Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public Inspection

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

Α	For t	he 2009 ca <u>lenda</u> i	r year, or tax year beginning	7/01	, 2009,	and en	ding	6/30		,	2010
В	Check	if applicable	C						D Em	oloyer ic	lentification number
X	Addres	s change Please use IRS	AMISTADES INC						20)-52°	74049
	Name (change label or print or	יודם מסטידים זו פאני	ER WAY				ŀ	E Tele		
	Initial r	eturn type.	TUCSON, AZ 85745-7						E '		82-8777
	Termin	Jopecinic						ł		20-0	02-0111
	Amend	ed return Instruc-	-					ŀ			remption
\perp	Applica	ation pending								mber	_
	•	Section 501(c)((3) organizations and 4947(a)(1)) nonexempt ch	aritable trusts			counting i		t	Cash X Accrual
		must att	tach a completed Schedule A (Form 990 or 99	0-EZ).			ner (speci			
	14/ - L .	····· ANTOT	PADECING ODC					eck ► X			anization is not
١.			TADESINC.ORG		T10174 N41	1502	rec 99	duired to a 0-EZ, or 9	attacn 990-PF	Scned 1	dule B (Form 990,
_			(only one) - X = 501(c) + (3)	(insert no.)	4947(a)(1) or	527				-	
n	Chec		EZ or Form 990 return is not requi								
_					<u> </u>				2 10 1110	u 0011	
L	Maa i	ad of Form 990-E	l 7b, to line 9 to determine gros F7	s receipts, if \$5	ou,oud or more	, file Fo	orm 99	U		⊳ġ	157,830.
Pa	rt I		, Expenses, and Changes	in Net Asse	ts or Fund B	Ralanc	es (S	ee the	ınstrı		
	1		gifts, grants, and similar amoun		, co or r una E	Jaiaiic	, ,,,,	00 (110)	T	1	136,570.
	2		e revenue including governmen		racts				F	2	130,370.
	3	_	les and assessments	it 1000 and 0011th					ŀ	3	
	4	Investment inco							F	4	
	1 .		from sale of assets other than i	nventory	1	5 a			ŀ	一十	
	I		ther basis and sales expenses			5 b		•			
R	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)										
V	6	• •	activities (complete applicable parts of		•	iing, che	ck here	•	\sqcap \vdash	. /4	
* E > E N U E	a	Gross revenue			tributions	٥,			'	.	
U E	-	reported on line	·			6a		21,2	60.	-	
	Ь	•	penses other than fundraising e	xpenses	Ī	6b		8,7			
			s) from special events and activities (Su		ine 6a)			-,		6c	12,461.
	7 a	Gross sales of i	inventory, less returns and allog	wances.	· 1	7a			Ī	3	
	b	Less. cost of go	oods sold			7b	•			* :	
	c	Gross profit or ((loss) from sales of inventory (Subtract line 7b	from line 7a)	•				7 c	
	8	Other revenue (desc	cribe ►) [8	
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8						9	149,031.
	10		nilar amounts paid (attach sched				5			10	
_	11		o or for members	, r	RECE	INF	ע	\mathcal{L}	ŀ	11	<u>-</u> -
E P _E	12	•	compensation, and employee t	enefits \	1)S) O)	ľ	12	77,050.
E	13	Professional fee	es and other payments to indep	endent contrac	tors	. 4 76	111 '	191	-	13	29,149.
NSE S	14		nt, utilities, and maintenance		ors JAN	3 F . C1	ייט	[8]	l	14	11,556.
∃ €	15	Printing, publica	ations, postage, and shipping		1(7)				Ī	15	4,078.
∋Ĭ	16	Other expenses (des	scribe - SEE STATEMENT	1	OGE	FN.	U) [16	28,081.
=1	17	Total expenses	. Add lines 10 through 16		1 000				▶	17	149,914.
	18	Excess or (defic	cit) for the year (Subtract line 1	7 from line 9)						18	-883.
ASSET S	19	Net assets or fi	und balances at beginning of ye	ear (from line 27	7 column (A)) (must a	aree w	ith end of	vear		
E S		figure reported	on prior year's return)	,	,, 00.0 (, 1,) (mast a	gice ii	iai ciia ci	yeur	19	13,937.
	20	Other changes	in net assets or fund balances	(attach explana	ition).					20	
2	21	Net assets or fu	und balances at end of year Co	ombine lines 18	through 20				▶	21	13,054.
P	rt II	Balance S	Sheets. If Total assets on line	25, column (B)	are \$1,250,000	or mo	re, file	Form 990) inste	ad of	Form 990-EZ.
35			(See the instructions for					Beginning			(B) End of year
7. 2 2		sh, savings, and						11,	437		9,062.
23	Lar	nd and buildings		_						23	
24			ribe ► SEE STATEMENT	2)				000	24	6,091.
		tal assets	. 	_				14,	437.		15,153.
			scribe SEE STATEMENT		_) .				500	26	2,099.
27	' Ne	t assets or fund	balances (line 27 of column (8)) must agree w	uth line 21)		ı	13.	937	27	13 054

