<u> </u>			<u> </u>		•	0.	0.	0.
c Total from continuation sheets to Part VII, Section	Α						•	0.	0.	0.
d Total (add lines 1b and 1c)							•	0.	0.	0.
2 Total number of individuals (including but not limite	d to the	ose I	ıste	d ab	ove)	who	o re	ceived more than	\$100,000 of report	L
from the organization   0										· 
				_					- · · · · · · · · · · · · · · · · · · ·	Yes No
3 Did the organization list any former officer, director	or trus	stee,	key	em	ploy	ee, c	or hi	ghest compensat	ed employee	
on line 1a <sup>5</sup> If 'Yes,' complete Schedule J for such i	ndıvıdu	al								3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portabl	le co	mpe	nsa	tion	and	oth	er compensation	from	
such individual	ııaıı pı	50,0	007	11 1	res	COTT	piet	e Scriedule J for		4 X
5 Did any person listed on line 1a receive or accrue of	ompen	satio	on fr	om .	any	unre	late	ed organization or	ındıvıdual	
for services rendered to the organization? If 'Yes,'	comple	te S	chec	lule	J fo	r suc	ch p	erson		5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensal	od rad		-	1	-1	-10-	Aba		h \$100,000 of	
compensation from the organization. Report compe	nsation	l tor	the	cale	enda	r yea	ar ei	nding with or with	in the organization'	s tax year
(A)								(B	)	(C)
Name and business addres	Name and business address							Description	of services	Compensation
								ļ		
								<u> </u>		
										<del></del>
2 Total number of independent contractors (including	but no	t lım	uted	to t	hose	- list	ed a	above) who receiv	ed more than	1
\$100,000 in compensation from the organization	_						C			

Pai	t VIII   Statement of Revenue		<del>_</del>		
!		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ONS, GIFTS, GRANTS SIMILAR AMOUNTS	1 a Federated campaigns     1 a       b Membership dues     1 b     178,215.       c Fundraising events.     1 c       d Related organizations     1 d       e Government grants (contributions)     1 e				
CONTRIBUTION AND OTHER	f All other contributions, gifts, grants, and similar amounts not included above  1 125,824.  g Noncash contributions included in lins 1a-1f:  h Total. Add lines 1a-1f	304,039.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	Business Code  2 a PROGRAM SERVICE  b  c  d  e				
PROGE	f All other program service revenue g Total. Add lines 2a-2f  ▶				
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	2,399.	2,399.		
	(i) Real (ii) Personal  6a Gross rents  b Less rental expenses c Rental income or (loss)  d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses				
1	c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19				
	<b>b</b> Less direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold c Net income or (loss) from sales of inventory			·	
	Miscellaneous Revenue Business Code  11 a				
	b c d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	306,438.	2,399.	0.	0.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				·				
2	Grants and other assistance to individuals in the United States See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages.								
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits.								
10	Payroll taxes								
	Fees for services (non-employees)								
	a Management								
	b Legal								
	Accounting		<del></del>	<del></del>					
	· · · · •								
	d Lobbying								
	Professional fundraising services See Part IV, line 17								
	Investment management fees	2 225	<del>-</del>		<del></del>				
•	g Other	3,035.		3,035.	<u> </u>				
12	Advertising and promotion	59,178.	59,178.						
13	Office expenses	2,824.		2,824.	<del> </del>				
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel	6,787.		6,787.	<u> </u>				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
	Conferences, conventions, and meetings Interest	246.		246.	 				
21	Payments to affiliates				<u> </u>				
22	Depreciation, depletion, and amortization	2,328.		2,328.					
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
	PLENARY SESSIONS	105,435.	105,435.						
	MEMBERSHIP	10,218.	10,218.						
	PROTOCOL	7,753.	20,220.	7,753.					
	BANK CHARGES	3,863.		3,863.					
	e All other expenses	3,836.	68.	3,768.					
	Total functional expenses Add lines 1 through 24e	205,503.	174,899.	30,604.	0.				
26		200,000.	114,000.	50,004.					
	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								
	Check here ► if following								
	SOP 98-2 (ASC 958-720)	·	L	L	<u> </u>				

