

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization MEXICAN HERITAGE CORPORATION		D Employer identification number 77-0184306
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1700 ALUM ROCK AVENUE	E Telephone number (408) 928-5500	

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.MHCVIVA.ORG

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,091,079.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED JUL 03 2008

Revenue					
1	Contributions, gifts, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	488,592.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	1,051,749.		
e	Total (add lines 1a through 1d) (cash \$ 1,540,341. noncash \$ _____)	1e			1,540,341.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			219,334.
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			483.
5	Dividends and interest from securities	5			
6 a	Gross rents SEE STATEMENT 1	6a	306,673.		
b	Less: rental expenses SEE STATEMENT 2	6b	126,737.		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			179,936.
7	Other investment income (describe _____)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
8d		8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			24,248.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			1,964,342.
13	Program services (from line 44, column (B))	13			755,394.
14	Management and general (from line 44, column (C))	14			1,031,250.
15	Fundraising (from line 44, column (D))	15			19,294.
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17			1,805,938.
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18			158,404.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			-613,932.
20	Other changes in net assets or fund balances (attach explanation)	20			0.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			-455,528.

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 IRS-06

823001 01-18-07

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

Form 990 (2006)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT... 4	250,795.	0.	250,795.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	380,684.	231,384.	143,784.	5,516.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	109,393.		109,393.	
32 Legal fees				
33 Supplies	28,199.	19,127.	9,072.	
34 Telephone	15,279.	3,896.	10,084.	1,299.
35 Postage and shipping	20,186.	8,621.	11,565.	
36 Occupancy	75,702.	52,008.	23,031.	663.
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	24,793.	19,485.	2,040.	3,268.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	32,345.	21,448.	9,082.	1,815.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	868,562.	399,425.	462,404.	6,733.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,805,938.	755,394.	1,031,250.	19,294.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	243,627.	45	78,306.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 20,959.		
	b Less: allowance for doubtful accounts	47b	47c	20,959.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	92,516.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,014.	53	47,733.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 635,828.			
b Less: accumulated depreciation STMT 5	57b 356,782.	140,867.	57c	279,046.
58 Other assets, including program-related investments (describe <input type="checkbox"/>)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		410,304.	59	518,560.
Liabilities	60 Accounts payable and accrued expenses	336,812.	60	383,217.
	61 Grants payable		61	
	62 Deferred revenue	112,239.	62	42,192.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	550,000.	64b	500,001.
65 Other liabilities (describe <input type="checkbox"/> DEPOSITS)	25,185.	65	48,678.	
66 Total liabilities. Add lines 60 through 65		1,024,236.	66	974,088.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-613,932.	67	-455,528.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		-613,932.	73	-455,528.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		410,304.	74	518,560.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, 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?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
90 a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	11
91 a	The books are in care of MARCELA DAVISON AVILES Telephone no. 408-628-5558 Located at 1700 ALUM ROCK AVENUE, SAN JOSE, CA ZIP + 4 95116		
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 N/A	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 7					219,334.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	483.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					179,936.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					24,248.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		483.	423,518.
105 Total (add line 104, columns (B), (D), and (E))					424,001.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	TO PROMOTE MEXICAN CULTURE THROUGH ARTS AND EDUCATION.
97	TO PROMOTE MEXICAN HERITAGE THROUGH CULTURAL EVENTS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: *Marcela Davison Aviles* Date: *5.16.08*

Type or print name and title: *Marcela Davison Aviles*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *5-16-08* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **PETRINOVICH PUGH & COMPANY, LLP**
333 WEST SANTA CLARA STREET SUITE 830
SAN JOSE, CA 95113

EIN: _____ Phone no.: **(408) 287-7911**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

Name of the organization MEXICAN HERITAGE CORPORATION	Employer identification number 77 0184306
-----------------------------------------------------------------	-----------------------------------------------------

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ALEX CORONA 1700 ALUM ROCK AVE, SAN JOSE, CA 9511	OPER. MANAGER 40.00	60,993.		
MARCELA DAVISON AVILES 1700 ALUM ROCK AVE, SAN JOSE, CA 9511	PRESIDENT AND CEO 40.00	138,994.		
MARIA DE LA ROSA 1700 ALUM ROCK AVE, SAN JOSE, CA 9511	DIR., HERITAGE PROG. 40.00	50,808.		
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year	► N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	► N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	► 0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	► 0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					<input type="checkbox"/>

