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Department of the Treasury

Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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)

Open to Public

Inspection

OMB No 1545-0047

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

<u>A</u>	For the	e 2012 calendar year, or tax year beginning JUL 1, 2013 and	ending	<u>SEP 30, 2013</u>	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre	PINAL HISPANIC COUNCIL			
	Name chang			86-0	585274
	Initial		Room/suite		
	Termii	· 1		(520	
	Amen	City, town, or post office, state, and ZIP code	-	G Gross receipts \$	1,401,294.
	Application	ELUI, AZ 03Z3I		H(a) Is this a group re	eturn
	pendi	F Name and address of principal officer.RALPH VARELA		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 52	7 If "No," attach a	list (see instructions)
		te: ► WWW.PINALHISPANICCOUNCIL.ORG		H(c) Group exemption	
		organization: X Corporation	L Yea	r of formation: 1978 r	M State of legal domicile: AZ
P	art I	Summary			
ě	1	Briefly describe the organization's mission or most significant activities: SUBS			ELING &
Activities & Governance		DRUG PREVENTION PROGRAMS FOR YOUTHS & FAI			
ern		Check this box if the organization discontinued its operations or dispose	sed of mo	re than 25% of its net a	1
õ		Number of voting members of the governing body (Part VI, line 1a)		3	6
∞ ক		Number of independent voting members of the governing body (Part VI, line 1b)		. 4	6
ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
ΞΞ		Total number of volunteers (estimate if necessary)	•	6	0
Act		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	_		_	Prior Year	Current Year
ě	8	Contributions and grants (Part VIII, line 1h)	_	<u>189,276.</u>	8,080.
Revenue	9	Program service revenue (Part VIII, line 2g)	_	5,277,690.	1,391,776.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	_	1,485.	418.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,164.	1,020.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	5,510,615.	1,401,294.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· -	43,964.	35,128.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	3,861,299.	905,290.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u>	0.	0.
X	_b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	1 (17 400	424 212
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\vdash	<u>1,617,499.</u>	434,313.
Ŋ.		Total expenses Add lines 13-17 (must equal Part IX, country) (IA) Vine 25)	-	<u>5,522,762.</u>	1,374,731.
		Revenue less expenses Subtract line 18 from line-12-		<12,147.	
Sta		Total assets (Part X, line 16) Total labelities (Part X, line 26)	l'R	eginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	•	5,417,546.	5,532,444.
Net Assets or	21	Total liabilities (Part A, line 20)	· -	2,151,746.	2,240,081.
	art II	Net assets or fund balances Subtract line 2th from line 20 FN, UT Signature Block		3,265,800.	3,292,363.
_		lities of perjury, I declare that I have exampled this return, including accompanying schedule:	a and atata	manta and to the heat of m	us knowledge and heliaf it is
-		st, and complete. Declaration of displayer (other than officer) is based on all information of wh		•	iy kilowieuge allu bellel, it is
	-	is, and complete. Declaration of what content is based on an information of wh	iicii prepart	ci ilas ally kilowicuge.	115/11
Sig He		Signature of office		Date	~
Sig	"	RALPH VARELA, CHIEF EXECUTIVE OFFICER			
пе	e	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	CHARLES GOODMILLER, CPA CHARLES GOODMIL	LER	02/10/14 self-employ	一 ∣
	parer .	Firm's name HENRY & HORNE, LLP		Firm's EIN	86-0133881
	Only	Firm's address 1115 EAST COTTONWOOD SUITE 100		CHIH 5 LIN	30 0133001
	· •,	CASA GRANDE, AZ 85122-2950		Phone no. (520)836-8201
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		[i flotte flo.]	X Yes No
	9 (11 0) 001 12-1		ons.		Form 990 (2012)
-061	14-1				(LUIZ)