Form	990-EZ (2009) AMISTADES INC				-527	74049 Page 2
Desc	statement of Program Sers the organization's primary exempt purpose? SU ribe what was achieved in carrying out thribe the services provided, the number of ram title.	BSTANCE ABUSE PREV	ENTION	ons.) Incise manner, each	(Reg 501 (o organ 4947 for of	Expenses uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
28	SEE STATEMENT 4		· -			
29	(Grants \$ 126, 583.) If th	ıs amount ıncludes foreign gr	ants, check here		28 a	115,890.
			·			
30	(Grants \$) If th	ıs amount ıncludes foreign gr	ants, спеск пеге		29 a	
31	(Grants \$) If the Other program services (attach schedule	is amount includes foreign gr	ants, check here	·	30 a	
	(Grants \$) If th	is amount includes foreign gr	ants, check here	▶ □	31 a	115 000
	Total program service expenses (add In		playage List cart and	P [32	115,890.
(Fai	List of Officers, Directors	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plar deferred compensa	ns and tion	and other allowances
680	NIE FELIZ DW. PRINCE ROAD, #110 CSON, AZ 85705	TREASURER 10.00	0.		0.	0.
680	CICIA GRANILLO-MENDIVIL O W. PRINCE ROAD, #110 CSON, AZ 85705	CHAIRMAN 10.00	0.		0.	0.
FRZ 680	ANCESCA_LOMONACO D.W. PRINCE ROAD, #110	SECRETARY 10.00	0.		0.	0.
RIC 680	CSON, AZ 85705 CARDO M JASSO D W. PRINCE ROAD, #110	DIRECTOR 40.00	51,529.		0.	0.
CAI	CSON, AZ 85705 RLOS GONZALEZ D W. PRINCE ROAD, #110	DIRECTOR 10.00	0.		0.	0.
REI	CSON, AZ 85705 NE SALGADO D W. PRINCE ROAD, #110	DIRECTOR 10.00	1		0.	0.
	CSON, AZ 85705					
						_
				!		

