

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)

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 7/01, 2012, and ending 6/30, 2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C AMISTADES INC 680 W PRINCE RD #110 TUCSON, AZ 85705		D Employer Identification Number 20-5274049
	F Name and address of principal officer SAME AS C ABOVE		E Telephone number 520-882-8777
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 386,647.	
J Website: WWW.AMISTADESINC.ORG		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation 2006 M State of legal domicile AZ	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. <u>AMISTADES, INC. (AMISTADES) IS A LATINO-LED, LATINO-SERVING, 501(C) 3 NON-PROFIT COMMUNITY DEVELOPMENT ORGANIZATION SERVING PIMA COUNTY AND SOUTHERN ARIZONA. THE MISSION OF AMISTADES IS TO PROVIDE CULTURALLY COMPETENT PREVENTION, EDUCATION AND SOCIAL SERVICES TO LATINO</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	7	
	6	Total number of volunteers (estimate if necessary)	6	50	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	317,839.	243,499.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		143,148.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	317,839.	386,647.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,350.	
14		Benefits paid to or for members (Part IX, column (A), line 4)			
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	164,273.	219,611.	
16a		Professional fundraising fees (Part IX, column (A), line 1e)	5,350.		
Expenses		16b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	124,847.	158,729.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	294,470.	379,690.	
	19	Revenue less expenses Subtract line 18 from line 12	23,369.	6,957.	
	Not Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	59,447.	63,499.
		22	Net assets or fund balances Subtract line 21 from line 20	3,542.	637.
				55,905.	62,862.

Part II Signature Block

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 Here	Signature of officer <u>Ricardo M Jasso</u>		Date <u>11/8/13</u>
	Type or print name and title <u>RICARDO M JASSO</u>		<u>PRESIDENT & CEO</u>
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<u>ALEXANDRA L MILLER CPA</u>	<u>Alexandra Miller</u>	<u>11/8/13</u>
	Firm's name	Check <input type="checkbox"/> if self-employed PTIN <u>P00178486</u>	
	Firm's address	Firm's EIN <u>86-0957133</u>	
TUCSON, AZ 85715-3477		Phone no <u>(520) 721-5000</u>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/18/12

Form 990 (2012)

6-17 14

SCANNED DEC 04 2013

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐

Yes

☒

No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐

Yes

☒

No

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 272,256. including grants of \$ _____) (Revenue \$ _____)SEE SCHEDULE O**4b** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 272,256.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 12		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a 7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b		
4 a 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)?	4 a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	6	
1 b Enter the number of voting members included in line 1a, above, who are independent	4	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		X
10 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	X	
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AZ

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

AMISTADES, INC 680 W. PRINCE ROAD #110 TUCSON AZ 85705 520-882-8777

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLOS GONZALEZ DIRECTOR	0 0	X						0.	0.	0.
(2) F. GRANILLO-MENDIVIL CHAIRMAN	0 0	X						0.	0.	0.
(3) FRANCESCA LOMONACO SECRETARY	0 0	X		X				0.	0.	0.
(4) RENE SALGADO DIRECTOR	0 0	X						0.	0.	0.
(5) STEVE TORRES TREASURER	0 0	X		X				0.	0.	0.
(6) RICARDO M JASSO PRESIDENT & CEO	40 0			X				93,611.	0.	8,265.
(7) C. JASSO-STEVENS COO	40 0			X				31,756.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1 b Sub-total								125,367.	0.	8,265.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								125,367.	0.	8,265.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a			
	b Membership dues	1 b			
	c Fundraising events	1 c			
	d Related organizations	1 d			
	e Government grants (contributions)	1 e 202,303.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 41,196.			
	g Noncash contributions included in lns 1a-1f. \$ 700.				
h Total. Add lines 1a-1f		243,499.			
PROGRAM SERVICE REVENUE	2 a FEE FOR SERVICE PROGRAMS	Business Code	143,148.	143,148.	
	b -----				
	c -----				
	d -----				
	e -----				
	f All other program service revenue				
	g Total. Add lines 2a-2f		143,148.		
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
11 a -----	Business Code				
b -----					
c -----					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions		386,647.	143,148.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,350.	1,350.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees.	139,050.	75,223.	44,536.	19,291.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	60,260.	48,886.	11,374.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	4,456.	3,630.	619.	207.
10 Payroll taxes	15,845.	10,255.	4,811.	779.
11 Fees for services (non-employees).				
a Management				
b Legal	260.		260.	
c Accounting	12,532.	1,253.	11,279.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	50,484.	48,108.	2,376.	
12 Advertising and promotion	2,673.	2,673.		
13 Office expenses	12,879.	11,591.	1,288.	
14 Information technology	7,027.	5,622.	1,405.	
15 Royalties				
16 Occupancy	19,411.	15,529.	3,882.	
17 Travel	24,714.	22,242.	1,236.	1,236.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,881.	3,881.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,910.	2,328.	582.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	7,245.	7,245.		
b PROGRAM MATERIALS	7,042.	7,042.		
c LIABILITY INSURANCE	3,516.	3,516.		
d PRINTING AND PUBLICATIONS	2,608.	1,575.	1,033.	
e All other expenses	1,547.	307.	307.	933.
25 Total functional expenses. Add lines 1 through 24e	379,690.	272,256.	84,988.	22,446.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	35,210.	1	29,533.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,275.	3	15,032.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 19,011.		
	b Less accumulated depreciation	10b 6,577.	12,462.	10c 12,434.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	6,500.	15	6,500.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	59,447.	16	63,499.	
LIABILITIES	17 Accounts payable and accrued expenses	3,542.	17	637.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,542.	26	637.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	55,905.	27	62,862.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	55,905.	33	62,862.
34 Total liabilities and net assets/fund balances	59,447.	34	63,499.	