		<u>86-0585274</u>	Page 2
Par	rt 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:		
•	TO PROVIDE BEHAVIORAL HEALTH SERVICES TO ALL INDIVIDUALS	או אויים אוד אוד	`
	TO ENSURE THAT THESE SERVICES ARE AVAILABLE, ACCEPTABLE,	AND	
	ACCESSIBLE TO THE ENTIRE COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
2		Yes [₩
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. LYes L	NO LAL
	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 r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 515,999. including grants of \$ 35,128.) (Revenue	1,391,7	776.
	EDUCATION AND TRAINING PROGRAMS TO PREVENT DRUG ABUSE; Y		
		OOID & PAMIL	<u> </u>
	PROGRAMS; COUNSELING SERVICES FOR YOUTH & FAMILIES		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			_
			
4c	(Code) (Expenses \$) (Revenue	. e	
	, (1000)		
			. <u>. </u>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 515,999.		
		OC	90 (2012)
232002	2_	Form 93	(2012)

Form 990 (2012) PINAL HISPANIC COUNCIL
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		- 21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		v
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		Λ
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21	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? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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).			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	000		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 		
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_ 		
-	Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		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	38	X	
		Form	990	(2012)

Par	t V	Check if Schedule O contains a response to any question in this Part V				\Box
			· · · · · · · · · · · · · · · · · · ·		V	l Na
10	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_{1a} 0	-	Yes	No
		the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
_		e organization comply with backup withholding rules for reportable payments to vendors and r				
•		oling) winnings to prize winners?	-,gg	1c		
2a	-	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		- 13		
		or the calendar year ending with or within the year covered by this return	2a 0			
b		east one is reported on line 2a, did the organization file all required federal employment tax returns	ms?	2b		
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes	s," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any	γ time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financ	cial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b		s," enter the name of the foreign country.				
		structions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.		ļ	l
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
		by taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	action?	5b		X
		s," to line 5a or 5b, did the organization file Form 8886-T?		5c		├─
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			x
.	-	ontributions that were not tax deductible as charitable contributions? s," did the organization include with every solicitation an express statement that such contribut	tions or aifte	6a		-
ь		not tax deductible?	tions or girts	6b		
7		nizations that may receive deductible contributions under section 170(c).		-05		<u> </u>
a	•	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		x
b		s," did the organization notify the donor of the value of the goods or services provided?		7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required		-	
	to file	Form 8282?		7c		X
d	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d			
е		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit o	• •	7e		<u> </u>
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	——	ļ
9		organization received a contribution of qualified intellectual property, did the organization file F	·	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		<u>7</u> h		
8	•	oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	· · · · · · ·			
9		zation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at soring organizations maintaining donor advised funds.	any time during the year?	8		
	•	e organization make any taxable distributions under section 4966?		9a		
a b		e organization make a distribution to a donor, donor advisor, or related person?		9b		
10		on 501(c)(7) organizations. Enter:		- 55		<u> </u>
а		on fees and capital contributions included on Part VIII, line 12	10a			
b		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		,	
11		on 501(c)(12) organizations. Enter:			,	
а	Gross	income from members or shareholders	11a			
b	Gross	income from other sources (Do not net amounts due or paid to other sources against				
	amou	nts due or received from them)	11b			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the year .	12b			
13		on 501(c)(29) qualified nonprofit health insurance issuers.				
а		organization licensed to issue qualified health plans in more than one state?		13a		
		See the instructions for additional information the organization must report on Schedule O.				
b		the amount of reserves the organization is required to maintain by the states in which the	1 425			
_		ızation ıs lıcensed to issue qualified health plans the amount of reserves on hand	13b			1
_		e organization receive any payments for indoor tanning services during the tax year?	[IOC]	14a		X
		e organization receive any payments for indoor tailining services during the tax year? s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	 le O	14a		
		The state of the s			990	(2012

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.

