SCANNED JUN 04 2010

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form.

990 All other organizations with gross receipts less than \$1 000 000 and total assets
less than \$2 500,000 at the end of the year may use this form

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

► The organization may have to use a copy of this return to salisfy state reporting requirements

OMB No 1545 1150 2008

Open to Public Inspection

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Section 501(x3) organizations and 4947(x3)1 nonexempt charitable trusts was a completed Schedule A (Form 990 or 390/EZ). **Section 501(x3) organizations and 4947(x3)1 nonexempt charitable trusts was a completed Schedule A (Form 990 or 390/EZ). **Website: ** www. am.istadesinc.org Website: ** www. am.istadesinc.org** Website: ** www. am.istadesinc.org** Organization type (cruck only one)	\vdash			Specific		ZIP + 4					
**Section 501(c/x3) organizations and 4947(a/X1) nonexempt charitable trusts must attach a completed Schedule A Form 990 or 950-82. Website: * wiw: amistadesinc.org	-						30.FZ C	15754			mption
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Dirganization type (thick only one)		Weh	site: ► w	พพ. ลธ	mistadesing.org						
K Check F I fit the organization is not a section 59(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 fite a cerum, be sure to fite a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, fite Form 990 instead of Form 990-EZ. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, grits, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5a Gross amount from sale of assets other than inventory. 5 b Less cost or other basis and sales expenses. c Gain of (loss) from sale of assets other time inventory. b Less cost or other basis and sales expenses. c General events and activities (campitele applicable parts of Schedule 0) if any amount is from gaming, check here. a Gross revenue (not including \$ contributions of contributions of contributions of contributions. c let income or (luss) from special events and activities (Subtract hine 5b from line 6a) 7 a Gross sales of inventory, less returns and allowances. b Less cost of goods solid c Gross profit or (goss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (destribe * See Other Expenses Statement. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members. 12 Salanes, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Cocupancy, rent, utilities, and maintenance. 15 Profit input publications, postage, and shipping. 16 Cither expenses (destribe * See Other Expenses Statement. 17 Total expenses (destribe * See Other Expenses Statement. 19 Net assets or fund balances at end of year Crombine lines 18 through 20 2 Determine policy and profit payments to find payments. 2 Cash, savings, and investments. 2 Cash, savings, and investmen	i					(Insert no.) 4947(a)	V1) or 527				10 2 (1 01111 330)
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Par	t III Statement of Program S	ervice Accomplishments	s (See the instruction	ons)		Expenses
What is	s the organization's primary exempt purpose?	Substance Abuse Pre-	vention			uired for 501(c)(3)
Descr	ribe what was achieved in carrying out ribe the services provided, the number of ram title	the organization's exempt purport of persons benefited, or other re	oses. In a clear and con elevant information for e	icise manner, each	4947	(4) organizations and (a)(1) trusts, optional thers)
	See Note					
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	(Grants \$ 130,114.) If	this amount includes foreign gr	ants, thete here		20 a	192,402.
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32	Total program service expenses (add				32	192,462.
Par			plovees. (List each o	ne even if not con	npens	
	,	(b) Title and average hours		(d) Contributions		(e) Expense account
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		to position		deferred compensa	ition	
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Form 990 EZ (2008) Amistades Inc

20-5274049

Page 2

Forn	n 990-EZ (2008) Amistades Inc	9	Р	age 3
Pa			1	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		, X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990 T	* *		*
i	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	36		х
37	If 'Yes,' complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions		٠, ۶	. *
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a	h.i ^	* **** X
1	b if 'Yes,' complete Schedule L, Part II and enter the total	44	3.	***
	amount involved 38b	. * * * * .	, · · · · · · · · · · · · · · · · · · ·	ž X
39	501(c)(7) organizations Enter	\$	***	,e .
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b		* .	***
	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►, section 4912 ►, section 4955 ►		£:\$, Å
ı	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		Х
•	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	39% \$16.4	**************************************	#V
	d Enter amount of tax on line 40c reimbursed by the organization	**		*.
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	*, ',)
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed ►			_
42 8	Telephone no ► (520) Located at ► 2030 E Broadway Ste 222 Tucson AZ ZIP + 4 ► 85719	822	- <u>87</u> 7	'7
		ſ	Yes	No
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42b	103	Х
Ć	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country	42 c		х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		-	
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
	Form 990 must be completed instead of Form 990-EZ	45		X
BAA	TEEA0812 01/14/09 Foi	rm 990	- LZ (2	2008)