33 but the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of coat activity of coat activity of the organization and the organizations and the organization and the orga	Par	t.V.	Other Information (Note the statement requirements in the instrs for	Part V.)	SEE STA	TEME	NT !	<u> </u>
as an activity 34 Were any changes made to the organizating or governing documents? If 'Yes,' attach a conformed copy of the changes 35 If the organization had econer from biseness zeluties, such as these respetted are less 2, 6, and 7a (arong athers), but not reported on Fram 990-T, and the organization had recover the purpose of the man of the organization had some districts at statement explaining with the organization and several explained the several explained with the organization and several explained the several explained explained the several explained the several explained explained the several explained ex					_		Yes	No
34 Were any changes made to the organization of governing documents? If Yes, attach a conformed copy of the changes 35 If the organization had scome from business arbitines, such as those reported or lines 2, 6s, and 3 (aming others), but not reported on Fram 99-1, about not reported or fram 99-1, about not reported and many of the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and gross fur exercine minds. 35 If the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and gross fur exercine minds. 36 Duff the organization undergo as ideudation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 73 Enter amount of political expenditures, direct or underect, as described in the instructions 37 Enter amount of political expenditures, direct or underect, as described in the instructions 38 Duff the organization before from or make any liquids to the organization of the period covered by this return? 38 Duff the organization before from or make any liquids to the organization of the period covered by this return? 38 Duff the organizations Enter and still outstanding at the end of the period covered by this return? 38 Duff the organizations Enter and still outstanding at the end of the period covered by this return? 38 Duff the organizations Enter and still outstanding at the end of the period covered by this return? 39 Duff the organizations Enter and the transaction during the year under section 4911 39 Duff the organizations Enter and the transaction of the organization during the year under section 4912 39 Duff the organizations and the transaction has not been dependent on the organization prior forms 990 or 90-90-EZ? If the organization organization organization organization organization or surganization or surganization. The organization is filed > Note that the tra	33			a detailed desc	cription of	33		х
autota a statement explanancy why the organization define report the incore on Fam 99-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements? 55 bit If Yes, 'naise titled a tax return or Form 990-T for this year? 56 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete aphiciable parts of Stordule N 57 a Enter amount of political expenditures, direct or indirect, as described in the instructions business of the organization file Form 1120-POL for this year? 58 bit the organization file Form 1120-POL for this year? 59 bit organization file Form 1120-POL for this year? 50 bit organization for Form 1120-POL for this year? 50 bit organization for Form 1120-POL for this year? 51 bit If Yes,' complete Schedule L. Part III and enter the total amount involved 52 Section 50(c)(7) organizations. Enter: 53 a limited for the period covered by this return? 54 bit Gross receipts, included on line 9 for public use of club facilities 55 bit Gross receipts, included on line 9, for public use of club facilities 56 Corporations, included on line 9 for public use of club facilities 57 bit Gross receipts, included on line 9, for public use of club facilities 58 bit MYA 59 bit Gross receipts, included on line 9, for public use of club facilities 59 bit Gross receipts, included on line 9, for public use of club facilities 59 bit Gross receipts, included on line 9, for public use of club facilities 59 bit Gross receipts, included on line 9, for public use of club facilities 50 bit Gross receipts, included on line 9, for public use of club facilities 50 bit Gross receipts, included on line 9, for public use of club facilities 50 bit Gross receipts, included on line 9, for public use of club facilities 50 bit Gross receipts, included on line 9, for public users 51 bit Gross receipts in the form 1120 bit Gross rece	34			ned copy of the	changes			
reporting, and proxy tax requirements? bit I'ves', Nast Itilided tax return on Form 990-T for this year? 50 Did the organization undergo a liquidation, dispolution, termination, or significant disposition of net assets during the year? If 1ves', complete applicable parts of Stendule N 70 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0. bit of the organization formy 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 outstanding at the end of the period covered by this return? bit I'ves', complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(3) organizations. Enter: a initiation fees and capital contributions included on line 9 39 N/A 39 N/A bit Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year or is it aware that it engaged in an excess benefit transaction with a disquisition depression in a priory year, and that the fransaction has not been reported on any of the organization's prior Forms 90 or 990-E27 if Yes', complete Schedule I, Part I considered in the organization and the part of the propriation of tax on line 40 or rembursed by the organizations. C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and the tit fransaction has not a supplied to the propriation of the randomization of the propriation of the propriat	35	If the orga	anization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), b statement explaining why the organization did not report the income on Form 990-T.	out not reported on I	Form 990-T,		,, <u>,</u>	
36 Dut the organization undergo a liquidation, desolution, termination, or significant disposition of net assets during the yea? If "Fes," complete applicable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions \$\frac{1}{37a}\$ \ 0. \ 37b \ \ 37a \ 37a \ 0. \ 37b \ 37a \ 37b \ 0. \ 37b \ 37b	a	Did the	organization have unrelated business gross income of \$1,000 or more or was it subjecting, and proxy tax requirements?	ct to section 603	33(e) notice,	35 a		X
year? If Yes, complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. \$\ \] 37a 37a 37b 37b	t	If 'Yes,'	has it filed a tax return on Form 990-T for this year?			35 b		
37 a Enter amount of political expenditures, direct or indirect, as observined in the instructions * [47a]		year? If	f 'Yes,' complete applicable parts of Schedule N	1		36		
33a but the organization outwork from, of make any loans to, any online, director, insiete, or key employee or were any such loans made in a promyeer and still outstanding at the end of the period covered by this return (so the section 401(c)) organizations. Enter: 33a but N/A 33b but N/A 34b bit 'Yes,' complete Schedule L, Part II and enter the total amount involved 35chook section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 but necessary or section 4912 but necessary				37a	0.	37 b		<u> </u>