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Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	386,647.
2	Total expenses (must equal Part IX, column (A), line 25)	2	379,690.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,957.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,905.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	62,862.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMISTADES INC

Employer identification number

20-5274049

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 (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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.)
- 9 ☒ 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)**.
- 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 — Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ 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.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2012. 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. ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2011. 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. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2012. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2011. 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. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	140,764.	134,932.	360,447.	253,510.	243,499.	1,133,152.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	57,897.	19,568.	68,969.	136,778.	143,148.	426,360.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 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.
6 Total. Add lines 1 through 5	198,661.	154,500.	429,416.	390,288.	386,647.	1,559,512.
7a Amounts included on lines 1, 2, and 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 \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						1,559,512.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	198,661.	154,500.	429,416.	390,288.	386,647.	1,559,512.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lns 9, 10c, 11, and 12.)	198,661.	154,500.	429,416.	390,288.	386,647.	1,559,512.
14 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.00 %

- 19a 33-1/3% support tests – 2012.** 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 – 2011.** If the organization did not check a box on line 14 or line 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. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

2012**Open to Public Inspection**

Employer identification number

AMISTADES INC

20-5274049

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐ Yes ☐ No

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,456.	1,328.	2,128.
e Other		15,555.	5,249.	10,306.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 12,434.

BAA

Schedule D (Form 990) 2012

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description		(b) Book value
(1)	ARTWORK	6,500.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)		6,500.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2 a		
b	Donated services and use of facilities	2 b		
c	Recoveries of prior year grants	2 c		
d	Other (Describe in Part XIII)	2 d		
e	Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b	Other (Describe in Part XIII.)	4 b		
c	Add lines 4 a and 4 b		4 c	
5	Total revenue Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2 a		
b	Prior year adjustments	2 b		
c	Other losses	2 c		
d	Other (Describe in Part XIII.)	2 d		
e	Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b	Other (Describe in Part XIII.)	4 b		
c	Add lines 4 a and 4 b		4 c	
5	Total expenses Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMISTADES INC

Employer identification number

20-5274049

FORM 990, PART III, LINE 4A-PROGRAM SERVICE ACCOMPLISHMENTS

FEDERAL GRANTS HELD

STOP

CONDUCTED YEAR 4 OF A SOBER TRUTH ON PREVENTING UNDERAGE DRINKING ACT, A 4-YEAR
FEDERAL GRANT AWARDED TO AMISTADES BY THE UNITED STATES DEPARTMENT OF HEALTH AND
HUMAN SERVICES IN 2009 TO PROVIDE UNDERAGE DRINKING PREVENTION PROGRAMMING.

AMISTADES ENHANCED THE PREVENTION EFFORTS OF ITS COALITION THROUGH ENVIRONMENTAL
PREVENTION STRATEGIES THAT SPECIFICALLY REDUCED UNDERAGE DRINKING IN THE FLOWING
WELLS AREA. YOUTH WERE INVOLVED IN THE CREATION OF MEDIA CAMPAIGNS AND SOCIAL HOST
ENFORCEMENT AWARENESS CAMPAIGNS. AMISTADES PROVIDED MULTI-CULTURAL UNDERAGE
DRINKING PREVENTION WORKSHOPS TO SOCIAL SERVICE AGENCIES AND MULTI-CULTURAL
DIVERSION CLASSES TO STUDENTS IN PIMA COUNTY.

DRUG FREE COMMUNITIES SUPPORT PROGRAM

CONDUCTED YEAR 6 OF A 10-YEAR DRUG FREE COMMUNITIES SUPPORT PROGRAM FEDERAL GRANT TO
CONTINUE ITS ANTI-DRUG COALITION EFFORTS. GRANT FUNDING DERIVES FROM THE UNITED
STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES - SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION/CENTER FOR SUBSTANCE ABUSE PREVENTION IN PARTNERSHIP WITH
THE WHITE HOUSE OFFICE OF NATIONAL DRUG CONTROL POLICY DRUG. THROUGH THIS GRANT,
AMISTADES MANAGES THE AMISTADES SUBSTANCE ABUSE COALITION, A COMMUNITY-DRIVEN GROUP
THAT PROVIDES SUBSTANCE ABUSE PREVENTION IN THE FLOWING WELLS AREA. THE COALITION,

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IN COLLABORATION WITH A CROSS-SECTOR OF COMMUNITY PARTNERS, ADDRESSES THE PROBLEM OF UNDERAGE DRINKING AND MARIJUANA, TOBACCO, AND PRESCRIPTION DRUG USE AMONG LATINO YOUTH. A VISION TO CREATE HEALTHY, PRODUCTIVE, SAFE, AND DRUG-FREE COMMUNITIES IS THE DRIVING FORCE BEHIND THE COALITION IMPLEMENTATION OF A SUSTAINABLE PREVENTION INFRASTRUCTURE FOR THEIR COMMUNITY. GRANT FUNDING WAS SECURED FOR YEAR 7 OF THE GRANT.