Sec	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management	•	<u> </u>	X
			Yes	No
1a	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	2		_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?	3_		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b_		<u> X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		l	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			.
40-	Did the erganization have level shorters branches as officiated?	40-	Yes	No v
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		X_
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ŭ	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	x	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity dunng the year?	16a		X
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 take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion [.]		
	CORPORATION - (520) 466-7765			
232000		Fe	000	(2012)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

 • List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B))	<u></u>		(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	(do box	not c unle	heck i ss pe	more rson i	than is bot	one h an	compensation	compensation	amount of
	week	offi	ceran	dad	recto	x/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dit				<u></u>		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			E S		(W-2/1099-MISC)		organization
	organizations	nal fro	alat		Plo ye	8 8				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key em	Highest compensated employee	Former			organizations
(1) DOLORES UNDERWOOD	2.00						-			
PRESIDENT		X		X				0.	0.	0.
(2) JON THOMPSON	2.00									
VICE PRESIDENT		X		X		<u> </u>		0.	0.	0.
(3) LILY RODRIGUEZ	2.00									
SECRETARY		X		X				0.	0.	0.
(4) MARY LOU ROSALES	2.00									
TREASURER		X		X	ļ	_	<u></u>	0.	0.	0.
(5) MARIE LORONA	2.00									_
DIRECTOR		X						0.	0.	0.
(6) RAY VASQUEZ	2.00	ļ						_		_
DIRECTOR		X						0.	0.	0.
(7) RALPH VARELA	40.00					ļ				
CHIEF EXECUTIVE OFFICER				X		_		0.	0.	0.
(8) ELIZABETH FLORES	40.00									
CHIEF OPERATING OFFICER				X				0.	0.	0.
		_	<u> </u>							
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		<u> </u>								
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ye	es (continued) (E)			(F)	
	Reportable	,	Es	tımate	ed
	compensation			nount	
	from related			other	
	organization			pensa	
	(W-2/1099-MI	SC)		om the anızat	
			_	d relat	
			orga	anızatı	ons
-		-			
) .		0.			0.
<u>) .</u>		0.			0.
	000 of reports	0.			<u> </u>
U	,000 of reportab	ne			0
				Yes	No
d e	mployee on				
			3		X
m	the organization				
	•		4		X
ivit	dual for services	5			
	. <u>-</u>		5		X
	\$100,000 of cor	npens	ation 1	rom	
ax y	year.				
of c	ervices	_ (c) nsatio	n
) S	ervices		ompe	risalio	''
		_			

Se	ction A. Officers, Directors, Trus		pioy	ees		_	<u>yne:</u>	st C	1		1			
	(A)	(B))) Pos	C) ition			(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
		week					s bot r/trus		compensation from	compensation from related			nount other	Οĭ
		(list any	횮						the	organizations			pensa	ition
		hours for	E E				Eg		organization	(W-2/1099-MIS	C)	fr	om th	е
		related	ste	ruste			pensa		(W-2/1099-MISC)			-	anızat	
		organizations below	ual tru	leuo		ploye	E 29	İ					d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anızatı	OHS
			_	_		Ť		٣						
			1											
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			1											
					r									
1b Sub-tota									0.		0.			<u>0.</u>
	om continuation sheets to Part V	II, Section A							0.		0.			0.
	dd lines 1b and 1c)						$\overline{}$		0.		0.			0.
	mber of individuals (including but r sation from the organization	ot limited to tr	nose	IISTE	ed a	DOV	e) wi	no r	eceived more than \$100	,000 of reportable)			0
Compens	Sation from the organization												Yes	No
3 Did the d	organization list any former officer,	director, or tru	uste	e. ke	ev er	olam	vee	. or	highest compensated e	mplovee on	ſ			
	If "Yes," complete Schedule J for s			,		•	,					3		х
4 For any	ndividual listed on line 1a, is the si	ım of reportab	le co	omp	ensa	atior	n and	d oti	her compensation from	the organization	ĺ			
and relat	ted organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e <i>J f</i>	for such individual			4		Х
	person listed on line 1a receive or a	=				-		elat	ted organization or indiv	idual for services				
	to the organization? If "Yes," com	plete Schedul	e J 1	or s	uch	pers	son					5		X
·	dependent Contractors									A 100 000 1				
	e this table for your five highest co ni <u>za</u> tion. Report compensation for										ensa	ation 1	rom	
tile orga	(A)	ine calendar y	eai	enui	iig v	VILI	OI W	10111	(B)	year.		((2)	
	Name and business	address	N	INC	Ξ				Description of s	ervices	C		nsatio	ก
	-													
								\dashv						
								\dashv						
·								\dashv			_			
2 Total nui	mber of independent contractors (i	ncluding but n	ot li	mıte	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000	O of compensation from the organi	zation 🕨				(0							
												Form	990 (2012)