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a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 839b N/A 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 • 0., section 4912 • 0., section 4958 • 0. b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 if Yes, complete Schedule I, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization with a disqualified person during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, organizations boxis are in care of a party time during the received organization and the states with which a copy of this return is filed and the programization of the states with which a copy of this return is filed and 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)? b 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 See the instructions for exceptions and filing requirements for Form 10 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. 43 Se		amount	involved		N/A			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 *			- (///)				*, *	-
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 *	a	Initiatio	n fees and capital contributions included on line 9	39a			%	
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b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction that fransaction by of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule I, Part I C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the organization and the variety of the organization of the organization and the variety of the organization of the organization aparty to a prohibited tax sheller transaction? If Yes, complete Form 8986-T List the states with which a copy of this return is filed the organization aparty to a prohibited tax sheller transaction? If Yes, complete Form 8985-T Located at the organization and 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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country 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 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(113)? If Yes, If Yes, If Yes, If Yes, If Yes, If	40 a	Section	501(c)(3) organizations Enter amount of tax imposed on the organization during the	year under		٠,	, ×	-
transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule I., Part I. c Section S01(c)(3) and S01(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section S01(c)(3) and S01(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8865-T 40e		section	4911 ► 0., section 4912 ► 0., section 4955	•	0.			
managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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. List the states with which a copy of this return is filed > NONE 42 a The organization? Books are in care of > AMISTADES INC. Located at > 680 W. PRINCE ROAD SUITE 110 TUCSON AZ		transac prior ye 'Yes,' c	tion during the year or is it aware that it engaged in an excess benefit transaction with ear, and that the transaction has not been reported on any of the organization's prior F omplete Schedule L, Part I	i a disqualified i	person in a l	40 b	. % :	
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42 a The organization's books are in care of > AMISTADES_INC. Located at > 680 W. PRINCE_ROAD_SUITE_110_TUCSON_AZ	•	All orga shelter	anizations. At any time during the tax year, was the organization a party to a prohibited transaction? If 'Yes,' complete Form 8886-T	d tax	•	40 e	<u></u>	
books are in care of AMISTADES INC. Located at 680 W. PRINCE ROAD SUITE 110 TUCSON AZ ZIP + 4 85705 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 See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S.? If 'Yes,' enter the name of the foreign country 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 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	41	List the s	tates with which a copy of this return is filed NONE		•		•	
books are in care of AMISTADES INC. Located at 680 W. PRINCE ROAD SUITE 110 TUCSON AZ ZIP + 4 85705 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 See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S.? If 'Yes,' enter the name of the foreign country 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 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							-	
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 42 b	42 a	books are	e in care of ► AMISTADES INC.					-
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 42 c X 42 c X 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 43 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 X 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Some 990 must be completed instead of Form 990 must be completed instead of Form 990-EZ	ŀ	At any financia	time during the calendar year, did the organization have an interest in or a signature of a account in a foreign country (such as a bank account, securities account, or other fire	or other authorit	y over a	42 b	Yes	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 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 43 Ni/A 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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					ļ	7	1.54	. Ya
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 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 Yes No 14 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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								
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 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Sorm 990 must be completed instead of Form 990-EZ		See the II	nstructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Fina	ancial Accounts.		* . :		
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 Yes No 144 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 15 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	•	: At any	time during the calendar year, did the organization maintain an office outside of the U	S.?		42 c		X
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 Yes No 144 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 15 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Katalana and Section 512(b)(13)? If 'Yes,' Katalana and Section 990 must be completed instead of Form 990-EZ		If 'Yes,'	enter the name of the foreign country					
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 144 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 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	43	Section	n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Ch	eck here.			- □	N/A
Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 X 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 X			•		43			N/A
of Form 990-EZ 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		_			ſ		res	140
Form 990 must be completed instead of Form 990-EZ	44	of Form	1 990-EZ		ļ	44		<u>x</u>
	45	Is any i Form 9	related organization a controlled entity of the organization within the meaning of section 90 must be completed instead of Form 990-EZ	on 512(b)(13)? I	f 'Yes,'	45		<u> x</u>