DRUG FREE COMMUNITIES SUPPORT MENTORING PROGRAM

CONDUCTED YEAR 1 OF A 2-YEAR DRUG FREE COMMUNITIES SUPPORT MENTORING PROGRAM FEDERAL GRANT TO OFFER CAPACITY BUILDING SERVICES IN THE AREA OF DRUG PREVENTION TO ORGANIZATIONS THAT SUPPORT THE AFRICAN AMERICAN COMMUNITY. GRANT FUNDING DERIVES FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES - SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION/CENTER FOR SUBSTANCE ABUSE PREVENTION IN PARTNERSHIP WITH THE WHITE HOUSE OFFICE OF NATIONAL DRUG CONTROL POLICY DRUG FREE COMMUNITIES SUPPORT PROGRAM. AMISTADES WAS 1 OF ONLY 6 ORGANIZATIONS AWARDED NATIONALLY. CAPACITY BUILDING SERVICES HELP ORGANIZATIONS IN THE DEVELOPMENT OF A COALITION-BASED PREVENTION INFRASTRUCTURE SIMILAR TO THE ONE THAT AMISTADES HAS PUT IN PLACE FOR THE LATINO POPULATION IT SERVES. THROUGH THESE EFFORTS, AND UNDER THE MENTORSHIP OF THE AMISTADES SUBSTANCE ABUSE COALITION, THE TUCSON URBAN LEAGUE CREATED THE SOUTH PARK COMMUNITIES DRUG FREE COALITION TO PROVIDE PREVENTION SERVICES TO THE 85713 AREA AS WELL AS OTHER PARTS OF PIMA COUNTY. THIS PARTNERSHIP BETWEEN AMISTADES AND THE TUCSON URBAN LEAGUE IS A RESULT OF A CALL TO ACTION MADE TO THE AFRICAN AMERICAN COMMUNITY BY AMISTADES DURING THEIR ANNUAL JUNETEENTH YOUTH PREVENTION CONFERENCE THAT EXAMINES THE IMPACT OF UNDERAGE DRINKING IN THE AFRICAN AMERICAN COMMUNITY. GRANT FUNDING WAS SECURED FOR YEAR 2 OF THE GRANT.

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FEDERAL/NATIONAL SPECIAL PROJECTS

CADCA VETCORPS

AMISTADES WAS SELECTED AS 1 OF 70 HOST SITES NATIONALLY AND 1 OF 3 HOST SITES IN

ARIZONA FOR THE VETCORPS PROJECT. THE PROJECT IS CONDUCTED BY THE COMMUNITY

ANTI-DRUG COALITIONS OF AMERICA (CADCA) IN PARTNERSHIP WITH THE NATIONAL GUARD

BUREAU'S PREVENTION, TREATMENT AND OUTREACH (PTO) PROGRAM WITH FUNDING ASSISTANCE

FROM THE CORPORATION FOR NATIONAL COMMUNITY SERVICE (CNCS). CADCA RECRUITS

AMERICORPS*VISTA MEMBERS, PARTICULARLY MILITARY SERVICE MEMBERS AND MILITARY FAMILY

MEMBERS INCLUDING INACTIVE NATIONAL GUARD AND RESERVE MEMBERS. EACH MEMBER IS PLACED

IN ONE OF CADCA'S COMMUNITY COALITIONS LOCATED THROUGHOUT THE COUNTRY TO PROVIDE

SUPPORT TO SERVICE MEMBERS AND MILITARY FAMILIES. THE VETCORPS PROJECT FOCUSED ON

ENHANCING THE AMISTADES SUBSTANCE ABUSE COALITION'S CAPACITY TO ADDRESS VETERANS'

ISSUES, SPECIFICALLY SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES ALONG WITH HOUSING AND

UNEMPLOYMENT ISSUES, WITHIN THEIR RESPECTIVE COMMUNITIES. THE OVERALL GOAL OF THE

VETCORPS PROJECT IS TO BUILD THE CAPACITY OF THE COMMUNITY TO SUPPORT MILITARY

SERVICE MEMBERS AND THEIR FAMILIES. 3,760 VETERANS AND FAMILY MEMBERS IN THE

FLOWING WELLS 85705 ZIP CODE WERE TARGET FOR SERVICES. OUTREACH WAS DONE WITH 62

ORGANIZATIONS COMMUNITY-WIDE. 21 OF THOSE ORGANIZATIONS IDENTIFIED VETERANS IN NEED

AND 6 OF THEM DIRECTED VETERANS TO 16 ORGANIZATIONS PROVIDING SERVICES. 43 OF THOSE

ORGANIZATIONS HAVE BEEN IDENTIFIED TO PARTICIPATE IN THE ACTIVITIES AND MEETINGS OF

THE AMISTADES SUBSTANCE ABUSE COALITION TO AUGMENT ITS EXISTING COMMUNITY FRAMEWORK

BY SPECIFICALLY SERVING VETERANS AND THEIR FAMILIES.

FEDERAL GRANT PROGRAMS, INITIATIVES AND ACTIVITIES

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DISPOSE A MED / DRUG TAKE BACK INITIATIVE

PARTICIPATED, IN CONJUNCTION WITH THE PIMA COUNTY SHERIFF'S DEPARTMENT, IN OVER TEN DISPOSE A MED EVENTS SINCE 2012, RESULTING IN THE COLLECTION OF OVER 2,600 POUNDS OF UNUSED MEDICATIONS. AMOUNTS COLLECTED AT INDIVIDUAL EVENTS RANGE FROM 40 POUNDS TO 590, WITH AN OVERALL AVERAGE OF POUNDS COLLECTED BEING 238. AMISTADES HAS ENGAGED CORPORATE PARTNERS SUCH AS SUPER TARGET AND WALGREENS TO HOST SEVERAL DISPOSE A MED EVENTS OVER THE LAST COUPLE OF YEARS

TAKE CONTROL, LIVE FREE MEDIA ARTS PROGRAM

SUCCESSFULLY COMPLETED SECOND YEAR OF ANTI-DRUG, STUDENT DRIVEN PUBLIC AWARENESS CAMPAIGN IN FLOWING WELLS UNIFIED SCHOOL DISTRICT. EXPANDED PROGRAM TO INCLUDE 2 DRUGS (PRESCRIPTION AND MARIJUANA) AND APPROXIMATELY 100 ADDITIONAL STUDENTS BASED ON POPULARITY AND POSITIVE OUTCOMES OF PROGRAM. ALL THREE PSA'S AIRED ON COX, COMCAST, AND AZTECA 14 FOR 6-12 MONTH PERIODS, HUNDREDS OF TIMES RESPECTIVELY. DEVELOPED PROJECT DESIGN FOR PROGRAM IMPLEMENTATION IN SUNNYSIDE UNIFIED SCHOOL DISTRICT AND EXPLORED OPTION OF INTEGRATING RADIO PSA'S IN FUTURE YEARS.