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,719,552.	2,754,582.	2,705,377.	2,738,467.	11,917,978.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	3,719,552.	2,754,582.	2,705,377.	2,738,467.	11,917,978.
24 Line 23 minus line 17	3,719,552.	2,754,582.	2,705,377.	2,738,467.	11,917,978.
25 Enter 1% of line 23	37,196.	27,546.	27,054.	27,385.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 238,360.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 11,917,978.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e 11,917,978.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 100.0000%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2005)	(2004)	(2003)	(2002)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2005)	(2004)	(2003)	(2002)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	NONE				

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	MARUACHI YOUTH PROG INSTRUMENTS	04/12/96	SL	3.00	HY	16	500.				500.	500.	0.	0.	500.
4	PRINTERS	09/08/96	SL	5.00	HY	16	1,107.				1,107.	1,107.	0.	0.	1,107.
5	CRECENZA	09/17/96	SL	5.00	HY	16	264.				264.	264.	0.	0.	264.
6	RED SOFA-2 SEAT	09/17/96	SL	5.00	HY	16	350.				350.	350.	0.	0.	350.
7	PNEUMATIC CHAIR	09/17/96	SL	5.00	HY	16	150.				150.	150.	0.	0.	150.
8	BROWN STORAGE CABINET	09/17/96	SL	5.00	HY	16	117.				117.	117.	0.	0.	117.
9	2 DRAWER LATERAL-36" SERVICING AND UPGRADING OF	09/17/96	SL	5.00	HY	16	162.				162.	162.	0.	0.	162.
10	COMPUTER	09/20/96	SL	5.00	HY	16	1,681.				1,681.	1,681.	0.	0.	1,681.
13	COMPUTER OFFICE 3, CD ROM-OFFICE 2	04/16/97	SL	5.00	HY	16	1,743.				1,743.	1,743.	0.	0.	1,743.
14	COMPUTERS-PCI SYS RECEPTION, CUBICAL	06/13/97	SL	5.00	HY	16	3,302.				3,302.	3,302.	0.	0.	3,302.
15	COMPUTER - ADD ON HARDWARE	09/19/97	SL	5.00	HY	16	124.				124.	124.	0.	0.	124.
16	COMPUTER - ADD ON HARDWARE	09/25/97	SL	5.00	HY	16	179.				179.	179.	0.	0.	179.
17	MYP INSTRUMENTS	03/03/98	SL	3.00	HY	16	1,083.				1,083.	1,083.	0.	0.	1,083.
18	MYP INSTRUMENTS	03/13/98	SL	3.00	HY	16	520.				520.	520.	0.	0.	520.
19	MYP INSTRUMENTS	03/18/98	SL	3.00	HY	16	387.				387.	387.	0.	0.	387.
20	PENTIUM COMPUTER	03/23/98	SL	5.00	HY	16	650.				650.	650.	0.	0.	650.
21	MYP INSTRUMENTS	04/10/98	SL	3.00	HY	16	390.				390.	390.	0.	0.	390.
22	MYP INSTRUMENTS	04/23/98	SL	3.00	HY	16	644.				644.	644.	0.	0.	644.