Only

BAA

(520) 721-5000

►X Yes No

Form **990-EZ** (2009)

Phone no

Pend	501(c)(3) organizations and se 46-49b and complete the table:	ction 4947(a)(1) noi	nexempt charitat				J
40 5 1 1						Yes	No
46 Did to	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule	ct political campaign ac C. Part I	tivities on behalf of o	or in opposition to candidates	46		X
	he organization engage in lobbying activi				47		X
	e organization a school as described in si	•		hedule F	48		X
	he organization make any transfers to an	, , , ,	•		49a		X
	es,' was the related organization a section	•	related organization	•	49 b		
	•	•				Щ	
50 Complempt	plete this table for the organization's five oyees) who each received more than \$10	highest compensated e 10,000 of compensation	mployees (other that from the organizatio	n officers, directors, trustees a n. If there is none, enter 'Non	ınd key e '	•	
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) E:	opense int and lowances	s
NONE							
					_		
					_		
51 Comp	plete this table for the organization's five bensation from the organization. If there is (a) Name and address of each independent cont		1	ors who each received more the		00,000 pensatio	
NONE _							
							
d Total	number of other independent contractor	s each receiving over \$1	100,000				_
Sign Here	Under penalties of perjury, I declare that I have exan true, correct, and complete Declaration of preparer	nined this return, including accordance than officer) is based on a	mpanying schedules and sta all information of which prep	x 1/24/1	ge and b	elief, it is	5
Here	Signature of officer X 2 CA dd M. Type or print name and title	JASO, C	EO	Date			
Paid Pre-	Preparer's Signature Description	e hulk	CAA Date 1/14	Check if Self-employed Prepare (See in P00)	er's Ident structions		mber
parer's Use	Firm's name (or yours if self-employed), ALEXANDRA L. MI 7403 E TANQUE V	LLER, CPA, P.C. ERDE RD			-095°	7133	

TUCSON, AZ 85715-3477

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

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	me of the organization Employer identification number											
AMI	STADES INC							20-52	274049)		
Part	Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	nstructi	ions		
The o	rganization is not a pri	vate foundation becau	ise it is. (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	A church, conventi	on of churches or asso	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)	•				
2	A school described	I in section 170(b)(1)(A)(ii). (Attach Schedule i	E)								
3	A hospital or coope	erative hospital service	e organization described	ın secti	on 170(l)(1)(A)(iii).					
4	A medical research	n organization operate	d in conjunction with a h	ospital o	lescribe	d in sec	tion 17	0(b)(1)(A)(iii) En	iter the ho	spital's	
	name, city, and sta	ate										
5	An organization op	erated for the benefit Complete Part II.)	of a college or university	owned	or oper	ated by	a gover	nmental	unit des	scribed in	section	
6			governmental unit descri									
7	in section 170(b)(1	(Complete Page 1)			_	vernme	ntal uni	t or from	the ger	neral publi	c descri	bed
8			1 70(b)(1)(A)(vi). (Comple									
9	from activities relate investment income June 30, 1975 See	ed to its exempt function and unrelated busine a section 509(a)(2). (C	·	eptions, a section	and (2) n 511 tax)	o more t from b	han 33- usiness	1/3 % of es acqui	its suppo	ort from are	SS	ter
10		•	exclusively to test for pu		•		• •	` '				
11	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											
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other											
е												
f	If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting o	organizatio	n,	
g	Since August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	ution fro	m any	of the fo	ollowing	persons	?		
											Yes	No
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
	(ii) a family men	nber of a person desc	cribed in (i) above?							11 g (ii)	<u> </u>	
	(iii) a 35% contro	olled entity of a persor	described in (i) or (ii) a	bove?						11 g (iii)		
<u>h</u>	Provide the followi	ng information about t	the supported organization	ons								
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col I in your rning nent?	(v) Did y the organ col your si	rou notify nization in (i) of upport?	(vi) I organizati (i) organiz U S	on in col	(vii) Amou	nt of Supp	ort
				Yes	No	_Yes	No	Yes	No		_	
				ļ								
				1								
			-									
		A Company to A SEC HARD		1160 p.C.	#10 and	(a desire	a diam	A Comme				
Total										_		

20-5274049 AMISTADES INC Page 2 Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Total. Add lines 1-through 3 / 🍇 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) ¾. í. ***** Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (b) 2006 (c) 2007 (e) 2009 (a) 2005 (d) 2008 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Net income from unrelated business activities, 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.) **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions). 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 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. 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. b 33-1/3 support test - 2008. 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 17a 10%-facts-and-circumstances test — 2009 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 - 2008. 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.

