

Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No. 1545-0047

**2007**Open to Public  
Inspection**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**CONEXION AMERICAS**

Number and street (or P.O. box if mail is not delivered to street address)

**800 18TH AVE. SOUTH, SUITE A**

Room/suite

**STE A**

City or town, state or country, and ZIP + 4

**NASHVILLE, TN 37203****D** Employer identification number**62-1715618****E** Telephone number**615-320-5152****F** Accounting method:☐ Cash ☒ Accrual  
☐ Other (specify) ▶

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

Hand I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.CONEXIONAMERICAS.ORG****J** Organization type (check only one) ☒ 501(c) ( **3** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**689,128.****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
	<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>362,150.</b>		
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	<b>40,000.</b>		
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>35,000.</b>		
	<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>437,150.</b> noncash \$ )	<b>1e</b>	<b>437,150.</b>		
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>55,956.</b>		
	<b>3</b>	Membership dues and assessments	<b>3</b>			
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>87,882.</b>		
	<b>5</b>	Dividends and interest from securities	<b>5</b>			
	<b>6a</b>	Gross rents	<b>6a</b>			
	<b>6b</b>	Less: rental expenses	<b>6b</b>			
<b>6c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				
<b>7</b>	Other investment income (describe )	<b>7</b>				
Revenue	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>			
	<b>8d</b>					
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b>	Gross revenue (not including \$ <b>56,751.</b> of contributions reported on line 1b)	<b>9a</b>	<b>108,140.</b>		
	<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>30,654.</b>		
<b>9c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	<b>SEE STATEMENT 2</b>	<b>77,486.</b>		
Revenue	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b>	Less: cost of goods sold	<b>10b</b>			
	<b>10c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
Expenses	<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
	<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>658,474.</b>		
	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>430,782.</b>		
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>46,462.</b>		
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>54,055.</b>		
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	<b>531,299.</b>		
	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>127,175.</b>		
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>115,382.</b>		
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>3,524.</b>		
Net Assets	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>246,081.</b>		

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

Form 990 (2007)

**Part II Statement of Functional Expenses**

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	86,512.	54,984.	17,302.	14,226.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	178,503.	135,629.	11,967.	30,907.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	2,227.	1,602.	246.	379.
<b>29</b> Payroll taxes	21,593.	15,531.	2,385.	3,677.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees	21,154.	17,769.	3,385.	
<b>33</b> Supplies	12,685.	10,759.	1,674.	252.
<b>34</b> Telephone	7,860.	6,602.	1,179.	79.
<b>35</b> Postage and shipping				
<b>36</b> Occupancy	26,900.	22,596.	4,304.	
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel	4,252.	3,572.	680.	
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	69,467.	69,467.		
<b>42</b> Depreciation, depletion, etc. (attach schedule)	1,340.	1,126.	201.	13.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 4</b>	98,806.	91,145.	3,139.	4,522.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	531,299.	430,782.	46,462.	54,055.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 5</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
<b>a</b>	<b>SEE ATTACHED STATEMENT</b>	<b>430,782.</b>
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>b</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>c</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>d</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>e</b>	Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>430,782.</b>

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**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	62,730.	45	197,937.
	46 Savings and temporary cash investments .....		46	
	47 a Accounts receivable ..... 47a 10,615.			
	b Less: allowance for doubtful accounts ..... 47b	15,280.	47c	10,615.
	48 a Pledges receivable ..... 48a 140,000.			
	b Less: allowance for doubtful accounts ..... 48b	82,661.	48c	140,000.
	49 Grants receivable .....		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b	
	51 a Other notes and loans receivable ..... 51a			
	b Less: allowance for doubtful accounts ..... 51b		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	1,600.	53	1,600.
	54 a Investments - publicly-traded securities ..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities ..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis ..... 55a			
	b Less: accumulated depreciation ..... 55b		55c	
	56 Investments - other ..... SEE STATEMENT 6	0.	56	29,886.
57 a Land, buildings, and equipment: basis ..... 57a 14,799.				
b Less: accumulated depreciation ..... 57b 11,413.	4,727.	57c	3,386.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 7)	915,822.	58	1,120,831.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	1,082,820.	59	1,504,255.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	10,641.	60	7,775.
	61 Grants payable .....	17,214.	61	17,214.
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe ► SEE STATEMENT 8)	939,583.	65	1,233,185.
	66 <b>Total liabilities.</b> Add lines 60 through 65	967,438.	66	1,258,174.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	32,721.	67	6,081.
	68 Temporarily restricted .....	82,661.	68	240,000.
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	115,382.	73	246,081.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,082,820.	74	1,504,255.

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## Part IV-A

<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
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**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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**Part VI Other Information** (continued)

		Yes	No	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) ..... <b>82b</b> 1,200.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? .....	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>N/A</b>	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? ..... <b>N/A</b>	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? ..... <b>N/A</b> If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members ..... <b>85c</b> <b>N/A</b>			
d	Section 162(e) lobbying and political expenditures ..... <b>85d</b> <b>N/A</b>			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices ..... <b>85e</b> <b>N/A</b>			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) ..... <b>85f</b> <b>N/A</b>			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? ..... <b>N/A</b>	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? ..... <b>N/A</b>	85h		
86	501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 ..... <b>86a</b> <b>N/A</b>			
b	Gross receipts, included on line 12, for public use of club facilities ..... <b>86b</b> <b>N/A</b>			
87	501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders ..... <b>87a</b> <b>N/A</b>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>87b</b> <b>N/A</b>			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ..... <b>88b</b>			X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction ..... <b>89b</b>			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ..... <b>0.</b>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ..... <b>0.</b>			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	89g		X
90 a	List the states with which a copy of this return is filed <b>TN</b>			
b	Number of employees employed in the pay period that includes March 12, 2007 ..... <b>90b</b> 8			
91 a	The books are in care of <b>JOSE GONZALEZ</b> Telephone no. <b>615-320-5152</b> Located at <b>800 18TH AVE SOUTH, STE A, NASHVILLE, TN</b> ZIP + 4 <b>37203</b>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>91b</b>			X
	If "Yes," enter the name of the foreign country <b>N/A</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			