Pa	rt X	Balance Sheet		12300	705rage H
	, -		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	522,063.	1	624,604.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,081.	4	9,294.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
A S S E T S	7	Notes and loans receivable, net		7	
S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	22,450.	9	500.
	_	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a  12,906.			
		Less accumulated depreciation 10b 7,086.	8,148.	10 c	5,820.
	11	Investments – publicly traded securities.	0/110.	11	- 3/020.
	12	Investments – other securities See Part IV. line 11		12	
	13	Investments – program-related See Part IV, line 11	<u> </u>	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	556,742.		640,218.
	17	Accounts payable and accrued expenses	6,961.	16 17	300.
	18	Grants payable	0, 901.	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ĭ	21	Escrow or custodial account liability Complete Part IV of Schedule D	<del></del>	21	
A B	22			41	
L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	31,138.	25	20,340.
	26	Total liabilities. Add lines 17 through 25.	38,099.	26	20,640.
N E		Organizations that follow SFAS 117, check here X and complete lines			
Ŧ		27 through 29 and lines 33 and 34.			
A S	27	Unrestricted net assets	518,643.	27	619,578.
ASSETS	28	Temporarily restricted net assets		28	
Ś	29	Permanently restricted net assets		29	
O R	_ =	Organizations that do not follow SFAS 117, check here ► ☐ and complete			
		lines 30 through 34.			
F UZD	30	Capital stock or trust principal, or current funds		30	-
R	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ã	32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
Ņ			518,643.	33	610 570
Ę	33	Total lightlying and not assets fried belongs	510,043.	33	619,578.

BAA

Total liabilities and net assets/fund balances

640,218. Form 990 (2011)

556,742. 34

Form 990 (2011) ARIZONA MEXICO COMMISSION	23-7290803		Page 12			
Part XI Reconciliation of Net Assets		· ·				
Check if Schedule O contains a response to any question in this Part XI						
1 Total revenue (must equal Part VIII, column (A), line 12)	1	30	6,438.			
2 Total expenses (must equal Part IX, column (A), line 25)	2	_20	5,503.			
3 Revenue less expenses Subtract line 2 from line 1	3	_10	0,935.			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	<u>51</u>	8,643.			
5 Other changes in net assets or fund balances (explain in Schedule O)	5		0.			
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6						
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response to any question in this Part XII						
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes No			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X			
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	X			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	ight of the audit,	2c				
If the organization changed either its oversight process or selection process during the tax year, explain Schedule $O$	ın					
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w separate basis, consolidated basis, or both	ere issued on a					
Separate basis Consolidated basis Both consolidated and separate basis						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	ı ın the Sıngle	3a	<u> </u>			
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3b				
BAA		Form	990 (2011)			

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

AR]	ZONA MEXICO COMMISSION		23-7290803
Par	t I Organizations Maintaining Donor	Advised Funds or Other Similar Fun	ds or Accounts. Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year).		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor, or for efit?	ds can be r any other Yes No
Pai	t II Conservation Easements. Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r	ecreation or education) Preservation of	of an historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space	<del>_</del>	
2	Complete lines 2a through 2d if the organizations to day of the tax year	on held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation ease		2b
	: Number of conservation easements on a certi	` '	2c
•	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histo	ric 2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or termina	ted by the organization during the
4	Number of states where property subject to co	onservation easement is located >	_
5	Does the organization have a written policy re and enforcement of the conservation easemet	garding the periodic monitoring, inspection, haints it holds?	ndling of violations, Yes No
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, if	nspecting, and enforcing conservation easemer	nts during the year
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requirements of se	ection Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and experto the organization's financial statements that c	nse statement, and balance sheet, and describes the organization's accounting for
Pai	Complete if the organization ans	ections of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets. 8.
1	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	r SFAS 116 (ASC 958), not to report in its reve s held for public exhibition, education, or resea ncial statements that describes these items	nue statement and balance sheet works of rch in furtherance of public service, provide,
ı	If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue ld for public exhibition, education, or research	statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets to 116 (ASC 958) relating to these items	for financial gain, provide the following
	Revenues included in Form 990, Part VIII, line	e 1	<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$