Pa	rt VII	Statement of Rever	nue				<u> </u>	
		Check if Schedule O conf	tains a response	to any question	in this Part VIII .		•	<u>.</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b]			
Am (С	Fundraising events .	. 1c		_			
ia ig	d	Related organizations	1d]			
S.E	е	Government grants (contribut	tions) <u>1e</u>	3,387.]			
e ţi	f	All other contributions, gifts, gran	nts, and					,
혈취		similar amounts not included abo	ove 1f	4,693.]			
E D	g	Noncash contributions included in lines	9 1a-1f \$					
<u>0</u> <u>0</u>	<u>h</u>	Total. Add lines 1a-1f	·		8,080.		****	
į				Business Code				
Program Service Revenue		BEHAVIORAL HEAD	<u>TH</u>	621400	1,385,275.	1,385,275.		
e S	b	GROUP HOUSING		621400	6,501.	6,501.		
E S	С						-	
Real	d							
Š.	e	• • • • • • • • • • • • • • • • • • • •						<u> </u>
_		All other program service reve	enue		1,391,776.			
		Total. Add lines 2a-2f Investment income (including	. duudondo untor	ant and	1,391,770.			
	3	other similar amounts)	j alvidenas, inter	esi, and	418.			418.
	4	Income from investment of ta	v-avamnt hand i	. proceeds	410.			410.
	5	Royalties	exempt bond ;	Dioceeus -				
	•	Noyames	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) ricar	(ii) 7 croonar	-			
	b				1			
	c	Rental income or (loss)			†			
	d	Net rental income or (loss)	L		†			
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory			1			
	b	Less cost or other basis						
		and sales expenses			<u>]</u>			
	С	Gain or (loss)						
	d	Net gain or (loss)						
<u>o</u>	8 a	Gross income from fundraising	ng events (not					
Other Revenue		including \$	of					
ě		contributions reported on line	e 1c) See					
<u>ē</u>		Part IV, line 18	. a					
		Less direct expenses	. b	0.				
		Net income or (loss) from fund	-		1,020.			1,020.
	9 a	Gross income from gaming a	ctivities. See					1
		Part IV, line 19			-			
		Less direct expenses	b		_			1
		Net income or (loss) from gan	•					-
	10 a	Gross sales of inventory, less						
		and allowances	a		1			
		Less: cost of goods sold	b		-			
ŀ	С	Net income or (loss) from sale		Business Carls	 			
ŀ	44 -	Miscellaneous Revenu	· · · · · · · · · · · · · · · · · · ·	Business Code	1			
	11 a				 			
ļ	b							1
	ن بہ	All other revenue			 			
		Total. Add lines 11a-11d	•					
	40	Total revenue Contractions			1 401 204	1 201 776	^	1 /20

Form **990** (2012)