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**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A****Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a FEE FOR SERVICES					55,956.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	87,882.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	77,486.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		165,368.	55,956.
105 Total (add line 104, columns (B), (D), and (E))					221,324.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	INCOME FROM FEES FROM SERVICES ARE USED TO SUPPORT THE ORGANIZATIONS VARIOUS PROGRAMS.

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

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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



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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

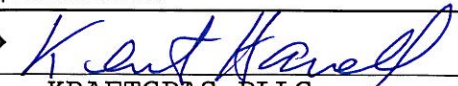
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature  Date 03/31/09 Check if self-employed ☒ Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 **KRAFTCPAS PLLC**  
**555 GREAT CIRCLE ROAD, SUITE 200**  
**NASHVILLE, TN 37228-1310**

EIN **61-1715618** Phone no. **(615) 242-7351**

Form 990 (2007)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**

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

OMB No. 1545-0047

**2007**

Name of the organization

CONEXION AMERICAS

Employer identification number

62 1715618

**Part I**

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000

0

**Part II-A**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

**Part II-B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services

0

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ <u>5,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? SEE STATEMENT 9	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966? N/A	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	267,983.	293,757.	269,778.	241,157.	1,072,675.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	222,117.	193,862.	148,598.	68,689.	633,266.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	53,703.	10,204.	228.	29.	64,164.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	543,803.	497,823.	418,604.	309,875.	1,770,105.
<b>24</b> Line 23 minus line 17	321,686.	303,961.	270,006.	241,186.	1,136,839.
<b>25</b> Enter 1% of line 23	5,438.	4,978.	4,186.	3,099.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
e Public support (line 26c minus line 26d total)					<b>26e</b> N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 1,072,675. 16 _____ 17 633,266. 20 _____ 21 _____					<b>27c</b> 1,705,941.
d Add: Line 27a total 0. and line 27b total 0.					<b>27d</b> 0.
e Public support (line 27c total minus line 27d total)					<b>27e</b> 1,705,941.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> 1,770,105.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 96.3751%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 3.6249%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

Schedule A (Form 990 or 990-EZ) 2007

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.

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

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

**4-Year Averaging Period Under Section 501(h)**

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

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....	X		
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....	X		5,000.
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (Add lines c through h.) .....			5,000.

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

SEE STATEMENT 10





## FOOTNOTES

STATEMENT 1

EQUIPMENT AND FURNITURE ARE RECORDED AT COST, WHEN PURCHASED, OR AT FAIR MARKET VALUE, WHEN GIFTED TO THE AGENCY. DEPRECIATION IS CALCULATED BY THE STRAIGHT-LINE METHOD TO ALLOCATE THE COST OF DEPRECIABLE ASSETS, AS SO DETERMINED, TO OPERATIONS OVER ESTIMATED USEFUL LIVES OF THREE TO SEVEN YEARS FOR FURNITURE AND EQUIPMENT.

EQUIPMENT CONSISTED OF THE FOLLOWING AS OF JUNE 30, 2008:

COMPUTER EQUIPMENT	6,925.
OFFICE EQUIPMENT	7,874.
	<hr/>
	14,799.
LESS: ACCUMULATED DEPRECIATION	<11,413.>
	<hr/>
TOTAL	3,386.
	<hr/>

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)	
HISPANIC HERITAGE MONTH PARTY	79,640.		79,640.	15,525.	64,115.	
FUNDRAISING BREAKFAST	56,751.	56,751.		9,729.	<9,729.>	
AVANCE	28,500.		28,500.	5,400.	23,100.	
TO FM 990, PART I, LINE 9	164,891.	56,751.	108,140.	30,654.	77,486.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES				STATEMENT	3
DESCRIPTION	AMOUNT					
UNREALIZED GAIN	3,524.					
TOTAL TO FORM 990, PART I, LINE 20	3,524.					

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING AND PROMOTION	12,506.	11,881.		625.	
AUTO EXPENSE	815.	685.	122.	8.	
CONTRACT LABOR	974.	974.			
DUES AND SUBSCRIPTIONS	1,413.	1,201.	212.		
EDUCATION	3,867.	3,867.			
INSURANCE	3,420.	2,873.	513.	34.	
LICENSES AND FEES	397.	333.	64.		
MAINTENANCE AND REPAIRS	9,363.	7,865.	1,404.	94.	
MEALS AND ENTERTAINMENT	1,329.	1,116.	213.		
MISCELLANEOUS EXPENSE	1,710.	1,436.	274.		
PROGRAM MATERIALS	524.	524.			
TRAINING	8,109.	8,109.			
TRANSLATION EXPENSE	1,033.	1,033.			
UTILITIES	260.	218.	39.	3.	