928111 12-05-06

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Conv	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
23	MYP INSTRUMENTS	04/23/98	SL	3.00	HY16	650.				650.	650.		0.	650.
24	MYP INSTRUMENTS	04/23/98	SL	3.00	HY16	450.				450.	450.		0.	450.
25	MYP INSTRUMENTS	04/23/98	SL	3.00	HY16	500.				500.	500.		0.	500.
29	JUSTIN MCCOY VIHUELA	08/14/98	SL	3.00	HY16	642.				642.	642.		0.	642.
30	AMEX - NO DOCUMENTATION	08/28/98	SL	3.00	HY16	571.				571.	571.		0.	571.
32	ARTURO GONZALES-COMPUTER	11/10/98	SL	5.00	HY16	1,100.				1,100.	1,100.		0.	1,100.
33	CRAIG'S ANTIQUES-YORK	12/04/98	SL	3.00	HY16	150.				150.	150.		0.	150.
34	CRAIG'S ANTIQUES-MARTIN	12/04/98	SL	3.00	HY16	250.				250.	250.		0.	250.
35	CRAIG'S ANTIQUES-CONN	12/04/98	SL	3.00	HY16	400.				400.	400.		0.	400.
36				.000	HY16								0.	
37				.000	HY16								0.	
38	CRAIG'S ANTIQUES	12/04/98	SL	3.00	HY16	325.				325.	325.		0.	325.
39	CRAIG'S ANTIQUES	12/04/98	SL	3.00	HY16	350.				350.	350.		0.	350.
40	CRAIG'S ANTIQUES	12/04/98	SL	3.00	HY16	400.				400.	400.		0.	400.
41	CRAIG'S ANTIQUES	12/04/98	SL	3.00	HY16	400.				400.	400.		0.	400.
42	8 GUITARS-KAMAMOTO INSTRUMENTS	12/04/98	SL	3.00	HY16	2,317.				2,317.	2,317.		0.	2,317.
43	VIHUELA WITH HAND CASE-MM FAULKNER	12/04/98	SL	3.00	HY16	250.				250.	250.		0.	250.
44	VIHUELA WITH HAND CASE-MM FAULKNER	12/04/98	SL	3.00	HY16	250.				250.	250.		0.	250.

628111
12-05-06

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
45	TRUMPET	01/08/99	SL	3.00		HY16	1,200.				1,200.	1,200.		0.	1,200.
46	COMPUTERS	03/03/99	SL	5.00		HY16	45,401.				45,401.	45,401.		0.	45,401.
47	8 COMMUNICATION PORT SWITCHES	05/14/99	SL	3.00		HY16	23,960.				23,960.	23,960.		0.	23,960.
48	8 COMMUNICATION UPLINK SWITCHES	05/14/99	SL	5.00		HY16	7,960.				7,960.	7,960.		0.	7,960.
49	EQUIPMENT DONATED FROM FRY'S	06/30/00	SL	5.00		HY16	96,934.				96,934.	96,934.		0.	96,934.
50	FLOOR MODEL LECTURN	10/07/99	SL	5.00		HY16	1,561.				1,561.	1,561.		0.	1,561.
51	FLOOR WAXING MACHINE	06/09/00	SL	5.00		HY16	1,614.				1,614.	1,614.		0.	1,614.
52	FLOOR MODEL LECTURN	06/02/00	SL	5.00		HY16	129.				129.	129.		0.	129.
53	STORAGE CART	12/01/99	SL	5.00		HY16	1,301.				1,301.	1,301.		0.	1,301.
55	CONSTRUCTION DOCUMENTS FOR THE GALLERY SPACE	09/18/00	SL	39.00		MM17	8,750.				8,750.	1,298.		224.	1,522.
56	GALLERY RETROFIT 50% OF TRACK LIGHTING	09/21/00	SL	39.00		MM17	8,126.				8,126.	1,205.		208.	1,413.
57	GALLERY TRACK LIGHTING	01/02/01	SL	39.00		MM17	36,406.				36,406.	5,094.		933.	6,027.
58	CABINETS	06/30/01	SL	39.00		MM17	9,421.				9,421.	1,220.		242.	1,462.
59	PREMIER SECURITY	06/30/01	SL	39.00		MM17	1,505.				1,505.	197.		39.	236.
61	ACCOUNTING SERVER	01/08/02	200DE	5.00		HY17	2,096.				2,096.	1,975.		121.	2,096.
62	MODULAR FURNITURE	08/31/01	200DE	5.00		HY17	1,763.				1,763.	1,661.		102.	1,763.
63	MUSIC EQUIPMENT	07/01/02	200DE	5.00		HY17	1,998.				1,998.	1,653.		230.	1,883.
64	PRINTER	08/30/02	200DE	5.00		HY17	1,225.				1,225.	1,013.		141.	1,154.