HOOP DREAMS FINANCIAL LITERACY, MENTORING, AND LIFE SKILLS PROGRAM

IMPLEMENTED PROGRAM TO HELP YOUTH APPRECIATE SCHOOL AND UNDERSTAND THAT EDUCATION HAS TANGIBLE VALUE. OFFERED PARTICIPANTS AN EARLY LOOK AT SOME OF THE CHALLENGES THEY WILL FACE AS ADULTS AND HOW THEIR CHOICES AFFECT THEIR ABILITY MEET THOSE CHALLENGES. REACHED APPROXIMATELY 100 LOW INCOME, HIGH NEED INCOMING FRESHMEN IN

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THE SUNNYSIDE UNIFIED SCHOOL DISTRICT. POSITIVE FEEDBACK AT THE SCHOOL AND DISTRICT
LEVEL WILL ALLOW FOR CONTINUED SCHOOL-BASED PROGRAMMING.

MAYAHUEL UNDERAGE DRINKING DIVERSION

DIVERSION SERVICES ARE PROVIDED TO YOUTH THROUGHOUT PIMA COUNTY AT SIX LOCATIONS.

THE SIX SERVICE SITES INCLUDED: FLOWING WELLS HIGH SCHOOL; HA:SAN PREPARATORY &

LEADERSHIP SCHOOL; WILDCAT SCHOOL; PASCUA YAQUI HIGH SCHOOL; TOHONO O'ODHAM HIGH

SCHOOL, AND ARIZONA DEAF AND BLIND SCHOOL. AN AVERAGE OF 230 STUDENTS ARE SERVED

ANNUALLY THROUGH THE PROGRAM. STUDENTS SHOWED SUBSTANTIAL IMPROVEMENT IN KNOWLEDGE

ABOUT: THE SOCIAL HOST ORDINANCE; ALCOHOL NORMS AND DIFFERENT ETHNIC GROUPS OF THE

SOUTHWEST; UNDERAGE DRINKING AS A PROBLEM IN THE COMMUNITY; THE IMPACT OF DRINKING

ON FAMILIES AND CULTURES IN THE SOUTHWEST; THE PROBLEMS OF VIOLATING LAWS WITH

UNDERAGE DRINKING, AND THE HEALTH PROBLEMS WITH UNDERAGE DRINKING.

OTHER DRUGS DIVERSION PROGRAM

STUDENT DIVERSION SERVICES WERE PROVIDED IN THE FLOWING WELLS UNIFIED SCHOOL

DISTRICT, SPECIFICALLY IN FLOWING WELLS HIGH SCHOOL. THE PROGRAM HAS BEEN

INSTITUTIONALIZED IN SCHOOLS AND STRONG SUPPORT HAS BEEN SHOWN BY THE

SUPERINTENDENT, TEACHERS, STUDENTS, AND FAMILIES. AS A RESULT OF THIS SUPPORT,

AMISTADES HAS EXPANDED THE REACH OF ITS PREVENTION PROGRAMS TO SERVE MORE STUDENTS

IN SCHOOLS, DECREASE JUVENILE DELINQUENCY AND CREATE MORE COMMUNITY IMPACT. THE

PROGRAM IS AVAILABLE TO ALL STUDENTS ATTENDING FLOWING WELLS HIGH SCHOOL (1500).

SOCIAL HOST INFORMATION DISSEMINATION PROGRAM

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SOCIAL HOST INFORMATION WAS DISSEMINATED TO PARENTS AND COMMUNITY MEMBERS IN PIMA COUNTY AT OVER 15 COMMUNITY EVENTS OVER THE COURSE OF 5 MONTHS. 1193 PARENT PLEDGES (SOCIAL HOST & HOLIDAY PLEDGES) WERE DISSEMINATED. 4195 INFORMATIONAL FACT SHEETS/BROCHURES WERE DISSEMINATED.

UNDERAGE DRINKING TOWN HALLS

PARENT TOWN HALLS SUCH AS MADD: POWER OF PARENTS WERE HOSTED IN PIMA COUNTY.

PARENTS AND YOUTH FROM THE FOLLOWING SCHOOLS PARTICIPATED: SUNNYSIDE HIGH SCHOOL

(10 PARENTS, 15 YOUTH); LA CIENEGA MIDDLE SCHOOL (25 PARENTS, 20 YOUTH), AND PAUL

FREIRE FREEDOM SCHOOL: (7 PARENTS, 8 YOUTH). YOUTH TOWN HALLS SUCH AS TEEN

CHALLENGE & NATIONAL GUARD WERE HOSTED IN PIMA COUNTY. PARENTS AND YOUTH FROM THE

FLOWING WELLS JUNIOR HIGH SCHOOL ATTENDED AND OVER 400 8TH GRADERS PARTICIPATED.

JUNETEENTH YOUTH PRESENTATION: CELEBRATE JUNETEENTH, LIVE ALCOHOL FREE INITIATIVE

IN CONJUNCTION WITH THE TUCSON URBAN LEAGUE, JUNETEENTH WAS COMMEMORATED AND

PRESENTATIONS WERE MADE TO 40 YOUTH IN PIMA COUNTY EDUCATING THE COMMUNITY IN THE

AREAS OF: GOAL SETTING, MOTIVATION FOR THE FUTURE, AND RISKS, MYTHS, AND

CONSEQUENCES OF UNDERAGE DRINKING. AMISTADES ALSO PARTICIPATED IN THE 43RD ANNUAL

JUNETEENTH FESTIVAL HELD AT THE DONNA LIGGINS CENTER ON SATURDAY, JUNE 15, 2013 BY

THE TUCSON JUNETEENTH COMMITTEE. AMISTADES DISSEMINATED SOCIAL HOST INFORMATION,

PARENT PLEDGES, AND 4TH OF JULY PLEDGES, ASKING THE COMMUNITY TO REFRAIN FROM

DRINKING AND DRIVING. THERE WERE OVER 400 PEOPLE IN ATTENDANCE AND OVER 200 PLEDGES

SIGNED.