POVSIONS FOR				
UNCOLLECTIBLE LOANS	47,360.	47,360.		
FURNITURE, FIXTURES,				
& EQUIPMENT RENTAL	1,988.	1,670.	298.	20.
COFFEE EXPENSE	3,738.			3,738.
TOTAL TO FM 990, LN 43	98,806.	91,145.	3,139.	4,522.

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      5  
PART III

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EXPLANATION

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TO HELP HISPANIC FAMILIES REALIZE THEIR ASPIRATIONS FOR SOCIAL AND ECONOMIC  
ADVANCEMENT BY PROMOTING THEIR INTEGRATION INTO THE MIDDLE TENNESSEE  
COMMUNITY.

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FORM 990                                      OTHER INVESTMENTS                                      STATEMENT      6

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DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS	MARKET VALUE	29,886.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		29,886.

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FORM 990                                      OTHER ASSETS                                      STATEMENT      7

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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
LOANS RECEIVABLE - DOWN PAYMENT ASSISTANCE		
LOANS TO ASSIST HISPANIC FAMILIES	915,822.	1,120,831.
TOTAL TO FORM 990, PART IV, LINE 58	915,822.	1,120,831.

FORM 990	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
NOTE PAYABLE - THE HOUSING FUND	447,623.	411,434.
NOTE PAYABLE - SUNTRUST BANK	303,930.	499,086.
NOTE PAYABLE - RENASANT BANK	188,030.	179,746.
NOTE PAYABLE - AVENUE BANK	0.	142,680.
ACCRUED EXPENSES		239.
TOTAL TO FORM 990, PART IV, LINE 65	939,583.	1,233,185.

---

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT	9
	PART III, LINE 2A		

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CONEXION SUBLEASES PART OF ITS OFFICE SPACE TO A COMPANY OWNED BY THE EXECUTIVE DIRECTOR. THE COMPANY PAYS FAIR RENTAL VALUE FOR THE SPACE IT USES OF \$500 PER MONTH.

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SCHEDULE A	STATEMENT OF LOBBYING ACTIVITIES - PART VI-B	STATEMENT 10
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CONEXION AMERICAS WAS ORGANIZED TO HELP HISPANIC FAMILIES REALIZE THEIR ASPIRATIONS FOR SOCIAL AND ECONOMIC ADVANCEMENT BY PROMOTING THEIR INTEGRATION INTO THE COMMUNITY. IN ORDER TO ADVANCE THEIR PURPOSE, CONEXION PAID \$5,000 TO LOBBYIST TO CONSULT WITH ISSUES THAT WERE OF INTEREST TO CONEXION, PRIMARILY AT THE STATE LEVEL. CONEXION ALSO HAS THREE STAFF MEMEBERS THAT ENGAGED IN DIRECT LOBBYING ACTIVITIES DURING THE YEAR. THE STAFF MEMEBERS SPENT \$5,000 DURING THE YEAR CONTACTING AND VISITING LEGISLATORS IN ORDER TO INFLUENCE THEIR OPINIONS.

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SCHEDULE A	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS	STATEMENT 11
	PART VII, LINE 51, COLUMN (D)	

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---

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

---

THE HOUSING FUND

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DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

---

THF MANAGES THE LOAN PROTFOlio KNOWN AS PUERTAS ABIERTAS. THEY RECEIVE  
COMPENSATION FOR THEIR SERVICES.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization	Employer identification number
	CONEXION AMERICAS	62-1715618
	Number, street, and room or suite no. If a P.O. box, see instructions. 800 18TH AVE. SOUTH, SUITE A, NO. STE A	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	

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

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

- The books are in the care of ► **JOSE GONZALEZ**  
Telephone No. ► **615-320-5152** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form 8868 (Rev. 4-2008)



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	CONEXION AMERICAS		62-1715618
	Number, street, and room or suite no. If a P.O. box, see instructions. 800 18TH AVE. SOUTH, SUITE A, NO. STE A		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203		

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

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **JOSE GONZALEZ**  
 Telephone No. **615-320-5152** FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2009**.
- 5 For calendar year , or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**TAXPAYER IS AWAITING INFORMATION FROM THIRD PARTIES.**

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b>	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Kevin J. Dostaler, CPA** Title **Agent** Date **2/5/09**

Form 8868 (Rev. 4-2008)

**Board Members:**

**Adriana Bialostosky**

Vanderbilt Children's Hospital

**Gabriela Castillo**

Office of the Mayor

**Jeff Dahlstrom**

Southeast Financial Federal Credit Union

**Pam Daly**

DK & Associates, Inc

**Katharine Donato**

Vanderbilt University, Sociology

**David Esquivel**

Bass Berry & Sims Law Firm

**Rev. Mary K. "Kaki" Friskics-Warren**

The Community Foundation of Middle Tennessee

**H. Wynne James III**

Waller Lansden Dortch & Davis LLP

**Mike Kopp**

MM Creative

**John Lamb**

Caterpillar Financial Services

**Dr. Dan McAlexander**

Belmont University

**Thomas A. Negri**

Loews Vanderbilt Hotel

**José Nuñez**, Treasurer

Caterpillar Financial Services

**Lisa Quigley**

Office of U.S. Congressman Jim Cooper

**Gregg Ramos**, President

North, Pursell, Ramos & Jameson PLC

**Jill Spry**  
State Farm

**Marcela Thornhill**, Vice President  
Bank of America

**René Valadez**  
Deloitte

**Stephanie Valdez Streaty**, Secretary  
Nissan North America, Inc.

**Patricia Totty**  
Tennessee Department of Finance & Administration

**Hispanic Council Representatives:**

**Catalina Domínguez**  
Business Owner

**José Domínguez**  
Business Owner

## ENLACES: Information, Referrals and Assistance

By calling our Spanish Help Line or visiting our office for a face-to-face assistance session, Latino families and individuals are able to connect with the information and resources needed to address immediate and mid-term challenges and aspirations.