Schedule A (Form 990 or 990-EZ) 2009 AMISTADES INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

, a.	(Complete only if you che	_		5000.011 505	(u)(<u>L</u>)						
Sec	tion A. Public Support	cked the box on hi	ne 9 oi Fait i.)								
Calen	idar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	3.6.		126,388.	191,498.	149,031.	466,917.				
	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						0.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513		_				0.				
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
	Total. Add lines 1 through 5	0.	0.	126,388.	191,498.	149,031.	466,917.				
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the										
	year	0.	0.	0.	0.	0.	0.				
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.				
8	Public support (Subtract line		e de la company		X \$ 65 \ \\.						
	7c from line 6)			\$3-97,00000 made:		Salar Salar	466,917.				
<u>Sec</u>	Section B. Total Support										
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
	Amounts from line 6	0.	0.	126,388.	191,498.	149,031.	466,917.				
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.						0.				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.				
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.				
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza				s a section 501(c)(3	466,917.				
Sec	tion C. Computation of Pu		ercentage	•			- [A]				
	Public support percentage for 20			ne 13 column (f))		15	%				
	Public support percentage from			.5 15, 55141111 (1))	•	16					
	tion D. Computation of Inv			2		., 10					
17	Investment income percentage t				ımn (f))	17	%				
18	Investment income percentage t			-		18					
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	organization did not	check the box on	line 14, and line 15	is more than 33-1/3 ublicly supported o	%, and line 17 is not	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>				
	33-1/3 support tests - 2008. If t is not more than 33-1/3%, check	k this box and sto j	o here. The organ	nzation qualifies a	as a publicly suppo	orted organization	and line 18				
20	Private foundation. If the organi	ization did not che	ck a box on line	14, 19a, or 19b, o	check this box and	see instructions	▶ 🗍				

Schedule A	(Form 9	90 or 99	90-EZ) :	2009	AMIST	TADES	INC						20-	52740	49	P	age 4
Part IV	Part II,	line 1	7a or	17b;	on. Co and Pa	mplete art III, I	this p ine 12.	art to . Provi	provide de any	other	xpianat additio	nal info	equired ormatio	n. See	rt II, Iin Instru	e 10; ctions	
	_								. .			_ 	_				_ _ _
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public >

Name of the organization						Employer identifica	ition number
AMISTADES INC						20-527404	9
Part 1 Fundraising Activities. Comp	lete if the orga uired to comple	nization ar ete this pa	nswered '\ rt	es' to Form 990, Part I	V, line	17	
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities. Check	all that	apply.	
Mail solicitations				Solicitation of non-	aovernn	nent grants	
Internet and email solicitations	,			Solicitation of gove	_	•	
Phone solicitations				Special fundraising		-	
In-person solicitations				opecial failuraising	CVCIIIS		
2a Did the organization have written of	or oral agreeme	ent with an	v individu	al (including officers, di	rectors	trustees or key	,
employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services	3 ⁷	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en ie organization	tities (func	draisers) p	ursuant to agreements	under w	which the fundra	iser is to be
					(v) Ar	mount paid to	
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(or	retained by)	(vi) Amount paid to
or entity (fundraiser)		of contr	dy or control ibutions?	from activity	Tunar	aiser listed in col.(i)	(or retained by) organization
		Yes	No	· · · · · · · · · · · · · · · · · · ·		33(.)	0.94.1124.1011
		162	NO				
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Total							
Total 3 List all states in which the organization	ation is registe	red or lice	need to so	licit funds or has boon	notified	it is exempt fro	m registration
or licensing.	ation is registe	rea or nice	11364 10 30	ment runus or mas been	nounea	it is exempt iro	in registration
						- -	- -
							