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SEGUNDO DE FEBRERO COMMEMORATION

THE SEGUNDO DE FEBRERO WAS COMMEMORATED AND OVER 100 PIMA COUNTY STAKEHOLDERS INCLUDING THE EDUCATIONAL, LAW ENFORCEMENT, CORPORATE, CIVIC, FAITH BASED, AND MEDIA SECTORS PARTICIPATED IN AN EVENT THAT SHOWCASED THE COMMUNITY IMPACT OF AGENCY PROGRAMS AS WELL AS THE CULTURAL AND HISTORICAL IMPORTANCE OF THE SEGUNDO DE FEBRERO.

PROGRAM SERVICE ACCOMPLISHMENTS-CONTINUED**CONTRACTS****STATEWIDE TOBACCO AND YOUTH COALITION DEVELOPMENT PROJECT**

CONDUCTED YEAR 2 OF A 3-YEAR CONTRACT WITH PIMA PREVENTION PARTNERSHIP TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE SERVICES IN THE AREA OF TOBACCO YOUTH COALITION DEVELOPMENT AS A MEMBER OF A TECHNICAL ASSISTANCE TEAM. AMISTADES SPECIFICALLY SERVES SOUTHERN ARIZONA, HELPING ORGANIZATIONS CREATE THEIR OWN TOBACCO YOUTH COALITION AND ENHANCING EXISTING COALITIONS. THE INITIATIVE WILL ULTIMATELY LAUNCH A TOBACCO POLICY CHANGE PROJECT DONE THROUGH LOCAL ORGANIZATIONS IN CONJUNCTION WITH LOCAL VENDORS AND COMMUNITIES. THESE SERVICES ARE MADE POSSIBLE THROUGH FUNDING FROM THE ARIZONA DEPARTMENT OF HEALTH SERVICES BUREAU OF TOBACCO AND CHRONIC DISEASES DEPARTMENT. COALITIONS WERE SERVED IN COUNTIES SUCH AS: COCHISE COUNTY, GRAHAM COUNTY, PIMA COUNTY, PINAL COUNTY, SANTA CRUZ COUNTY, AND YUMA COUNTY. COMMUNITY TRAININGS INCLUDED AND REACHED: 1 WINTER TRAINING TO YOUTH AND ADULTS (50 YOUTH, 20 ADULTS); 3 SPRING TRAININGS TO YOUTH (APPROX 100 STUDENTS); 1 SPRING TRAINING TO ADULTS (APPROX 30 ADULTS); 1 SUMMER TRAINING TO BOTH YOUTH AND ADULTS (200 STUDENTS, 40 ADULTS); 3 FALL TRAININGS TO YOUTH (APPROX 100 STUDENTS), AND 1

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FALL TRAINING TO ADULTS (APPROX 30 ADULTS). COMMUNITY EVENTS INCLUDED NO WORLD

TOBACCO DAY AND KICK BUTTS DAY.

REGALOS PARENTING PROGRAM

CONDUCTED YEAR 3 OF PROYECTO REGALOS, A 3-YEAR CONTRACT WITH THE ARIZONA YOUTH

PARTNERSHIP TO MANAGE FAMILY SUPPORT AND PREVENTION PROGRAMS FUNDED BY ENTITIES SUCH

AS THE GOVERNOR'S OFFICE FOR CHILDREN YOUTH AND FAMILIES. AMISTADES PROVIDED

BILINGUAL, EVIDENCE-BASED PROGRAMMING TO FAMILIES OF CHILDREN 3-18 YEARS OF AGE TO

INCREASE PARENT INVOLVEMENT AND KNOWLEDGE. PROYECTO REGALOS USED THE STRENGTHENING

MULTI-ETHNIC FAMILIES AND COMMUNITIES: A DRUG & VIOLENCE PREVENTION PARENT TRAINING

PROGRAM. PROGRAM OUTCOMES INCLUDED PRESERVING THE FAMILY FOUNDATION TO RAISE

HEALTHY CHILDREN BY PROMOTING POSITIVE YOUTH DEVELOPMENT AND FAMILY UNITY. THE

13-SESSION PARENT EDUCATION CURRICULUM INCLUDED: CAFECITO PARENT HOME VISITS,

CHILDCARE, HEALTHY MEALS FOR ADULTS & CHILDREN, SOCIAL SERVICES REFERRALS, UNDERAGE

DRINKING PARENT PLEDGES, PLATICAS PARENT ADVOCACY AND MENTORING GROUPS. A TOTAL OF

4 COHORTS WERE COMPLETED (32 PARENTS AND 14 CHILDREN). PARENTS GRADUATED AT THE

FOLLOWING LOCATIONS: EL PUEBLO NEIGHBORHOOD CENTER, OCOTILLO LEARNING CENTER (1

ENGLISH CLASS/1 SPANISH CLASS), AND LA FRONTERA: CASA DE VIDA TREATMENT

REHABILITATION FACILITY. PARENTS COMPLETED 52 SESSIONS.

AVANCE PARENT-CHILD EDUCATION PROGRAM

CONDUCTED YEAR 1 OF THE AVANCE PARENT-CHILD EDUCATION PROGRAM, A 3-YEAR CONTRACT

WITH AVANCE, INC. TO PROVIDE A LATINO BEST PRACTICE PROGRAM WITH A 40-YEAR HISTORY.