- Through **1,687 calls** to our Spanish Help Line and **1,029 face-to-face appointments**, we connected Latino individuals with the information, resources and assistance they needed to address an immediate need.

\*\*This program received the 2007 Family Strengthening Award from the National Council of La Raza (NCLR) and the Annie E. Casey Foundation\*\*

## Taxpayer Education and Assistance

The Outreach, Education and Assistance for Low- and Moderate-income Taxpayers Program is designed to provide clear, reliable and linguistically accessible information on taxes to Spanish-speaking workers in Middle Tennessee. The program educates Latino families about the tax system in the US and about their tax-paying rights and responsibilities; it addresses the most common questions and misunderstandings that prevail in the Hispanic community regarding taxes. The program promotes the use of the Earned Income Tax Credit (EITC) for eligible low-income families; it also discourages the use of 'quick-refund' loan schemes that drain the already limited financial resources from low-income taxpayers.

Our program accomplishes its purpose through three components:

1. Workshops on tax rights and responsibilities
2. Media campaign on tax rights and responsibilities through local Spanish-language media outlets
3. One-on-one assistance to help Latino taxpayers understand, complete and file their tax returns

This program is part of Conexión Américas' initiatives to promote the economic integration of Latino immigrant families into the local community. Understanding and complying with tax responsibilities is a fundamental step in that process of integration.

Through workshops in Spanish, we educate Latino workers about the U.S. tax system and about their tax rights and responsibilities. Please contact us if your business, church, or organization would like to host one of our upcoming Taxpayer Education workshops.

Conexión Américas is a partner in the [Nashville Wealth Building Alliance \(NWBA\)](#).

- ♦ **323 Latino workers** increased their understanding of the US tax system and of their tax rights and

responsibilities through **22 workshops** conducted throughout Middle Tennessee as part of our Taxpayer

Education and Outreach Program.

- ♦ **265 Latino taxpayers** completed and filed their tax return through our tax preparation service.

## Puertas Abiertas/Open Doors Homeownership Program

The PUERTAS ABIERTAS/OPEN DOORS Homeownership Program and Loan Fund helps low and moderate-income Latino families become homeowners. Over the last four years, our innovative program has helped over 300 Latino families in Middle Tennessee achieve their dream of homeownership!

Conexión Américas currently offers the following services related to affordable homeownership:

- Individualized *Front Door* counseling sessions
- Homebuyer education courses
- Access to mortgage loan products which meet the specific needs of our homebuyers
- Downpayment assistance fund

This program received a national **Best Innovative Partnership Award** from [NeighborWorks America](#) in 2005 for our partnership with The Housing Fund. To date, more than 300 Latino families have made the American Dream a reality through our program. Home equity represents the largest single asset held by most Americans. By helping Hispanic families access the most traditional route to building wealth in this country, our homeownership program represents one of the most successful strategies to empower low- and moderate-income Hispanic families socially and economically. ([Press Release](#))

Thanks to our partners [Renasant Bank](#), [Southeast Financial Federal Credit Union](#), [SunTrust Bank](#), and [The Housing Fund](#) for making the Puertas Abiertas/Open Doors Homeownership Program possible.

- ♦ **49 Latino families bought a home** through our *Puertas Abiertas/Open Doors* Homeownership Program.
  - ♦ **144 families** identified the specific steps needed in order to achieve the dream of homeownership

through our *Front Door* individualized financial counseling session.

- ♦ In addition, **134 individuals** completed the Homebuyer Education Class and increased their

understanding about the home-buying process, about the rights and responsibilities of homeowners

and about foreclosure prevention.

## Conversemos Language Exchange Program

- Do you know some English but are hesitant to speak it?
- Have you been taking English classes but don't feel like you're advancing?
- Do you have at least an intermediate level of English?
- Would you like personalized help to be able to understand and speak English fluently?
- Would you like to assist a person who speaks English with his or her conversational Spanish skills?

Sign up for the Conversemos Language Exchange Program! We have openings available for Spanish speakers who need to improve their ability to communicate in English (particularly conversation skills). Volunteer language mentors are willing to help you with English, while you help them practice and improve their Spanish!

### How does the program work?

We match each participant with a language mentor to meet with throughout the semester. Our ability to match interested participants with a conversation partner varies from session to session based on the number of applicants, their schedules, and their language levels.

### What are the requirements?

To benefit from the Conversemos Language Exchange Program, all participants must:

- Have an intermediate level of conversational English
- Be available to meet with their language mentor at least once per week for two hours (or twice a week if possible!)
- Be interested in improving their conversational English

- ♦ **34 Latino adults** improved their conversational English through weekly encounters with **34 English-speaking mentors**

who in turn practiced and improved their Spanish through our *Conversemos* Language Exchange Program.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2008

Prepared for	CONEXION AMERICAS 800 18TH AVE. SOUTH, SUITE A NO. STE A NASHVILLE, TN 37203
Prepared by	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	MAY 15, 2009
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2007 or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**