928111
12-05-06

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Convention	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
65	MONITOR AND MODEM	08/30/02	200DE	5.00	HY17	17,783.				17,783.	14,709.		2,049.	16,758.
66	COMPUTER, 1 YOUNG EXPLORER PROJECTION AND SOUND EQUIPMENT	08/30/02	200DE	5.00	HY17	2,149.				2,149.	1,777.		248.	2,025.
67	COMPAQ SERVER	06/25/04	200DE	5.00	MC17	54,999.				54,999.	36,189.		7,524.	43,713.
68	3 ROLLIN SPEAKER STACKS	05/31/04	200DE	5.00	MC17	12,607.				12,607.	8,295.		1,725.	10,020.
69	HP PANEL, DESKTOP, AND STORAGEWORKS	06/16/04	200DE	7.00	MC17	1,819.				1,819.	924.		256.	1,180.
70	HP PRINTER AND PROJECTOR	05/31/04	200DE	5.00	MC17	32,214.				32,214.	21,197.		4,407.	25,604.
71	SOUND SYSTEM	05/31/04	200DE	5.00	MC17	4,148.				4,148.	2,729.		568.	3,297.
72	LIGHTING IMPROVEMENTS	07/15/05	200DE	5.00	HY17	1,260.				1,260.	252.		403.	655.
73	COMPUTER	03/15/06	150DE	15.00	HY17	46,305.				46,305.	2,315.		4,399.	6,714.
74	COMPUTER	10/12/92	SL	5.00	HY16	3,252.				3,252.	3,252.		0.	3,252.
75	COMPUTER	02/22/96	SL	5.00	HY16	2,392.				2,392.	2,392.		0.	2,392.
76	COMPUTER SYSTEM	10/09/96	SL	5.00	HY16	242.				242.	242.		0.	242.
77	COMPAQ LAPTOP	02/28/97	SL	5.00	HY16	7,763.				7,763.	7,763.		0.	7,763.
78	VIDEO CAMERA	05/30/98	SL	5.00	HY16	1,947.				1,947.	1,947.		0.	1,947.
79	MICROSOFT SOFTWARE	06/16/98	SL	5.00	HY16	1,170.				1,170.	1,170.		0.	1,170.
80	SYSTEMER	08/05/98	SL	5.00	HY16	896.				896.	896.		0.	896.
81	COMPUTER SYSTEM	09/11/98	SL	5.00	HY16	487.				487.	487.		0.	487.
82		12/21/95	SL	5.00	HY16	162.				162.	162.		0.	162.

628111
12-05-06

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Convention	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
83	HVAC UPGRADE	09/21/06	150DE	15.00	HY	19E	93,835.				93,835.			4,692.	4,692.
84	ELECTRICAL UPGRADE	02/01/07	150DE	15.00	HY	19E	3,189.				3,189.			159.	159.
85	DOCUMENTS FOR INTERIOR IMPROVEMENTS	03/07/07	150DE	15.00	HY	19E	2,805.				2,805.			140.	140.
86	YAWBS-TESTING AND INSPECTION	03/07/07	150DE	15.00	HY	19E	5,650.				5,650.			283.	283.
87	PAINTING - OFFICE	03/08/07	150DE	15.00	HY	19E	2,500.				2,500.			125.	125.
88	SECURITY CAMERA UPGRADE	04/04/07	150DE	15.00	HY	19E	28,243.				28,243.			1,412.	1,412.
89	ADMIN OFFICE UPGRADE	05/29/07	150DE	15.00	HY	19E	4,127.				4,127.			206.	206.
90	GALLERY TRACK LIGHTING	12/01/06	150DE	15.00	HY	19E	13,236.				13,236.			662.	662.
91	FLOOR REPAIR	05/22/07	150DE	15.00	HY	19E	16,940.				16,940.			847.	847.
	* TOTAL 990 PAGE 2 DEPR						635,828.				635,828.	324,432.		32,345.	356,777.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITY RENTAL - 1700 ALUM ROCK AVENUE, SAN JOSE, CA 95116		1	306,673.
TOTAL TO FORM 990, PART I, LINE 6A			306,673.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
LABOR		126,737.	
- SUBTOTAL -	1		126,737.
TOTAL TO FORM 990, PART I, LINE 6B			126,737.