Form 990 (2012) PINAL HISPANI Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon			····	
	not include amounts reported on lines 6b, 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	10,128.	10,128.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	25,000.	25,000.		
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,	22.22			
	trustees, and key employees	39,026.		39,026.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	604 060	210 416	202 (52	<u>-</u>
7	Other salaries and wages	694,069.	310,416.	383,653.	
8	Pension plan accruals and contributions (include	A E1A		A E1A	
_	section 401(k) and 403(b) employer contributions)	4,514.		4,514.	
9	Other employee benefits	109,301. 58,380.	13,157.	109,301. 45,223.	
10	Payroll taxes	30,300.	13,137.	45,445.	
11	Fees for services (non-employees)				
b	Legal				
c d	Accounting Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	89,656.	41,258.	48,398.	
12	Advertising and promotion	1,954.	1,954.		
13	Office expenses	101,559.		101,559.	
14	Information technology	18,975.		18,975.	
15	Royalties				
16	Occupancy	86,938.	32,291.	54,647.	
17	Travel	41,824.	17,815.	24,009.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	19,045.	19,045.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,604.	5,177.	29,427.	
23	Insurance	15,040.	15,040.		
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.)				
а	RESTAURANT EXPENSES	15,734.	15,734.		
b	PROGRAM SUPPLIES	8,984.	8,984.		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,374,731.	515,999.	858,732.	0
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ			
	Check here if following SOP 98-2 (ASC 958-720)				
23201	0 12-10-12				Form 990 (2012)

Form 990 (2012)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,886,912.	1	1,946,457
	2	Savings and temporary cash investments	579,278.	2	644,695
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	62,171.	4	41,209
ı	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	
ı	6	Loans and other receivables from other disqualified persons (as defined und	er		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi			
		employers and sponsoring organizations of section 501(c)(9) voluntary			H:
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
3	7	Notes and loans receivable, net		7	
233613	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges	5,380.	9	5,380
	10a	Land, buildings, and equipment: cost or other			•
		basis Complete Part VI of Schedule D 10a 3,667,09	6.		
	b	Less accumulated depreciation 10b 772,39	<u>3.</u> 2,883,805.	10c	2,894,703
	11	Investments · publicly traded securities		11	
ľ	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,417,546.	16	5,532,444
	17	Accounts payable and accrued expenses	308,892.	17	359,985
	18	Grants payable		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities .		20	
3	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,			
Liabilities		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	1,842,854.	23	1,880,096
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
ı		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	2,151,746.	26	2,240,081
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and	d		
מ		complete lines 27 through 29, and lines 33 and 34.	1		
1	27	Unrestricted net assets	3,265,800.	27	3,292,363
5	28	Temporanly restricted net assets		28	
፭	29	Permanently restricted net assets		29	
3		Organizations that do not follow SFAS 117 (ASC 958), check here	J		
5		and complete lines 30 through 34.			
ן נו	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ivet Assets of Fully Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	3,265,800.		3,292,363
	34	Total liabilities and net assets/fund balances	5,417,546.	34	5,532,444

orm	990 (2012) PINAL HISPANIC COUNCIL	86-058	<u>5274</u>	Pag	qe 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		1,40		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,374		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>63.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,26!	5,8	00.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	_		
7	Investment expenses	7			
8	Prior penod 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))	<u>10</u>	3,29	2,3	63.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII.	<u>. </u>	_		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		}		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	-	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		_	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