OMB No. 1545-0687

**2007**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>CONEXION AMERICAS</b> Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. <b>800 18TH AVE. SOUTH, SUITE A, NO. STE A</b> City or town, state, and ZIP code <b>NASHVILLE, TN 37203</b>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) <b>62-1715618</b>  <b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.) <b>453000</b>
<b>C</b> Book value of all assets at end of year <b>1,504,255.</b>	<b>F</b> Group exemption number (see instructions for Block F.) ▶ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Describe the organization's primary unrelated business activity. ▶ **COFFEE SALES**
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶ ☐ Yes ☒ No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **JOSE GONZALEZ** Telephone number ▶ **615-320-5152**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <b>4,634.</b>			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b> <b>4,634.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b> <b>4,634.</b>		
<b>4a</b> Capital gain net income (attach Schedule D) .....	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) .....	<b>5</b>		
<b>6</b> Rent income (Schedule C) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) .....	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) .....	<b>10</b>		
<b>11</b> Advertising income (Schedule J) .....	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b> <b>4,634.</b>		<b>4,634.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) .....	<b>14</b>	
<b>15</b> Salaries and wages .....	<b>15</b>	
<b>16</b> Repairs and maintenance .....	<b>16</b>	
<b>17</b> Bad debts .....	<b>17</b>	
<b>18</b> Interest (attach schedule) .....	<b>18</b>	
<b>19</b> Taxes and licenses .....	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules.) .....	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562) .....	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return .....	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion .....	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans .....	<b>24</b>	
<b>25</b> Employee benefit programs .....	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I) .....	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J) .....	<b>27</b>	
<b>28</b> Other deductions (attach schedule) .....	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28 .....	<b>29</b>	<b>3,738.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 .....	<b>30</b>	<b>896.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) .....	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 .....	<b>32</b>	<b>896.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions) .....	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 .....	<b>34</b>	<b>0.</b>



**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Check here and indicate which forms are attached:☐ Form 3800 ☐ Form(s) (specify) **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e** Total credits. Add lines 40a through 40d **40e****41** Subtract line 40e from line 39 **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43** Total tax. Add lines 41 and 42 **43** 0.**44a** Payments: A 2006 overpayment credited to 2007 **44a****b** 2007 estimated tax payments **44b****c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Other credits and payments: ☐ Form 2439 **44f**☐ Form 4136 ☐ Other Total **44f****45** Total payments. Add lines 44a through 44f **45****46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46****47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.**49** Enter the amount of line 48 you want: Credited to 2008 estimated tax **49** Refunded**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)**1** At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here **Yes** **No** X**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. **Yes** **No** X**3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

<b>1</b> Inventory at beginning of year	<b>1</b>	<b>6</b> Inventory at end of year	<b>6</b>
<b>2</b> Purchases	<b>2</b>	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>
<b>3</b> Cost of labor	<b>3</b>	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b> <b>No</b>
<b>4a</b> Additional section 263A costs	<b>4a</b>		
<b>b</b> Other costs (attach schedule)	<b>4b</b>		
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>		

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer's Use Only**Preparer's signature **Kent Hanel** Date **03/31/09** Check if self-employed ☒ Preparer's SSN or PTIN **P00034901**  
Firm's name (or yours if self-employed), address, and ZIP code **KRAFTCPAS PLLC**  
**555 GREAT CIRCLE ROAD, SUITE 200**  
**NASHVILLE, TN 37228-1310** EIN **62-0713250** Phone no. **(615) 242-7351**

# 2007 TAX RETURN FILING INSTRUCTIONS

TENNESSEE FRANCHISE AND EXCISE FORM 170

FOR THE YEAR ENDING

.....JUNE 30, 2008.....

Prepared for	CONEXION AMERICAS 800 18TH AVE. SOUTH, SUITE A NASHVILLE, TN 37203
Prepared by	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310
To be signed and dated by	A GENERAL PARTNER
Amount of tax	BALANCE DUE \$168.00
Mail tax return to	TENNESSEE DEPARTMENT OF REVENUE ANDREW JACKSON STATE OFFICE BLDG. 500 DEADERICK STREET NASHVILLE, TN 37242
Forms to be distributed to partners	NONE
Return must be mailed on or before	APRIL 15, 2009
Special Instructions	MAKE CHECK PAYABLE TO TENNESSEE DEPARTMENT OF REVENUE.  PLEASE NOTE THAT SOME STATES NOW REQUIRE PAYMENTS TO BE MADE USING AN ELECTRONIC FUNDS TRANSFER SYSTEM. IF YOU HAVE BEEN NOTIFIED BY THIS STATE THAT THIS APPLIES TO YOU, PAYMENTS NEED TO BE INITIATED USING THE STATE'S PRESCRIBED METHOD.