FUNDING FOR THE CONTRACT ORIGINATED WITH THE W.K. KELLOGG FOUNDATION. AMISTADES WAS

1 OF 4 NON-PROFITS PICKED NATIONALLY FOR THIS RE-GRANT FROM THE W.K. KELLOGG

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FOUNDATION AND IS THE ONLY NON PROFIT IN THE STATE OF ARIZONA PROVIDING THE PRESTIGIOUS PROGRAM. LOW-INCOME, HIGH-NEED LATINO FAMILIES OF CHILDREN 0-3 YEARS OF AGE WITHIN THE SUNNYSIDE UNIFIED SCHOOL DISTRICT WERE SERVED THROUGH THIS BILINGUAL PROGRAM. ITS FOUNDATION IS BASED ON PARENTS AS THE FIRST TEACHERS AND THE HOME AS THE FIRST CLASSROOM. THE 9-MONTH, SCHOOL-BASED PROGRAM SERVED 13 PARENTS, 12 FAMILIES AND 15 CHILDREN. PROGRAM COMPONENTS INCLUDED: 32-SESSION EARLY CHILDHOOD INSTRUCTION; 32-SESSION MONTH PARENT EDUCATION CURRICULUM; COMMUNITY RESOURCE SPEAKERS; EDUCATIONAL FIELD TRIPS; HEALTHY MEALS FOR ADULTS & CHILDREN; HOME VISITS; SOCIAL SERVICES REFERRALS; SPECIAL EVENTS & HOLIDAY CELEBRATIONS, AND TOY MAKING INSTRUCTION. 17 TOYS WERE COMPLETED, 27 PARENT EDUCATION LESSONS WERE GIVEN, 20 COMMUNITY RESOURCE PRESENTATIONS WERE MADE; 27 EARLY CHILDHOOD LESSONS WERE GIVEN, AND 104 HOME VISITS TOOK PLACE.

LATINO CAPACITY BUILDING WORKSHOPS

THE AMISTADES HALLMARK IS LATINO CULTURAL COMPETENCY. CONDUCTED ANNUAL CAPACITY BUILDING WORKSHOPS AIMED AT BUILDING CULTURAL COMPETENCE WITH THE SOCIAL SERVICES COMMUNITY. TRAININGS PROVIDED TO NON- PROFITS AND SUBSTANCE ABUSE PREVENTION AND TREATMENT PROVIDERS INCLUDED: AZTEC PREVENTION MODEL; LATINO UNDERAGE DRINKING HASTA AQUI; PROMOTORAS HEALTHCARE APPROACH; RAZALOGIA COMMUNITY MOBILIZATION FRAMEWORK, AND USING CHICANO VALUES IN SUBSTANCE ABUSE PREVENTION.

PROGRAM DEVELOPMENT

NEW PREVENTION PROGRAMS WERE CONCEPTUALIZED AND DEVELOPED FOR AGENCY-WIDE IMPLEMENTATION DURING FISCAL YEAR 2013-2014.

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COMMUNITY DEVELOPMENT BLOCK GRANT

THE ELLIE TOWNE TEEN PROGRAM WAS DEVELOPED TO ENSURE ACCESS TO CRITICAL YOUTH RECREATIONAL & PREVENTION SERVICES BY YOUTH AGES 14 -17, THEREBY DECREASING RISKY BEHAVIOR. THIS WILL BE ACCOMPLISHED THROUGH A COMMUNITY COLLABORATIVE BETWEEN THE ELLIE TOWNE FLOWING WELLS COMMUNITY CENTER, THE FLOWING WELLS NEIGHBORHOOD ASSOCIATION & COMMUNITY COALITION, AND AMISTADES, INC. AMISTADES WILL DEVELOP AND IMPLEMENT A YOUTH RECRUITMENT OUTREACH PLAN ANCHORED BY A GRASSROOTS PUBLIC AWARENESS CAMPAIGN ALONG WITH OTHER MARKETING STRATEGIES IN THE FLOWING WELLS NEIGHBORHOODS. THE EXISTING YOUTH EMPOWERMENT MODEL WILL BE ENHANCED THROUGH A YOUTH LEADERSHIP GROUP, FOCUSED ON PREVENTION EFFORTS, WHICH WILL CREATE OWNERSHIP AMONG YOUTH AND STRENGTHEN RECRUITMENT AND RETENTION AT THE CENTER. AS A RESULT OF THE DEVELOPMENT OF THIS PROGRAM, AMISTADES WAS AWARDED A PIMA COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT TO PROVIDE YOUTH DEVELOPMENT SERVICES.

TOGETHER WE CAN, BECAUSE WE CARE

THE TOGETHER WE CAN, BECAUSE WE CARE PROJECT WAS DEVELOPED TO EXECUTE EVIDENCE-BASED STRATEGIES TO COMBAT THE PRESCRIPTION DRUG ABUSE PROBLEM IN THE FLOWING WELLS UNIFIED SCHOOL DISTRICT, SPECIFICALLY AT FLOWING WELLS HIGH SCHOOL. MANY YOUTH ARE UNAWARE OF THE DANGERS OF PRESCRIPTION DRUGS, ESPECIALLY WHEN MIXED WITH ALCOHOL AND OTHER DRUGS. THE PROJECT WILL COUNTER THIS BY INCREASING AWARENESS, PROVIDING EDUCATION & TRAINING, USING THE STRENGTH OF RESOURCES CONTRIBUTED THROUGH COMMUNITY COLLABORATION. THE PROJECT WILL PROVIDE STUDENTS WHO ATTEND THE HIGH SCHOOL AND THEIR PARENTS A COMPREHENSIVE PROGRAM DURING THE '13-'14 SCHOOL YEAR. THE GOAL OF PROJECT IS TO DECREASE MISUSE AND ABUSE OF PRESCRIPTION DRUGS AMONG HIGH SCHOOL STUDENTS AND THEIR FAMILIES IN ORDER TO REDUCE ADDICTION, FATALITIES AND OTHER

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SEVERE RISKS RELATED TO PRESCRIPTION DRUG ABUSE. AS A RESULT OF THE DEVELOPMENT OF THIS PROGRAM, AMISTADES WAS AWARDED 1 OF 25 NATIONAL GRANTS TO PREVENT AND REDUCE PRESCRIPTION DRUG MISUSE AND ABUSE BY THE AMERICAN MEDICAL ASSOCIATION FOUNDATION. THE PROJECT WILL BE IMPLEMENTED IN PARTNERSHIP WITH THE UNIVERSITY OF ARIZONA COLLEGE OF PHARMACY AND FOCUS AREAS INCLUDE AWARENESS, EDUCATION, AND TRAINING ACTIVITIES FOR STUDENTS AND PARENTS.