Only

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TUCSON

May the IRS discuss this return with the preparer shown above? See instructions

Page 4

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51 Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 46 Х 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Х 49 b b If 'Yes,' was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (b) Title and average (c) Compensation (d) Contributions to employee (e) Expense (a) Name and address of each employee paid more than \$100 000 hours per week devoted to position benefit plans and deferred compensation account and other allowances None Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100 000 (b) Type of service (c) Compensation None Total number of other independent contractors receiving over \$100,000 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. Sign Signature of officer Here Type or print name and title Preparer's Identifying Number (See instructions) Check if Paid 5.5.10 signature employed Pre-ALLEN'S ACCOUNTING parer's yours if self employed) address ar ZIP + 4 Use 9611 E 33RD STREET EIN

85748

Phone no ►

Yes

Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Employer identification number

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

20-5274049 Amistades Inc Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(bX1)(AXV). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) [X]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 exempt 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). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports (III) Type of organization (described on lines 1.9 above or IRC section (i) Name of Supported (II) EIN (v) Did you notify (vi) Is the organization in col (IV) Is the (VII) Amount of Support Organization organization in col the organization in (i) listed in your col (I) of (i) organized in the U.S.? (see instructions)) governing document? your support? Yes Nο Yes No Yes Nο Total

TEEA0401 12/17/08

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008 Amistades Inc 20-5274049

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the box on line	5, 7, or 8 of Part 1)			
Sect	tion A. Public Support						
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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.						
4	Total. Add lines 1-3			, , , , , , , , , , , , , , , , , , ,	W. W.	700 20 40 40	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)					**	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, oi	r fifth tax year as a	a section 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage for 20			e 11, column (f)		14 15	% %
	16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
t	b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	17 a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.						
	b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.						
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 160, 1/a,		s box and see instr	

20-5274049 Page 3 Amistades Inc Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support **(c)** 2006 (d) 2007 (f) Total (a) 2004 **(b)** 2005 **(e)** 2008 Calendar year (or fiscal yr beginning in) ► Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 126,388 126,388. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 126,388 126,388. 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 126,388. Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 126,388 126,388. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 126,388. 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 100.00% 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 o	r 990-EZ)	2008	Amist	ades	Inc						20-5274	1049	Page 4
Part IV	Suppleme Part II, lin	ental In	format or 17b,	i on. Col or Part	mplete III, lin	this e 12	part to p Provide	orovide e any o	the ther	explanational	n require informat	ed by Pa tion. (se	art II, line e instructio	10; ons)
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

(vi) Amount paid to

(or retained by)

organization

Department of the Treasury Internal Revenue Service Name of the organization

Amistades Inc

Mail solicitations

Email solicitations

Phone solicitations In-person solicitations

(i) Name of individual

or entity (fundraiser)

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

(III) Did fundraiser

have custody or control

of contributions?

No

Yes

(iv) Gross receipts

from activity

(ii) Activity

Open to Public Inspection Employer identification number 20-5274049 Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Solicitation of government grants Special fundraising events 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key Yes employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table

(v) Amount paid to

(or retained by)

fundraiser listed in

col (ı)