# TENNESSEE DEPARTMENT OF REVENUE FRANCHISE, EXCISE TAX RETURN

**FAE  
170**

<b>Taxable Year</b> Beginning: 07/01/07 Ending: 06/30/08		<b>Account No.</b>	<b>FEIN or SSN</b> 62-1715618
<b>Due Date</b> 10/15/08		AMENDED RETURN, please check the box at right. } <input type="checkbox"/>  FINAL RETURN for termination or withdrawal, please check box at right. } <input type="checkbox"/>  Application of Public Law 86-272 to Excise Tax, please check box at right. } <input type="checkbox"/>  Payment for this return was sent via EFT, please check the box at right. } <input type="checkbox"/>  Taxpayer has made an election to calculate net worth per the provisions of T.C.A. 67-4-2103 (g)-(i), please check the box at right. } <input type="checkbox"/>	
<b>CHECK APPROPRIATE BLOCK(S):</b> a. <input type="checkbox"/> Tennessee Domestic Corporation b. <input type="checkbox"/> Foreign Corporation c. <input type="checkbox"/> S Corporation d. <input type="checkbox"/> Insurance Company e. <input type="checkbox"/> LLC f. <input type="checkbox"/> PLLC g. <input type="checkbox"/> Single Member LLC/individual h. <input type="checkbox"/> Single Member LLC/corporation i. <input type="checkbox"/> Single Member LLC/general partnership		j. Single Member LLC/Division of parent k. <input type="checkbox"/> LP l. <input type="checkbox"/> LLP m. <input type="checkbox"/> RLLP n. <input type="checkbox"/> PRLLP o. <input type="checkbox"/> Business Trust p. <input checked="" type="checkbox"/> Not-For-Profit q. <input type="checkbox"/> Other _____	
CONEXION AMERICAS 800 18TH AVE. SOUTH, SUITE A NASHVILLE TENNESSEE 37203		Enter the principal business activity code (NAICS) listed in federal IRC instructions that best describes the principal business activity in Tennessee. 453990	
Date Tennessee Operations Began 07/01/2007		If you use a paid preparer and do not want forms mailed to you next year, check box at right. <input checked="" type="checkbox"/>	

SCHEDULE A - COMPUTATION OF FRANCHISE TAX		DOLLARS	CENTS
1. Total net worth from Schedule F1, Line 5 or Schedule F2, Line 3	(1)	896	00
2. Total real & tangible personal property from Schedule G, Line 15	(2)		
3. Franchise tax (25¢ per \$100.00 or major fraction thereof on the greater of Lines 1 or 2; minimum \$100.00)	(3)	100	00
SCHEDULE B - COMPUTATION OF EXCISE TAX			
4. Income subject to excise tax from Schedule J, Line 31	(4)	896	00
5. Excise tax (6.5% of Line 4)	(5)	58	00
6. Add: Recapture of tax credit from Schedule T, Part 2	(6)		
7. Net excise tax due (Line 5 plus Line 6)	(7)	58	00
SCHEDULE C - COMPUTATION OF TOTAL TAX DUE OR OVERPAYMENT			
8. Total Franchise and Excise taxes - Add lines 3 and 7	(8)	158	00
9. Deduct: Total credit from Schedule D, Line 7 (cannot exceed Line 8)	(9)		
10. Subtotal: Line 8 less Line 9 (if Line 9 exceeds Line 8, enter 0 here)	(10)	158	00
11. Deduct: Total payments from Schedule E, Line 7	(11)	0	00
12. Penalty (5% for each 30-day period of delinquency not to exceed 25%; minimum penalty is \$15)	(12)		
13. Interest (12.25 % per annum on taxes unpaid by the due date)	(13)	10	00
14. Penalty on estimated franchise, excise tax payments	(14)		
15. Interest on estimated franchise, excise tax payments	(15)		
16. Total amount due (overpayment) - Add lines 10, 12, 13, 14, and 15, less Line 11	(16)	168	00
If overpayment reported on Line 16, complete A and/or B: A. <input type="checkbox"/> Credit to next year's tax \$ _____ B. <input type="checkbox"/> Refund \$ _____			
<b>POWER OF ATTORNEY -</b> Check YES if this taxpayer's signature certifies that this tax preparer has the authority to execute this form on behalf of the taxpayer and is authorized to receive and inspect confidential tax information and to perform any and all acts relating to respective tax matters.		Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.	
<input checked="" type="checkbox"/> YES		Taxpayer's Signature: <i>Kristen Hamel</i> Date: 03/27/09 Title: (615) 242-7351 Tax Preparer's Signature: _____ Date: _____ Telephone: _____ Preparer's SSN: _____ 555 GREAT CIRCLE ROA NASHVILLE, TN 37228-1310 Preparer's Address City State ZIP	

FOR OFFICE  
USE ONLY

779351 RV-R0011001  
12-17-07

Remit amount on Line 16, payable to:  
TENNESSEE DEPARTMENT OF REVENUE  
Andrew Jackson State Office Building  
500 Deaderick Street, Nashville, TN 37242

170315000000000020070701200806300120000000000000162171561800000000002



**Schedule D - SCHEDULE OF CREDITS**

1. Gross Premiums tax credit (cannot exceed Schedule C, Line 8) .....	(1)	
2. Tennessee Income Tax (cannot exceed Schedule B, Line 5) .....	(2)	
3. Day Care Credit from Schedule W, Line 18/LIHTC from Schedule Y, Line 3 .....	(3)	
4. Industrial Machinery Credit from Schedule T, Line 11 .....	(4)	
5. Jobs Tax Credit from Schedule X, Line 28 .....	(5)	
6. Jobs Tax Credit computed in accordance with T.C.A. Section 67-4-2109 (c)(2)(H), (I) or (K) .....	(6)	
7. Total Credit - Add lines 1 through 6 (Enter here and on Schedule C, Line 9) .....	(7)	

**Schedule E - SCHEDULE OF PAYMENTS**

1. Overpayment from previous year if available .....	(1)	
2. First quarterly estimated payment .....	(2)	
3. Second quarterly estimated payment .....	(3)	
4. Third quarterly estimated payment .....	(4)	
5. Fourth quarterly estimated payment .....	(5)	
6. Extension payment .....	(6)	
7. Total payments - Add lines 1 through 6 (Enter here and on Schedule C, Line 11) .....	(7)	

**COMPUTATION OF FRANCHISE TAX****Schedule F1 - NON-CONSOLIDATED NET WORTH**

1. Net Worth (total assets less total liabilities) .....	(1)	896.
2. Indebtedness to or guaranteed by parent or affiliated corporation .....	(2)	
3. Total lines 1 and 2 .....	(3)	896.
4. Ratio (Schedules N, O, P, or R if applicable or 100%) .....	(4)	100.0000%
5. Total - Line 3 multiplied by Line 4 (Enter here and on Schedule A, Line 1) .....	(5)	896.