		PINAL H	ISPANIC COUN	CIL					8	<u>6-0585</u>	274
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions			
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)				
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	лbed in se	ction 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 hospi	tal service organization o	described	In section	170(b)(1)	(A)(iii).				
4 🗀	A medical res	search organization (operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital	's name,
	city, and stat	te:									
5 📖	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a govern	mental uni	t describ	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6 🖳	A federal, sta	ate, or local governm	ent or governmental und	t describe	d ın sectio	n 170(b)(1)(A)(v).				
7 🖳	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed 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 X	An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
	activities rela	ited to its exempt fui	nctions - subject to certa	ın exceptı	ons, and (2) no more	than 33 1	1/3% of its	support	from gross	investment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	30, 1975.
_	See section	509(a)(2). (Complete	e Part III)								
10 📙	An organizat	ion organized and or	perated exclusively to te	st for publ	c safety S	See sect io	n 509(a)(4	1).			
11 📖	An organizat	ion organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes o	of one or
			ations described in secti				2) See sec	ction 509(a)(3). Ch	eck the box	that
		· · · · · · · · · · · · · · · · · · ·	organization and compl		•						
	a L Type		•	•	nctionally	•					ly integrated
e 📖			at the organization is not							-	
			han one or more publicly						9(a)(1) or	section 509	}(a)(2).
f			tten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	∍ !!!			
		rganization, check th				_			_		<u> </u>
g	_		organization accepted ar			-		• •			
			lirectly controls, either al	one or tog	jether with	persons o	described	ın (ii) and (iii) below,		Yes No
		• •	upported organization?							11g(i)	
	• • • •	•	n described in (i) above?		_					11g(ii)	1
			person described in (i) o	• •						11g(iii)	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s).						
			<u> </u>	<u> </u>		1		6.3 1	460		
	of supported	(ii) EIN	1 ()		organization			i organizatio	on in col.		t of monetary
orga	anization			in col. (i) listed in your governing document?				(i) organiz U.S	ed in the	sup	port
			(see instructions))	Ľ	No	Yes	No	Yes	No		
				165	NO	res	NO	162	NO		
							 -				
		_							 		
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232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012							Page 2
Part II Support Schedule for ((Complete only if you checked fails to qualify under the tests	the box on line	5, 7, or 8 of Part I o	or if the organization				/i)
Section A. Public Support							
Calendar year (or fiscal year beginning in) ➤ 🛚	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(е	2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
Tax revenues levied for the organ- ization'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			<u> </u>		<u> </u>		
Section B. Total Support							
Calendar year (or fiscal year beginning in) 🖊 🛚	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(е	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				1			-
9 Net income from unrelated business							
activities, whether or not the							
business is regularly carried on			1	-			
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, c	ata (aga instruct	_l		L	40		
13 First five years. If the Form 990 is for	•	•	rd fourth or fifth t	av voar as a sootio	12	2/(2)	
organization, check this box and stop	_	a mar, second, till	a, iourni, or intii t	an year as a section	11 30 1(0	<i>)</i> (3)	▶□
Section C. Computation of Public		ercentage		•			
14 Public support percentage for 2012 (lii			column (f))		14		%
15 Public support percentage from 2011		•		• • • •	15		%
16a 33 1/3% support test - 2012. If the or			n line 13, and line	14 is 33 1/3% or n		neck this ho	

Schedule A (Form 990 or 990-EZ) 2012

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

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

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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012 PINAL HISPANIC COUNCIL 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

Sec	ction A. Public Support	elow, piease comp	nete i ait ii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not						
2	Include any "unusual grants") 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	2,268,200.	665,936. 3 054 777.	4.571.009.	150,976. 54,290,416.	6,669,466,	70.853.868.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
-	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	2,888,260,	3,720,713,	4,775,968.	54,441,392.	6,910,006.	72,736,339.
t	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.
c	: Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6) ction B. Total Support						72,736,339.
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	2,888,260.	3,720,713,	4,775,968.	54,441,392.	6,910,006,	72,736,339.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,704.	5,742.	4,204.	2,512.	1,903.	38,065.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				•		
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	23,704.	5,742.	4,204.	2,512.	1,903.	38,065.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	2,911,964, the organization's	3,726,455, s first, second, thire	4,780,172, d, fourth, or fifth ta	54,443,904, ux year as a section	6 911 909 nn 501(c)(3) organiza	72,774,404, ation,
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2012 (li			olumn (f))		15	99.95 %
	Public support percentage from 2011	• • •	•	· · · · · · · · · · · · · · · · · · ·		16	99.59 %
	ction D. Computation of Inves					_	
17	Investment income percentage for 20	12 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.05 %
18	Investment income percentage from 2	2011 Schedule A, I	Part III, line 17			18	.41 %
19a	33 1/3% support tests - 2012. If the more than 33 1/3%, check this box ar	•		•			7 is not ►X
b	33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
20	Private foundation. If the organization		-			=	· [