۸A	For Privacy Act and Paperwork	Reduction Act No	otice, see t	he Instruc	tions for Form 990.	Schedule G (F	orm 990 or 990-EZ) 2008
		- -					
			- -				
			- -				
				- -			
			-	- -			
3	List all states in which the organ or licensing	nization is register	ed or licen	sed to soli	cit funds or has been	notified it is exempt from	m registration
	Total			-	<u> </u>		<u> </u>
			1	1			
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Par	T II	١	reported more than \$15,000 on F	the organization a form 990-FZ, line 6	nswered fes to ro Sa List events with	aross receipts are	ater t	han	\$5,00	0.
			reported more than project on	(a) Event #1	(b) Event #2	(c) Other Events NONE	(ď) Tota	l Even (a) thre (c))	ıts
R				(event type)	(event type)	(total number)				
お と と と と ら ら	1	ı	Gross receipts							
Ē	2	2	Less Charitable contributions							
	;	3	Gross revenue (line 1 minus line 2)					_		
D	4	1	Cash prizes							
D-RECT	ţ	5	Non-cash prizes							
	•	5	Rent/facility costs							
EXPESSES	7	7	Other direct expenses							
E S	8		Direct expense summary Add lines 4- th	•		•				
Par			Gaming. Complete if the organization		es' to Form 990. Pa	rt IV line 19 or re	l porte	d mo	ore th	an
			\$15,000 on Form 990-EZ, line 6a	l	1		T			
ポピスポくまみ				(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) (Add	col (l gamı (a) thr (c))	ng ough
E	1	ı	Gross revenue							
			Cash prizes							
D P E N S E S E S	3	3	Non-cash prizes							
C S T E	4	1	Rent/facility costs							
		5	Other direct expenses							
	•	5	Volunteer labor	Yes %	Yes %	Yes 8				
	7	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•				
		3	Net gaming income summary Combine li	nes 1 and 7 in column	(d)					
9	En	itei	r the state(s) in which the organization ope	erates gaming activities			[YES	NO
а	ls	the	e organization licensed to operate gaming					9a		
b	lf '	No	o,' Explain							
							·			
			any of the organization's gaming licenses es,' Explain	s revoked, suspended o	r terminated during the t	tax year ⁹	Ī	10 a		
	<u> </u>									
			the organization operate gaming activities					11		
12	ls ad	the mi	e organization a grantor, beneficiary or tru nister charitable gaming?	stee of a trust or a men	nber of a partnership or	other entity formed to		12		

Schedule G (Form 990 or 990-EZ) 2008 Amistades Inc	20-5274049	Page YES NO
13 Indicate the percentage of gaming activity operated in		TES NO
a The organization's facility	8	
b An outside facility	8	
14 Provide the name and address of the person who prepares the organization's gaming/special events book	s and records	
Name •		
Address		
15a Does the organization have a contact with a third party from whom the organization receives gaming reve	nue? 15a	a
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and		
of gaming revenue retained by the third party \$		1 1
c If 'Yes,' enter name and address	ĺ	
Name ▶		
Name	,	. [
Address -		
16 Gaming manager information		
Name •		
Gaming manager compensation ► \$		
Description of services provided		>-
☐ Director/officer ☐ Employee ☐ Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	retain the	a
b Enter the amount of distributions required under state law distributed to other exempt organizations or spe	ent in the	
organization's own exempt activities during the tax year 🕨 \$		
BAA TEEA3703 07/18/08 Sche	edule G (Form 990 or 9	990-EZ) 200

500.

Form 990-EZ Part II

Other Assets and Liabilities

Name as Shown on Return Amistades Inc		Employer Identification No 20-5274049
Line 24 - Other Assets:	Beginning of Year	End of Year
Grants Receivable		3,000.
Totals to Form 990-EZ, Part II, line 24		3,000.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable		500.

TEEW1801 SCR 04/21/08

Totals to Form 990-EZ, Part II, line 26

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
Advertising	1,587.
Bank fees	535.
Books & Publications	731.
Business Meetings	1,994.
Donation Expense	25.
License and Fees	20.
Office Supplies	7,361.
Travel	10,725.
Total	22,978.

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Rounding Error	2.
Total	2.

Additional Information For Tax Return

Amistades Inc 20-5274049

Form 990-EZ: Line 28, Description

1. 1. 1. 1. 1.

Co-sponsored a Latino Substance Abuse Prevention 2-Day Workshop with the Compass Community Prevention Coalition that provided 12 workshops to about 125 prevention and treatment professionals.

Sponsored an underage drinking prevention town hall meeting for 100 youth at the Ellie Town Flowing Wells Community Center in conjunction with the Compass Community Prevention Coalition. Local schools brought their students.

Cinco de May Non Profit Celebration and Family Festival - Approximately 350 people attended including 12 community agencies to learn how to prevent underage drinking.

CUBS Operation - Pima County Sheriff's Office and the Amistades Coalition trained youth to visit 31 alcohol businesses to purchase alcoholic beverages which resulted in 11 citations for attempting to sell alcohol to minors.