FORM 990	OTHER EXPENSES	STATEMENT	3	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CATERING	17,450.	14,571.	2,879.	0.
MISCELLANEOUS EXPENSE	7,060.	1,837.	5,223.	0.
CONTRACT FEES - ARTISTS	137,987.	82,456.	50,581.	4,950.
CONTRACT - TEACHERS	44,035.	44,035.	0.	0.
CONTRACTORS	99,007.	450.	98,557.	0.
BANK FEES AND CREDIT CARD FEES	4,279.	0.	4,279.	0.
GALLERY	11,916.	11,916.	0.	0.
INSURANCE	41,776.	0.	41,776.	0.
MAINTENANCE AND REPAIRS	51,941.	5,816.	44,601.	1,524.
MARKETING AND ADVERTISING	258,218.	218,811.	39,167.	240.
OTHER NON-LABOR	2,400.	2,381.	0.	19.
SECURITY	23,242.	6,339.	16,903.	0.
SPECIAL EVENTS	10,154.	10,154.	0.	0.
SUBSCRIPTIONS	11,103.	659.	10,444.	0.

MEXICAN HERITAGE CORPORATION

77-0184306

UTILITIES	147,994.	0.	147,994.	0.
TOTAL TO FM 990, LN 43	868,562.	399,425.	462,404.	6,733.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 4
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARCELA DAVISON AVILES	138,994.			138,994.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	138,994.			138,994.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ALEX CORONA	60,993.			60,993.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	60,993.			60,993.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARIA DE LA ROSA	50,808.			50,808.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	50,808.			50,808.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				250,795.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>250,795.</u>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
MARIACHI YOUTH PROG INSTRUMENTS	500.	500.	0.
PRINTERS	1,107.	1,107.	0.
CRECENZA	264.	264.	0.
RED SOFA-2 SEAT	350.	350.	0.
PNEUMATIC CHAIR	150.	150.	0.
BROWN STORAGE CABINET	117.	117.	0.
2 DRAWER LATERAL-36"	162.	162.	0.
SERVICING AND UPGRADING OF COMPUTER	1,681.	1,681.	0.
COMPUTER OFFICE 3, CD ROM-OFFICE 2	1,743.	1,743.	0.
COMPUTERS-PCI SYS RECEPTION, CUBICAL	3,302.	3,302.	0.
COMPUTER - ADD ON HARDWARE	124.	124.	0.
COMPUTER - ADD ON HARDWARE	179.	179.	0.
MYP INSTRUMENTS	1,083.	1,083.	0.
MYP INSTRUMENTS	520.	520.	0.
MYP INSTRUMENTS	387.	387.	0.
PENTIUM COMPUTER	650.	650.	0.
MYP INSTRUMENTS	390.	390.	0.
MYP INSTRUMENTS	644.	644.	0.
MYP INSTRUMENTS	650.	650.	0.
MYP INSTRUMENTS	450.	450.	0.
MYP INSTRUMENTS	500.	500.	0.
JUSTIN MCCOY VIHUELA	642.	642.	0.
AMEX - NO DOCUMENTATION	571.	571.	0.
ARTURO GONZALES-COMPUTER	1,100.	1,100.	0.
CRAIG'S ANTIQUES-YORK	150.	150.	0.
CRAIG'S ANTIQUES-MARTIN	250.	250.	0.
CRAIG'S ANTIQUES-CONN	400.	400.	0.
CRAIG'S ANTIQUES	325.	325.	0.
CRAIG'S ANTIQUES	350.	350.	0.
CRAIG'S ANTIQUES	400.	400.	0.
CRAIG'S ANTIQUES	400.	400.	0.
8 GUITARS-KAMAMUTO INSTRUMENTS	2,317.	2,317.	0.
VIHUELA WITH HAND CASE-WM FAULKNER	250.	250.	0.
VIHUELA WITH HAND CASE-WM FAULKNER	250.	250.	0.
TRUMPET	1,200.	1,200.	0.
COMPUTERS	45,401.	45,401.	0.
8 COMMUNICATION PORT SWITCHES	23,960.	23,960.	0.
8 COMMUNICATION UPLINK SWITCHES	7,960.	7,960.	0.
EQUIPMENT DONATED FROM FRY'S	96,934.	96,934.	0.