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Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 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 Inspection

Name of the organization

Employer identification number

	PINAL HISPANIC COU	NCIL_	86-0585274
Pai	t I Organizations Maintaining Donor Advise	or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, Iir	ne 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	d funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	sed only
	for chantable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Par	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histo	rically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified 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
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		· ·
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	
_	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes th	e organization's accounting for
Pai	conservation easements t III Organizations Maintaining Collections of	of Art Historical Transuras or Oth	oor Similar Assats
	Complete if the organization answered "Yes" to Form		iei Sililiai Assets.
10	If the organization elected, as permitted under SFAS 116 (A		nt and belongs short wades of art
14	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		te of public service, provide, in Part XIII,
b	If the organization elected, as permitted under SFAS 116 (A		ad holonoo aboat wada af art historiaal
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	public	o service, provide tite following amounts
	(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 tre	easures or other similar assets for financial a	. ► Ψ
-	the following amounts required to be reported under SFAS	_	ani, provide
а	Revenues included in Form 990, Part VIII, line 1	. To page to these terms.	▶ \$
	Assets included in Form 990, Part X	• • • •	• •
			·· • • <u> </u>

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		ISPANIC CO						86-0	<u>585274</u>	Page 2
Pài	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, d	or Othe	<u>er Simil</u>	ar Ass	ets(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checi	k any of the	following tha	at are a s	ignificant	use of its	s collection	items
	(check all that apply):									
а	Public exhibition		ı 🗀	Loan or exc	hange progra	ams				
b	Scholarly research	•		Other						
С	Preservation for future generations									
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 ma	aintained as part of	the orga	nization's co	ollection? .				Yes	☐ No
Par	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.									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		-					[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:	•			••		
	•	•	J						Amount	
С	Beginning balance						1c			_
	Additions during the year						1d		_	
е	Distributions during the year					• • •	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has been	provided in	Part XIII				
Pai							0			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years bac	k (e) Four y	ears back
1a	Beginning of year balance									
b	Contributions	- <u> </u>								
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities	-								
	and programs									
f	Administrative expenses	· · · · ·				-				
g	End of year balance	7								
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%	•						
b	Permanent endowment	%								
c	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for ti	he organi	zation		
	by.	_					_		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?									
4										
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990	0, Part X	, line 10.						
	Description of property	(a) Cost or o	-	_	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investi			(other)		preciation	- 1		
1a	Land			36	3,536.				363	,536.
b	Buildings				6,150.		322,7	45.	2,253	
С	Leasehold improvements				,				<u></u>	
d	Equipment			72	7,410.	4	149,6	48.	277	,762.
_ е	Other .									<u> </u>
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0(c).)			•	2,894	,703.