							
							
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		-					
					-	-	

Page 2

Par	111	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a form 990-EZ, line 6	nswered 'Yes' to Fo 5a. List events with	orm 990, Part IV, li gross receipts grea	ne 18, or ater than	, \$5,00	00.
RE			(a) Event #1 SEGUNDO DE FEB (event type)	(b) Event #2 (event type)	(c) Other Events	(d) Tot (Add col	al Ever	nts
REVENUE	1	Gross receipts	21,260.				21,2	260.
Ĕ	2	Less. Charitable contributions						
	3	Gross income (line 1 minus line 2)	21,260.				21,2	260_
	4	Cash prizes						
	5	Noncash prizes						
DIRECT	6	Rent/facility costs						
	7	Food and beverages						
E X P	8	Entertainment						
EXPENSES	9	Other direct expenses	8,799.				8,7	799.
S	10 11	Direct expense summary Add lines 4- t Net income summary Combine lines 3,	• , ,		>		8,7	799. 161.
Pai	t III	Gaming. Complete if the organizes \$15,000 on Form 990-EZ, line 6a		s' to Form 990, Pa	rt IV, line 19, or re	ported m		
REVENUE		· · · · · · · · · · · · · · · · · · ·	(d) Total gaming (Add col (a) through col (c))					
E U	1	Gross revenue						
D X	2	Cash prizes					<u>_</u>	
DIRECT	3	Non-cash prizes .				ļ		
S	4	Rent/facility costs .				<u> </u>		
	5	Other direct expenses						
	6	Volunteer labor	Yes% No	Yes % No	Yes%			
	7	Direct expense summary. Add lines 2 thi	rough 5 in column (d)		•			-
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7				
9	Ent	er the state(s) in which the organization o	perates gaming activitie	es			YES	NO
		he organization licensed to operate gamini No,' explain	g activities in each of th	nese states? .	•	9;	<u>a</u>	
				- 				
		re any of the organization's gaming license (es,' explain	es revoked, suspended	or terminated during th	e tax year?	102	3	
11		es the organization operate gaming activiti	es with parmembers?				-	
12		es the organization operate gaming activitions to the organization a grantor, beneficiary or troublesser charitable gaming?		ember of a partnership of	or other entity formed t	0 11		
	adn	ninister charitable gaming?				12		l .

Schedule G (Form 990 or 990-EZ) 2009 AMISTADES INC		20-5274049	Pa	age 3
			YES	
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	ક		
14 Enter the name and address of the person who prepares the organization	ition's gaming/special events books	and records.		e Zel
Name· •				
Address:		. – – – – –		
15a Does the organization have a contact with a third party from whom the	e organization receives gaming rev	enue? 15	а	
b If 'Yes,' enter the amount of gaming revenue received by the organization	ation \$and	the amount		12
of gaming revenue retained by the third party \$	<u>_</u> ·			
c If 'Yes,' enter name and address of the third party			**	ن ئ
N				Áų
Name. >	·			*
Address· •				
	- 	·	***	*
16 Gaming manager information			4.	
			100	
Name: -				
			البخا	
Gaming manager compensation \$				4
Description of services provided: >				
Description of services provided:				Í
Director/officer Employee	ndependent contractor		1000	M
	·		253	ě
17 Mandatory distributions				Ž.
a is the organization required under state law to make charitable distrib state gaming license?	utions from the gaming proceeds to	retain the	a a	
b Enter the amount of distributions required under state law to be distributions	outed to other exempt organization			4
organization's own exempt activities during the tax year ► \$		1		
BAA TEEA3703L 02	2/05/10 Scher	dule G (Form 990 or	990-EZ)	2009

2009	FEDERAL STATEMENTS	S	PAGE 1
	AMISTADES INC		20-5274049
STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES			
ADVERTISING AND PROMOTION ANNUAL MEETING BANK FEES CONFERENCES AND WORKSHOPS DEPRECIATION INSURANCE LICENSES AND FEES MISCELLANEOUS OFFICE EXPENSES. TRAVEL		\$	689. 5,004. 873. 1,085. 191. 4,794. 104. 469. 5,835.
TRAVEL		TOTAL \$	9,037. 28,081.
STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS		DEGINATAG	TNDTNG
MISCELLANEOUS PLEDGES AND GRANTS RECEIVAN		BEGINNING \$ 0. \$ 3,000. COTAL \$ 3,000. \$	2,374. 3,717. 6,091.

STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

	BEGIN	<u>INTNG_</u>	 ENDING
	\$	500.	\$ 2,099.
TOTAL	\$	500.	\$ 2,099.

STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THROUGH FEDERAL FUNDING, AMISTADES MANAGES THE AMISTADES SUBSTANCE ABUSE COALITION, A COMMUNITY-DRIVEN GROUP THAT PROVIDES SUBSTANCE ABUSE PREVENTION IN THE FLOWING WELLS AREA. THE FLOWING WELLS COMMUNITY CONSISTS OF 13.1 SQUARES MILES IN THE CITY OF TUCSON EMPOWERMENT AND ENTERPRISE ZONES AS CLASSIFIED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT. THE COALITION'S GOALS INCLUDE THE REDUCTION OF ALCOHOL AND DRUGS AMONG YOUTH AND ENHANCEMENT OF EXISTING COLLABORATIVE EFFORTS IN THE COMMUNITY. THE COALITION ADDRESSES THE PROBLEM OF UNDERAGE DRINKING, MARIJUANA AND TOBACCO USE, AND IS ALSO CONCERNED ABOUT INHALANT ABUSE AND PRESCRIPTION DRUG USE AMONG LATINOS. A VISION TO CREATE HEALTHY, PRODUCTIVE, SAFE AND DRUG-FREE COMMUNITIES IS ITS DRIVING FORCE. THE COALITION'S PRIMARY FUNDING SOURCE IS THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES - SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)/CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP) IN PARTNERSHIP WITH THE WHITE HOUSE OFFICE OF NATIONAL DRUG CONTROL POLICY DRUG FREE COMMUNITIES SUPPORT PROGRAM (DFCSP) AND SOBER TRUTH ON PREVENTING UNDERAGE DRINKING ACT (STOP).

2009

FEDERAL STATEMENTS

PAGE 2

AMISTADES INC

20-5274049

STATEMENT 4 (CONTINUED) FORM 990-EZ, PART III, LINÉ 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE CINCO DE MAYO NON-PROFIT CELEBRATION AND FAMILY FESTIVAL PROMOTES SAFE AND ALCOHOL-FREE EVENTS IN THE FLOWING WELLS COMMUNITY. THE CONCEPT WAS CREATED BY THE CINCO DE MAYO CON ORGULLO COALITION IN CALIFORNIA AND HAS SPREAD TO MORE THAN FOUR STATES NATIONALLY. THE EVENT IS DESIGNED TO PROMOTE A SENSE OF COMMUNITY PRIDE AND SPIRIT. CINCO DE MAYO BRINGS TOGETHER CHILDREN, YOUTH, AND FAMILIES. NON-PROFIT ORGANIZATIONS IN THE FLOWING WELLS COMMUNITY ARE INVITED TO SET UP AN INFORMATIONAL BOOTH TO CONNECT WITH THE COMMUNITY, EXPLAIN THEIR SERVICES, AND DISTRIBUTE INFORMATION.

AMISTADES WILL HOST THE ORIGINAL TREATY OF GUADALUPE HIDALGO FOR THE 1ST TIME IN ARIZONA. THE TREATY (HOUSED AT THE NATIONAL ARCHIVES IN WASHINGTON, DC) WILL BE IN TUCSON FOR 30 DAYS FOR PUBLIC EXHIBITION AND EDUCATIONAL PURPOSES.

STATEMENT 5 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

NO

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

1 22

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I 🔯 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization Employer identification number Type or print AMISTADES INC 20-5274049 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions 680 W PRINCE RD #110 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85705 Check type of return to be filed (file a separate application for each return). Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of Telephone No ►__ 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 corporation required to file Form 990-T) extension of time until 2/15 _ _ , 20 11 _ , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 _ _ _ or X tax year beginning $\frac{7}{01}$, 20 09, and ending 6/30, 20 10 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). 3c|\$ 0. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.