Schedule D (Form 990) 2011 ARIZO							290803		Page 2
Part III Organizations Mainta	ining Collec	tions	of Art, Histo	rical	Treasures, or	Other Similar A	Assets (c	ontını	ıed)
<ul> <li>Using the organization's acquisititems (check all that apply)</li> <li>Public exhibition</li> </ul>	ion, accession,	and ot			ny of the following t hange programs	hat are a significa	nt use of it	s collec	ction
b Scholarly research			e Other	JI EXC	nange programs				
c Preservation for future gener	rations								
4 Provide a description of the orga		ctions	and explain hov	v they	further the organiz	ation's exempt pu	rpose ın		
5 During the year, did the organiza assets to be sold to raise funds in							Yes		No
Part IV Escrow and Custodia line 9, or reported an	l Arrangeme amount on l	ents. ( orm s	Complete if t 990, Part X,	he o line :	rganization ans 21.	wered 'Yes' to	Form 990	), Par	t IV,
1a Is the organization an agent, true included on Form 990, Part X?						r assets not	Yes	. [	No
<b>b</b> If 'Yes,' explain the arrangement	I III Pail Aiv ai	ia comp	piete trie ioliowi	ng tat	Die		Amour		
c Beginning balance						1c	Amour	<u> </u>	
<b>d</b> Additions during the year						1d			
e Distributions during the year						1e			
f Ending balance						1f			
2a Did the organization include an a	amount on Forr	n 990, I	Part X, line 21?	•		<u> </u>	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIV						ш	_	
Part V   Endowment Funds. Co	omplete if th	e orga	anization ans	swere	ed 'Yes' to Form	990, Part IV,	line 10.		
	(a) Current y	ear	(b) Prior year		(c) Two years back	(d) Three years be	ack (e)	Four year	rs back
1 a Beginning of year balance.						<u> </u>			
<b>b</b> Contributions									
<ul> <li>c Net investment earnings, gains, and losses</li> </ul>									
d Grants or scholarships						<u> </u>			
<ul> <li>Other expenditures for facilities and programs</li> </ul>									
f Administrative expenses									
<b>g</b> End of year balance	L								
2 Provide the estimated percentag		it year e	_	ie 1g,	column (a)) held a	S			
a Board designated or quasi-endov	wment 🏲	_	%						
<b>b</b> Permanent endowment			0.						
c Temporarily restricted endowmer			6						
The percentages in lines 2a, 2b, 3a Are there endowment funds not		•		that a	are held and admin	stered for the	ı		<del></del>
organization by								Yes	No
(i) unrelated organizations							3a(i)		+
(ii) related organizations	araanisationa li	مم اممام	. rooured on C	المالة عاما	I- D2		3a(ii)		<del> </del>
<ul><li>b If 'Yes' to 3a(ii), are the related</li><li>Describe in Part XIV the intende</li></ul>	=		•				3b		<u> </u>
Part VI Land, Buildings, and									
Description of property		(a) Cost	or other basis vestment)	(b)	Cost or other pasis (other)	(c) Accumulated depreciation	(d)	Book v	alue
1a Land					25.0 (01101)	<u> </u>	<del></del>		
<b>b</b> Buildings	ŀ								
c Leasehold improvements									
<b>d</b> Equipment									
e Other					12,906.	7,086	5.	5	,820.
Total. Add lines 1a through 1e (Colur	nn (d) must eq	ual For	m 990, Part X,	colum			<b>&gt;</b>		,820.
RAA							hadula <b>D</b> (		

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Schedule D (Form 990) 2011 ARTZONA MEXICO CO			7290803 Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, II	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	aluation
(1) Financial derivatives	<del>                                     </del>	Cost of end-or-year	market value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
<u>(C)</u>			
<u>(D)</u>			
<u>(E)</u>			
<u>(F)</u>	-		
(G)			
(H)	-		
(I)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)  Part VIII Investments — Program Related. See		ıne 13. N/A	
(a) Description of investment type	(b) Book value	(c) Method of v	aluation
	(b) Book Value	Cost or end-of-year	market value
_(1)			<del></del>
(2)			
(3)	<del> </del>		
(4)	<del>    -   -   -   -   -   -   -   -</del>		
(5)	<del> </del>	<del></del>	
(6)	<del>-</del>		
(7) (8)			<del></del>
(9)	<del>                                     </del>		
(10)	<del> </del>		
	<b>-</b>		
Part IX Other Assets. See Form 990, Part X,	line 15. N/A		
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)	<del></del>		
(6)	· · · · · · · · · · · · · · · · · · ·		<del></del>
<u>(7)</u> (8)	<del></del>		<del></del>
(9)			<del></del>
(10)			
Total. (Column (b) must equal Form 990, Part X, column	(B), line 15)		<b>•</b>
Part X Other Liabilities. See Form 990, Part		·	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) CREDIT CARD PAYABLE	4,830		
(3) CURRENT LIABILITIES	15,50	. – 1	
(4) ROUNDING		1.	
(5)			
(6)	<del></del>		
(7)			
(8)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 20,340	<del>o.</del> 1	
		<del></del>	