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	edule D (Form 990) 2012 PINAL HISPANIC COUNCIL rt XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per	86-	0585274 Page 4			
1	Total revenue, gains, and other support per audited financial statements		1-1-1	6,923,174.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 _ 1					
	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b	4				
С	Recovenes of pnor year grants	2c	⊣ ∣				
d	Other (Describe in Part XIII)	_2d 5,521,880	<u>니</u>				
е	Add lines 2a through 2d		2e	<u>5,521,880.</u>			
3	Subtract line 2e from line 1		3	1,401,294.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	i l				
b	Other (Describe in Part XIII.)	4b	- i				
c			4c	0.			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,401,294.			
	rt XII Reconciliation of Expenses per Audited Financial Stateme	nte With Evnences no					
		into with Expenses pe					
1	Total expenses and losses per audited financial statements		1	6,908,759.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l I					
а	Donated services and use of facilities	2a	_				
b	Prior year adjustments .	2b	_				
C	Other losses .	2c					
d	Other (Describe in Part XIII)	2d 5,534,028					
е	Add lines 2a through 2d	-	2e	5,534,028.			
3	Subtract line 2e from line 1	•	3	1,374,731.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1/3/1//31			
a	Investment expenses not included on Form 990, Part VIII, line 7b	امدا					
_		4a					
b	·	4b		^			
_	Add lines 4a and 4b		4c_				
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•	5	1,374,731.			
	rt XIII Supplemental Information						
Com	plete 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, lın	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to p	provide any additional inform	ation.				
PAI	RT X, LINE 2: THE COUNCIL RECOGNIZES UNCERT	AINTY IN INCOM	E TA	XES IN			
THI	E FINANCIAL STATEMENTS WHEN IT IS MORE LIKE	LY-THAN-NOT TH	т та	HE			
		<u></u>					
PO9	SITIONS WILL NOT BE SUSTAINED UPON EXAMINAT	TON BY THE TAY	יחוז ג	ロヘウエ でて で ぐ			
	STITUME WILL NOT BE BODININED OF ON BRANINAT	TON DI THE TAX	HOL	HORTITES.			
3 C	OF CEDMENDED 20 2012 MILE COINCIL HAD NO	INICEDMATAL MAN	DOGT	mT0370 m113 m			
AD	AS OF SEPTEMBER 30, 2013, THE COUNCIL HAD NO UNCERTAIN TAX POSITIONS THAT						
QUA	UALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.						
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:						
REV	VENUE REPORTED ON YEAR-END JUNE 30, 2013 FO	RM 990		5,510,615.			
				<u> </u>			

Schedule D (Form 990) 2012 PINAL HISPANIC COUNCIL Part XIII Supplemental Information (continued)	86-0585274 Page 5
SPECIAL EVENT EXPENSES REPORTED ON YEAR-END JUNE 30, 2013	
FORM 990	11,265.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,521,880.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES REPORTED ON YEAR-END JUNE 30, 2013 FORM 990	5,522,763.
SPECIAL EVENT EXPENSES REPORTED ON YEAR-END JUNE 30, 2013	
FORM 990	11,265.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	5,534,028.

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Department of the Treasury SCHEDULE (Form 990)

Open to Public OMB No 1545-0047

2 Employer identification number 86-0585274 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant (c) IRC section if applicable PINAL HISPANIC COUNCIL General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Internal Revenue Service Parti Part

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Schedule I (Form 990) (2012)

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. OTHER LOCAL NON-PROFITS THAT PROVIDE BENEFITS TO THE COMMUNITY YOUTHS AND SCHEDULE I, PART I, LINE 2: THE BOARD APPROVES ALL CONTRIBUTIONS MADE TO THE BOARD (d) Amount of non-cash assistance 0 THE SCHOLARSHIP APPLICANTS ARE INTERVIEWED AND SELECTED BY 25,000, (c) Amount of cash grant 31 (b) Number of recipients (a) Type of grant or assistance FAMILIES SCHOLARSHIPS

Schedule I (Form 990) (2012)

23

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Page 2

86-0585274

PINAL HISPANIC COUNCIL

Schedule I (Form 990) (2012)

Part III

SCHEDULE 0

(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.

Inspection

Name of the organization

Employer identification number

PINAL HISPANIC COUNCIL	<u>86-0585274</u>
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS RE	VIEWED BY THE CEO
& FINANCE DIRECTOR, COMPARED TO THE AUDITED STATEMENTS, A	ND GIVEN TO THE
BOARD FOR FINAL REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C: THE CEO, HR, & BO	ARD OF DIRECTORS
MONITOR COMPLIANCE VIA INTERNAL ASSESSMENT OF POLICY AND	PROCEDURES. THE
BOARD OF DIRECTORS PROVIDES GUIDANCE AND POLICY ACTION.	
FORM 990, PART VI, SECTION B, LINE 15: SALARIES ARE DETER	MINED BY THE
BOARD OF DIRECTORS USING COMPARABILITY DATA.	
FORM 990, PART VI, SECTION C, LINE 19: THE COUNCIL GENERA	LLY MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	