**Schedule F2 - CONSOLIDATED NET WORTH**

1. Consolidated Net Worth (total assets less total liabilities) .....	(1)	
2. Ratio (Schedule 170NC or 170SF) .....	(2)	%
3. Total - Line 1 multiplied by Line 2 (Enter here and on Schedule A, Line 1) .....	(3)	

**NOTE: Schedule F2 is to be completed only if the consolidated net worth election has been made.**

**Schedule G - DETERMINATION OF REAL AND TANGIBLE PROPERTY**

BOOK VALUE OF PROPERTY OWNED - Cost less accumulated depreciation				In Tennessee
1. Land .....	(1)			
2. Buildings, leaseholds, and improvements .....	(2)			
3. Machinery, equipment, furniture, and fixtures .....	(3)			
4. Automobiles and trucks .....	(4)			
5. Prepaid supplies and other tangible personal property (Attach schedule) .....	(5)			
6. Share of partnership real and tangible property provided that the partnership does not file a return (Attach schedule) .....	(6)			
7. Inventories and work in progress .....	(7)			
a. Deduct exempt inventory in excess of \$30 million (§67-4-2108(a)(6)(B)) .....	(7a)	( )		
8. Deduct value of certified pollution control equipment (Include copy of certificate (§67-5-604)) .....	(8)	( )		
9. Deduct exempt required capital investments (T.C.A. Section 67-4-2108(a)(6)(G)) .....	(9)	( )		
10. SUBTOTAL - Add lines 1 through 7, less Line 7a through Line 9 .....	(10)			
Rental Value of Property Used but not Owned				(C)
Net Annual Rental Paid for:				
11. Real property .....	(A)	(B)	(11)	
12. Machinery & equipment used in manufacturing & processing .....	In Tennessee	x8	(12)	
13. Furniture, office machinery, and equipment .....		x3	(13)	
14. Delivery or mobile equipment .....		x2	(14)	
15. TENNESSEE TOTAL - Add lines 10-14 (Enter total here and on Schedule A, Line 2) .....		x1	(15)	

TAXABLE YEAR	TAXPAYER NAME	ACCOUNT NO./FEIN/SSN
07/01/07 06/30/08	CONEXION AMERICAS	62-1715618

## COMPUTATION OF EXCISE TAX

## Schedule J-1 - COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS PARTNERSHIPS

1. Ordinary Income or Loss from Federal Form 1065, Line 22 plus any intangible expense to an affiliated business entity deducted for federal tax purposes	(1)	896.
<b>Additions:</b>		
2. Additional income items specifically allocated to partners, including guaranteed payments to partners (Fed 1065 - Sch K)	(2)	
3. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a publicly traded REIT (include schedule of entities and FEINs)	(3)	
4. Total - Add lines 1, 2, and 3	(4)	896.
<b>Deductions:</b>		
5. Additional expense items specifically allocated to partners (Fed 1065 - Sch K)	(5)	
6. Amount subject to self-employment taxes distributable or paid to each partner or member net of medical insurance payments previously deducted to determine Ordinary Income (Loss) on Form 1065 (If negative, enter zero) (Include on Schedule K, Line 3)	(6)	0.
7. Amount of contribution, not previously deducted, to qualified pension or benefit plans of any partner or member, including all IRC 401 plans (Include on Schedule K, Line 3)	(7)	
8. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a publicly traded REIT (include schedule of entities and FEINs)	(8)	
9. Total deductions - Add lines 5 through 8	(9)	( )
10. Total - Line 4 less Line 9 (Enter here and on Schedule J, Line 1)	(10)	896.

## Schedule J-2 - COMPUTATION OF NET EARNINGS FOR A SINGLE MEMBER LLC FILING AS AN INDIVIDUAL

<b>Additions:</b>		
1. Business Income from Form 1040, Schedule C plus any intangible expense to an affiliated business entity	(1)	
2. Business Income from Form 1040, Schedule D plus any intangible expense to an affiliated business entity	(2)	
3. Business Income from Form 1040, Schedule E plus any intangible expense to an affiliated business entity	(3)	
4. Business Income from Form 1040, Schedule F plus any intangible expense to an affiliated business entity	(4)	
5. Business Income from Form 4797	(5)	
6. Other: Form _____, Schedule _____	(6)	
7. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax (include schedule of entities and FEINs)	(7)	
8. Total - Add lines 1 through 7	(8)	
<b>Deductions:</b>		
9. Amt subject to self-employment taxes distributable or paid to the single member (If negative, enter zero) (Include on Sch K, Ln 3)	(9)	
10. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax (include schedule of entities and FEINs)	(10)	
11. Total deductions - Add lines 9 and 10	(11)	( )
12. Total - Line 8 less Line 11 (Enter here and on Schedule J, Line 1)	(12)	