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2011 ARIZONA MEXICO			<u>23-7290803</u>	Page <b>4</b>
Part XI Reconciliation of Change in Net Assets		ncial Statements	N/A	
1 Total revenue (Form 990, Part VIII, column (A)				
2 Total expenses (Form 990, Part IX, column (A)				
3 Excess or (deficit) for the year Subtract line 2	from line I		<u> </u>	
4 Net unrealized gains (losses) on investments				
5 Donated services and use of facilities			<u> </u>	
6 Investment expenses			<del></del>	
<ul><li>7 Prior period adjustments</li><li>8 Other (Describe in Part XIV )</li></ul>				
9 Total adjustments (net) Add lines 4 through 8				
10 Excess or (deficit) for the year per audited fina	ncial statements. Combine lines	3 and 9	<del>                                     </del>	
Part XII Reconciliation of Revenue per A			r Return N/A	
1 Total revenue, gains, and other support per au			1	
2 Amounts included on line 1 but not on Form 99				
a Net unrealized gains on investments		2a		
<b>b</b> Donated services and use of facilities		2b		
c Recoveries of prior year grants		2c		
d Other (Describe in Part XIV)		2d		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part VIII, line	12, but not on line 1:			<del>-</del>
a Investment expenses not included on Form 99	ე, Part VIII, line 7ხ	4a		
<b>b</b> Other (Describe in Part XIV)		4b		
c Add lines 4a and 4b			4c	
5 Total revenue Add lines 3 and 4c. (This must	equal Form 990, Part I, line 12	)	5	
Part XIII Reconciliation of Expenses per		ents With Expenses	per Return N/A	
<ol> <li>Total expenses and losses per audited financia</li> </ol>			1	
2 Amounts included on line 1 but not on Form 99	90, Part IX, line 25	1 1		
a Donated services and use of facilities		2a		
<b>b</b> Prior year adjustments		2b		
c Other losses		2c		
d Other (Describe in Part XIV)		2d		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1		1 1	3	
4 Amounts included on Form 990, Part IX, line 2		4.0		
a Investment expenses not included on Form 99 b Other (Describe in Part XIV)	o, Fait VIII, line 7t	4a 4b		
c Add lines 4a and 4b		40	4c	
5 Total expenses Add lines 3 and 4c. (This mus	st equal Form 990, Part I, line 18	3)	5	
Part XIV Supplemental Information	_ <del></del>			
	, lines 2d and 4b, and Part XIII,	lines 2d and 4b Also com	plete this part to pro	vide
BAA	TEEA3304L 05/25/11		Schedule <b>D</b> (Fo	rm 990) 2011

Schedule D (Form 990) 2011 ARIZONA MEXICO COMMISSION  Part XIV: Supplemental Information (continued)	23-7290803	Page 5
Part XIV: Supplemental Information (continued)		
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	<b>-</b>	
		- <del>-</del>

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
ARIZONA MEXICO COMMISSION	23-7290803
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
NO_REVIEW_WAS_OR_WILL_BE_CONDUCTED.	
	·
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
	·
	<del>-</del>

# Form **8868**(Rev January 2012)

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 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. 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 Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print ARIZONA MEXICO COMMISSION X 23-7290803 File by the due date for Number, street, and room or suite number. If a P O box, see instructions Social security number (SSN) filing your return See 1700 W. WASHINGTON #180 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions PHOENIX, AZ 85007-4647 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Application Return Return Is For Code Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 RECEIVED Form 990-T (trust other than above) Form 8870 06 12 RS-OS 2013 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, If it is for part of the group, check this box check this box ▶ and attach a list with the names and EINs of all members the extension is for 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 12 , to file the exempt organization return for the organization named above The extension is for the organization's return for. X calendar year 20 11 or tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending \_\_\_\_, 20 \_\_\_ 2 If the tax year entered in line 1 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 \$ 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 3b|\$

BAA For Paperwork Reduction Act Notice, see Instructions.

payment instructions

EFTPS (Electronic Federal Tax Payment System) See instructions

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

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using