FLOOR MODEL LECTURN	1,561.	1,561.	0.
FLOOR WAXING MACHINE	1,614.	1,614.	0.
FLOOR MODEL LECTURN	129.	129.	0.
STORAGE CART	1,301.	1,301.	0.
CONSTRUCTION DOCUMENTS FOR THE GALLERY SPACE	8,750.	1,522.	7,228.
GALLERY RETROFIT 50% OF TRACK LIGHTING	8,126.	1,413.	6,713.
GALLERY TRACK LIGHTING	36,406.	6,027.	30,379.
CABINETS	9,421.	1,462.	7,959.
PREMIER SECURITY	1,505.	236.	1,269.
ACCOUNTING SERVER	2,096.	2,096.	0.
MODULAR FURNITURE	1,763.	1,763.	0.
MUSIC EQUIPMENT	1,998.	1,883.	115.
PRINTER	1,225.	1,154.	71.
MONITOR AND MODEM	17,783.	16,758.	1,025.
COMPUTER, 1 YOUNG EXPLORER	2,149.	2,025.	124.
PROJECTION AND SOUND EQUIPMENT	54,999.	36,189.	18,810.
COMPAQ SERVER	12,607.	8,295.	4,312.
3 ROLLIN SPEAKER STACKS	1,819.	924.	895.
HP PANEL, DESKTOP, AND STORAGEWORKS	32,214.	21,197.	11,017.
HP PRINTER AND PROJECTOR	4,148.	2,729.	1,419.
SOUND SYSTEM	1,260.	655.	605.
LIGHTING IMPROVEMENTS	46,305.	6,714.	39,591.
COMPUTER	3,252.	3,252.	0.
COMPUTER	2,392.	2,392.	0.
COMPUTER	242.	242.	0.
COMPUTER SYSTEM	7,763.	7,763.	0.
COMPAQ LAPTOP	1,947.	1,947.	0.
VIDEO CAMERA	1,170.	1,170.	0.
MICROSOFT SOFTWARE	896.	896.	0.
SYSTEMENDER	487.	487.	0.
COMPUTER SYSTEM	162.	162.	0.
HVAC UPGRADE	93,835.	4,692.	89,143.
ELECTRICAL UPGRADE	3,189.	159.	3,030.
DOCUMENTS FOR INTERIOR IMPROVEMENTS	2,805.	140.	2,665.
YAMAS-TESTING AND INSPECTION	5,650.	283.	5,367.
PAINTING - OFFICE	2,500.	125.	2,375.
SECURITY CAMERA UPGRADE	28,243.	1,412.	26,831.
ADMIN OFFICE UPGRADE	4,127.	206.	3,921.
GALLERY TRACK LIGHTING	13,236.	662.	12,574.
FLOOR REPAIR	16,940.	847.	16,093.
TOTAL TO FORM 990, PART IV, LN 57	635,828.	342,297.	293,531.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 6
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BENNY BOVEDO 1700 ALUM ROCK AVE SAN JOSE, CA 95116	BOARD MEMBER 0.00	0.	0.	0.
DANIEL BALLESTEROS 1700 ALUM ROCK AVE SAN JOSE, CA 95116	CHAIRPERSON 0.00	0.	0.	0.
RUDY RODRIGUEZ 1919 S. BASCOM AVE., SUITE 600 CAMPBELL, CA 95008	BOARD MEMBER 0.00	0.	0.	0.
DR. MARTHA J. KANTER 1700 ALUM ROCK AVE SAN JOSE, CA 95116	BOARD MEMBER 0.00	0.	0.	0.
LEON BEAUCHMAN 100 PARK CENTER PLAZA, SUITE 325 SAN JOSE, CA 95113	BOARD MEMBER 0.00	0.	0.	0.
MARGIE GAETA 1675 EL DORADO SAN JOSE, CA 95126	BOARD MEMBER 0.00	0.	0.	0.
ANNE MARIE EILERAAS 1700 ALUM ROCK AVE SAN JOSE, CA 95116	SECRETARY 0.00	0.	0.	0.
NICK PETRIDIS 1700 ALUM ROCK AVE SAN JOSE, CA 95116	TREASURER 0.00	0.	0.	0.
MARCE MORA 2855 EL MONTE WAY SAN JOSE, CA 95127	BOARD MEMBER 0.00	0.	0.	0.
KIMBERLEY ROCHA 2187 BENTLEY RIDGE DR. SAN JOSE, CA 95138	VICE CHAIR 0.00	0.	0.	0.
MARCELA DAVISON AVILES 1700 ALUM ROCK AVE SAN JOSE, CA 95116	PRESIDENT AND CEO 40.00	138,994.	0.	0.