## Schedule J-3 - COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS SUBCHAPTER S CORPORATIONS

1. Ordinary Inc or Loss from Fed Form 1120S, Ln 21 plus any intang expense to an affiliated bus entity deducted for fed tax purposes	(1)	
<b>Additions:</b>		
2. Income items to extent includable in federal income were it not for "S" status election (Fed 1120S - Schedule K)	(2)	
3. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a publicly traded REIT (include schedule of entities and FEINs)	(3)	
4. Total - Add lines 1, 2 and 3	(4)	
<b>Deductions:</b>		
5. Expense items to extent includable in federal expenses were it not for "S" status election (Fed 1120S - Schedule K)	(5)	
6. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a publicly traded REIT (include schedule of entities and FEINs)	(6)	
7. Total deductions - Add lines 5 and 6	(7)	( )
8. Total - Line 4 less Line 7 (Enter here and on Schedule J, Line 1)	(8)	

## Schedule J-4 - COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS CORPORATIONS AND "OTHER" ENTITIES

Enter the amount of income (loss) from the applicable federal return to Schedule J, Line 1		
1. Federal Form 1120 - Line 28 (Taxable income or loss before net operating loss deduction and special deductions) plus any intangible expense to an affiliated business entity deducted for federal tax purposes	(1)	
2. Federal Form 990-T, Line 30 (unrelated business taxable income)	(2)	
3. Other: Form _____, Schedule _____	(3)	
<b>Additions:</b>		
4. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a publicly traded REIT (include schedule of entities and FEINs)	(4)	
<b>Deductions:</b>		
5. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a publicly traded REIT (include schedule of entities and FEINs)	(5)	( )
6. Total - Lines 1 through 4 less Line 5 (Enter here and on Schedule J, Line 1)	(6)	

**Schedule J - COMPUTATION OF NET EARNINGS SUBJECT TO EXCISE TAX**

1. Federal income or loss (Enter amount from Schedule J-1, J-2, J-3, or J-4) .....	(1)	896.
<b>ADDITIONS:</b>		
2. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation and any expense/depreciation deducted as a result of "safe harbor" lease elections. (attach schedule) .....	(2)	
3. Any deduction for domestic production activities under the provisions of IRC Section 199 .....	(3)	
4. Any gain on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity .....	(4)	
5. Tennessee excise tax expense (to the extent reported for federal purposes) .....	(5)	
6. Gross premiums tax deducted in determining federal income and used as an excise tax credit .....	(6)	
7. Interest income on obligations of states and their political subdivisions, less allowable amortization .....	(7)	
8. Depletion not based on actual recovery of cost .....	(8)	
9. Contribution carryover from prior period(s) .....	(9)	
10. Capital gains offset by capital loss carryover or carryback .....	(10)	
11. Excess fair market value over book value of property donated .....	(11)	
12. Total additions - Add lines 2 through 11 .....	(12)	
<b>DEDUCTIONS:</b>		
13. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation .....	(13)	
14. Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation .....	(14)	
15. Any loss on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity .....	(15)	
16. Dividends received from corporations, at least 80% owned (attach schedule) .....	(16)	
17. Contributions in excess of amount allowed by federal government .....	(17)	
18. Donations to Qualified Public School Support Groups and nonprofit organizations .....	(18)	
19. Portion of current year's capital loss not included in federal taxable income .....	(19)	
20. Any expense other than income taxes, not deducted in determining federal taxable income for which a credit against the federal income tax is allowable .....	(20)	
21. Any income included for federal tax purposes and any depreciation or other expense that could have been deducted for "safe harbor" lease elections. (attach schedule) .....	(21)	
22. Nonbusiness earnings - Schedule M, Line 8 .....	(22)	
23. Intangible expense to an affiliated business entity (Intangible expense disclosure form MUST be completed to avoid the adjustment provided in T.C.A. Section 67-4-2006(d)(3)) .....	(23)	
24. Intangible income from an affiliated business entity if the corresponding intangible expense has not been disclosed or has been disallowed .....	(24)	
25. TOTAL deductions - Add lines 13 through 24 .....	(25)	( )
<b>COMPUTATION OF TAXABLE INCOME:</b>		
26. Total Business Income (Loss) - Add lines 1 and 12, less Line 25 (If loss, complete Schedule K) .....	(26)	896.
27. Apportionment Ratio (Schedules N, O, P, or R if applicable or 100%) .....	(27)	100.0000%
28. Apportioned business income (Loss) (Line 26 multiplied by Line 27) .....	(28)	896.
29. Add: Nonbusiness earnings directly allocated to Tennessee (From Schedule M, Line 9) .....	(29)	
30. Deduct: Loss carryover from prior years (From Schedule U) .....	(30)	( )
31. Subject to excise tax (6.5%) (Line 28 plus Line 29, less Line 30) (enter here and on Schedule B, Line 4) .....	(31)	896.

**Schedule K - DETERMINATION OF LOSS CARRYOVER AVAILABLE - See Rule 1320-6-1-.21 of Departmental Rules and Regulations**

1. Net loss from Schedule J, Line 26 .....	(1)	
<b>ADD:</b>		
2. Amounts reported on Schedule J, lines 16 and 22 .....	(2)	
3. Amounts reported on Schedule J-1, lines 6 and 7, and Schedule J-2, Line 9 .....	(3)	
4. Reduced loss - Add lines 1 through 3 (if net amount is positive, enter "0") .....	(4)	
5. Excise Tax ratio (Schedules N, O, P, or R if applicable or 100%) .....	(5)	%
6. Current year loss carryover available (Line 4 multiplied by Line 5) .....	(6)	0.

**Schedule L - FEDERAL INCOME REVISIONS**

Year	1. Original Net Income on Federal Return	2. Net Income Corrected	3. Increase (Decrease) in Net Income	4. Increase (Decrease) Affecting Excise Tax