RAZALOGIA APPROACH: TRANSFORMING COMMUNITIES BY ENGAGING LATINO AND PASCUA YAQUI FAMILIES IN HOLISTIC LEARNING

IN 2013, AMISTADES WAS NAMED 1 OF 40 MOST FAMILY ENGAGING AGENCIES IN THE NATION BY THE W.K. KELLOGG FOUNDATION. AS A RESULT, AMISTADES BEGAN TO STRENGTHEN AND AUGMENT ITS FAMILY ENGAGEMENT PROGRAMS BY DEVELOPING A WIDER-REACH WITHIN PIMA COUNTY. THE RAZALOGIA APPROACH: TRANSFORMING COMMUNITIES BY ENGAGING LATINO AND PASCUA YAQUI FAMILIES IN HOLISTIC LEARNING WAS DEVELOPED IN COLLABORATION WITH THE UNITED WAY OF TUCSON AND SOUTHERN ARIZONA AND THE PASCUA YAQUI TRIBE. AMISTADES SELECTED THE RAZOLOGIA APPROACH TO FAMILY ENGAGEMENT DEVELOPED BY FRANCISCO HERNANDEZ AND ROBERTO VARGAS, BECAUSE OF ITS ABILITY TO EMPOWER THE FAMILY AND CREATE LASTING COMMUNITY CHANGE. TRANSFORMATIONAL CHANGE NEEDS TO BE ORGANIC TO THE COMMUNITY, NOT SUPPLANTED THERE FROM AN OUTSIDE, ALBEIT WELL MEANING, AGENCY. USING RAZOLOGIA PRINCIPLES, DEVELOPMENT OF MUTUAL UNDERSTANDING, TRUST, UNITY, AND POWER, AMISTADES WILL DEVELOP, IMPLEMENT, AND EVALUATE A DIVERSE FAMILY ENGAGEMENT PROGRAM THAT BUILDS COLLABORATION AND CREATES NEW PATHWAYS FOR SOCIAL, EDUCATIONAL AND ECONOMIC CHANGE. INPUT FROM LATINO AND NATIVE AMERICAN COMMUNITIES, TRIBAL AND COMMUNITY LEADERS, SCHOOLS, NEIGHBORHOOD CENTERS AND OTHER STAKEHOLDERS VALIDATES THE NEED FOR RAZOLOGIA'S FAMILY-CENTRIC APPROACH. AMISTADES WILL BUILD ON STRONG CURRENT PARTNERSHIPS AND A TWO-GENERATION APPROACH TO REACH LOW-INCOME FAMILIES OF COLOR

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THAT CAN BENEFIT FROM A CULTURALLY ADAPTABLE PROGRAM IN OVERCOMING OBSTACLES TO
HEALTH, EDUCATION, AND EMPLOYMENT.

PROGRAM SERVICE ACCOMPLISHMENTS-CONTINUED

FAMILIAS EN CAMINO PARENT ACTION COMMITTEE

THROUGH THE DRUG FREE COMMUNITIES SUPPORT PROGRAM GRANT, AMISTADES HAS CREATED THE
FAMILIAS EN CAMINO PARENT ACTION COMMITTEE. THE COMMITTEE WILL FOCUS ON PREVENTION
AND COMMUNITY ACTION. FAMILIES WILL BE BEEN TRAINED ON MANY ALCOHOL AND UNDERAGE
DRINKING RELATED TOPICS AND ISSUES, SUCH AS: LIQUOR LICENSE APPLICATIONS; MADD:
POWER OF PARENTS; NATIONAL GUARD: CIVIL OPERATIONS DRUG PREVENTION, IN ORDER TO
BUILD CAPACITY TO PLAN ACTIVITIES SURROUNDING LOWERING UNDERAGE DRINKING RATES IN
THE FLOWING WELLS COMMUNITY. FAMILIES WILL ENGAGE IN A SOCIAL HOST AWARENESS
CAMPAIGN AND REDUCING ALCOHOL OUTLET DENSITY PROJECT. THROUGH THE SOCIAL HOST
AWARENESS CAMPAIGN, PARENTS WILL DISTRIBUTE AND COLLECTED PARENT PLEDGES ASKING
OTHERS TO TALK TO THEIR CHILDREN ABOUT THE DANGERS OF UNDERAGE DRINKING AND TO NOT
PROVIDE ALCOHOL TO THEIR CHILDREN. THE REDUCING ALCOHOL OUTLET DENSITY PROJECT
CONSISTS OF A PHOTO DOCUMENTATION OF THE WAY ALCOHOL IS BEING ADVERTISED TO YOUTH.
PARENTS WILL TAKE OVER 100 PHOTOS AND VISIT MORE THAN 10 STORES IN THE FLOWING WELLS
REVITALIZATION AREA. PARENTS WILL REVIEW COUNTY ORDINANCES TO ASSESS LIQUOR LICENSE
ESTABLISHMENT COMPLIANCE. FAMILIES WILL MEET ONCE A WEEK TO PLAN AND IMPLEMENT
ACTIVITIES AND ALSO PARTICIPATE IN COMMEMORATING CULTURAL CELEBRATIONS (DIA DE DAR
GRACIAS & DIA DE LOS MUERTOS). THEY WILL ALSO WORK IN CONJUNCTION WITH THE
AMISTADES SUBSTANCE ABUSE COALITION AND ATTEND MONTHLY MEETINGS, AS WELL AS,
PARTICIPATE IN THE CREATING A 5 YEAR COMMUNITY PREVENTION PLAN DURING THE ANNUAL
AMISTADES ANNUAL COALITION RETREAT.