BEN TAN 1700 ALUM ROCK AVE SAN JOSE, CA 95116	DIRECTOR OF FINANCE 0.00	0.	0.	0.
ALEX CORONA 1700 ALUM ROCK AVE SAN JOSE, CA 95116	OPERATIONS MANAGER 40.00	60,993.	0.	0.
GEORGE SHIRAKAWA, JR. 1700 ALUM ROCK AVE SAN JOSE, CA 95116	BOARD MEMBER 0.00	0.	0.	0.
MARIA DE LA ROSA 1700 ALUM ROCK AVE SAN JOSE, CA 95116	DIR. OF HERITAGE PROGRAMS 40.00	50,808.	0.	0.
MIGNON GIBSON 1700 ALUM ROCK AVE SAN JOSE, CA 95116	BOARD MEMBER 0.00	0.	0.	0.
VIERA WHYE 1700 ALUM ROCK AVE SAN JOSE, CA 95116	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		250,795.	0.	0.

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT	7
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME	
TUITION WORKSHOP FEES					7,029.	
TOURS					40.	
MARIACHI YOUTH PROGRAM					99,360.	
HERITAGE ARTS & EDUCATION					62,685.	
MEXICAN HERITAGE EVENTS					50,220.	
TO FORM 990, PART VII, LINE 93					219,334.	

4562

Form Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property) 990

See separate instructions. Attach to your tax return.

OMB No 1545-0172

2006

Attachment Sequence No 67

MEXICAN HERITAGE CORPORATION

FORM 990 PAGE 2

77-0184306

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election. Line 1: 108,000. Line 3: 430,000. Line 13: 23,819.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Part II. Line 14, 15, 16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 23,819.

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 12-year and 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV. Line 21, 22: 32,345. Line 23.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.			

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- 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)

Section 501(c) corporations 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 section 501(c) corporations 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 I) 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	Name of Exempt Organization MEXICAN HERITAGE CORPORATION	Employer identification number 77-0184306
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1700 ALUM ROCK AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JOSE, CA 95116	

INTERNAL REVENUE SERVICE
 RECEIVED
 54108
 FEB 15 2007

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

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JOHN JOICE**
 Telephone No ▶ **408-628-5558** FAX No ▶ _____
- 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 section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

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	\$
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	\$
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	\$ N/A

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. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization MEXICAN HERITAGE CORPORATION	Employer identification number 77-0184306
	Number, street, and room or suite no. If a P.O. box, see instructions 1700 ALUM ROCK AVENUE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAN JOSE, CA 95116	

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

- | | | | |
|----------------------------------------------|-------------------------------------------------------------------|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> 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 the care of JOHN JOICE
Telephone No. (408) 628-5588 FAX No. _____
- 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.

- I request an additional 3-month extension of time until MAY 15, 2008.
- For calendar year _____, or other tax year beginning JULY 1, 2006, and ending JUNE 30, 2007.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension TAXPAYER NEEDS ADDITIONAL TIME TO GATHER MATERIAL INFORMATION IN ORDER TO FILE AN ACCURATE AND COMPLETE INCOME TAX RETURN

INTEREST FREE SERVICE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any nonrefundable credits. See instructions.	8a \$	0.
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 instructions.	8c \$	0.

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 Elis Gray Title CPA Date 2/15/08

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name PETRINOVICH PUGH & COMPANY, LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 333 WEST SANTA CLARA ST. #830
	City or town, province or state, and country (including postal or ZIP code) SAN JOSE, CA 95113