AMISTADES/FLOWING WELLS HIGH SCHOOL LEADERSHIP AND ADVOCACY COUNCIL

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AMISTADES DEVELOPED THE CONCEPT FOR THE LEADERSHIP AND ADVOCACY COUNCIL, A SCHOOL-BASED, STUDENT DRIVEN ANTI-MARIJUANA/ANTI-PRESCRIPTION DRUG AWARENESS AND EDUCATION PROJECT. THE OVERALL GOAL OF THE PROJECT IS TO INCREASE PUBLIC AWARENESS ABOUT THE DANGERS OF MARIJUANA USE AND PRESCRIPTION DRUG ABUSE AND TRAIN STUDENT LEADER WHO WILL ADVOCATE AGAINST ITS USE. THE COUNCIL WILL USE THE FRAMEWORK OF THE SADD CLARITY CAMPAIGN TO GUIDE THEM AS THEY ADVOCATE AGAINST MARIJUANA USE IN THE SCHOOLS AND IN THE COMMUNITY. STUDENTS WILL PROVIDE CLARITY AND HONESTY TO OTHER YOUTH ABOUT MARIJUANA USE AND TO SUPPORT POSITIVE MESSAGES OF NON-USE, BECAUSE WITH CLEAR MIND. STUDENT ADVOCATES WILL INFORM OTHER YOUTH ABOUT MARIJUANA USE BY PROVIDING FACTUAL INFORMATION REGARDING ITS CONSEQUENCES AND EMPOWER THE YOUTH THROUGH POSITIVE MESSAGES OF NON-USE. THE COUNCIL WILL ALSO FOCUS THEIR EFFORTS ON IMPLEMENTING THE ANTI-PRESCRIPTION DRUG EDUCATION, AWARENESS, AND TRAINING CAMPAIGN THROUGH THE TOGETHER WE CAN BECAUSE WE CARE PROJECT. THEY WILL PROMOTE AND SUPPORT RESEARCH-BASED PROTECTIVE FACTORS. THE COUNCIL WILL WORK IN PARTNERSHIP WITH THE AMISTADES SUBSTANCE ABUSE COALITION AND LAW ENFORCEMENT AGENCIES. SCHOOL EVENTS SUCH AS SAFE AND SOBER PROMS, GRADUATION, RED RIBBON WEEK, AND SPRING BREAK WILL BE CONDUITS FOR EDUCATION AND INFORMATION DISSEMINATION. STUDENT LEADERS WILL CONDUCT TRAIN-THE TRAINER WORKSHOPS AND ACTIVITIES TO BUILD CAPACITY AND TRAIN OTHER STUDENTS IN THEIR ANTI-MARIJUANA/ANTI-PRESCRIPTION DRUG ABUSE (MISUSE) ADVOCACY EFFORTS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

AMISTADES, INC. (AMISTADES) IS A LATINO-LED, LATINO-SERVING, 501(C)3 NON-PROFIT COMMUNITY DEVELOPMENT ORGANIZATION SERVING PIMA COUNTY AND SOUTHERN ARIZONA. THE MISSION OF AMISTADES IS TO PROVIDE CULTURALLY COMPETENT PREVENTION, EDUCATION AND SOCIAL SERVICES TO LATINO COMMUNITIES. AMISTADES HAS THREE BASIC FOCUS AREAS: SUBSTANCE ABUSE PREVENTION SERVICES TO HIGH-RISK YOUTH AND FAMILIES, PARENT

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FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

EDUCATION PROGRAMS FOR LOW-INCOME FAMILIES, AND SOCIAL JUSTICE, CULTURAL, AND HISTORICAL INITIATIVES FOR THE LATINO COMMUNITY. AMISTADES HAS ESTABLISHED ITSELF AS A LEADER IN THE PREVENTION COMMUNITY BY DEVELOPING AND IMPLEMENTING PROGRAMS, STRATEGIES AND ACTIVITIES GROUNDED IN GRASSROOTS OUTREACH AND CULTURAL COMPETENCE.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

RICARDO JASSO, PRESIDENT AND CEO, IS THE FATHER OF CLAUDIA JASSO-STEVENSON, AN EMPLOYEE AND FORMER BOARD MEMBER. CLAUDIA JASSO-STEVENSON, AN EMPLOYEE AND FORMER BOARD MEMBER, OWNS A FUND DEVELOPMENT AND EVENT PLANNING BUSINESS THAT IS COMPENSATED BY THE ORGANIZATION. BOARD MEMBER FRANCESCA LOMONACO IS THE DAUGHTER OF RICARDO JASSO AND THE SISTER OF CLAUDIA JASSO-STEVENSON.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS SENT TO THE ENTIRE GOVERNING BOARD. THEY REVIEW IT THEN APPROVE IT FOR FINAL FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

THE BOARD MEETS INDEPENDENTLY OF THE PRESIDENT/CEO AND DISCUSSES AND APPROVES HIS SALARY. AMOUNT IS DEPENDENT ON SIMILAR POSITIONS IN THE COMMUNITY AND AVAILABILITY OF GRANTS TO FUND THE POSITION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST

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FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OTHER CONTRACT SERVICES	2,376.		2,376.	
PROGRAM SERVICE CONSULTANTS	48,108.	48,108.		
TOTAL	<u>\$ 50,484.</u>	<u>\$ 48,108.</u>	<u>\$ 2,376.</u>	<u>\$ 0.</u>