

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2003**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ 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**

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).

**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's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**H** and **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 ▶**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 ▶**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **349,776.****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****1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**1a** **42,532.****b** Indirect public support**1b****c** Government contributions (grants)**1c** **238,526.****d** Total (add lines 1a through 1c) (cash \$ **281,058.** noncash \$ )**1d** **281,058.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **61,569.****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **29.****5** Dividends and interest from securities**5****6 a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe ▶ )**7****8 a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****8a****b** Less cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ **0.** of contributions reported on line 1a)**9a** **7,120.****b** Less direct expenses other than fundraising expenses**9b** **2,587.****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c** **4,533.****10 a** Gross sales of inventory, less returns and allowances**10a****b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **347,189.****13** Program services (from line 44, column (B))**13** **227,490.****14** Management and general (from line 44, column (C))**14** **56,938.****15** Fundraising (from line 44, column (D))**15** **27,865.****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **312,293.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **34,896.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **36,459.****20** Other changes in net assets or fund balances (attach explanation)**SEE STATEMENT 3****20** **102,663.****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **174,018.**323001  
12-17-03

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

Form 990 (2003)

16540222 781331 11940

2003.09000 CONEXION AMERICAS

11940 2

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## 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.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule)					
cash \$ _____ noncash \$ _____	<b>22</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25</b> Compensation of officers, directors, etc	<b>25</b>	180,000.	114,000.	42,000.	24,000.
<b>26</b> Other salaries and wages	<b>26</b>	20,632.	20,632.		
<b>27</b> Pension plan contributions	<b>27</b>				
<b>28</b> Other employee benefits	<b>28</b>	13,257.	8,557.	2,991.	1,709.
<b>29</b> Payroll taxes	<b>29</b>	16,293.	10,933.	3,411.	1,949.
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>	4,729.	4,729.		
<b>32</b> Legal fees	<b>32</b>				
<b>33</b> Supplies	<b>33</b>	3,349.	2,838.	502.	9.
<b>34</b> Telephone	<b>34</b>	1,825.	1,533.	292.	
<b>35</b> Postage and shipping	<b>35</b>				
<b>36</b> Occupancy	<b>36</b>	23,000.	19,320.	3,680.	
<b>37</b> Equipment rental and maintenance	<b>37</b>	70.	59.	10.	1.
<b>38</b> Printing and publications	<b>38</b>	11,683.	9,814.	1,752.	117.
<b>39</b> Travel	<b>39</b>	2,420.	2,033.	387.	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>				
<b>41</b> Interest	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	2,363.	1,985.	354.	24.
<b>43</b> Other expenses not covered above (itemize)					
a _____	<b>43a</b>				
b _____	<b>43b</b>				
c _____	<b>43c</b>				
d _____	<b>43d</b>				
e <b>SEE STATEMENT 4</b>	<b>43e</b>	32,672.	31,057.	1,559.	56.
<b>44</b> Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	<b>44</b>	312,293.	227,490.	56,938.	27,865.

**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 ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_.

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III	Statement of Program Service Accomplishments
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What is the organization's primary exempt purpose? ► SEE STATEMENT 5

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others )

**a SEE ATTACHED STATEMENT**

(Grants and allocations \$

227,490.

**b**

(Grants and allocations \$

**C**

(Grants and allocations \$

d

(Grants and allocations \$

**e Other program services (attach schedule)**

(Grants and allocations \$

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

227,490.

**Part IV Balance Sheets**

**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	34,674.	45	40,132.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a	139,901.	
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	139,901.
	50 Receivables from officers, directors, trustees, and key employees		50	
	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	1,870.	53	1,728.
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a	9,105.		
b Less accumulated depreciation	57b	3,251.	57c	
58 Other assets (describe ► )		58	5,854.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	36,544.	59	187,615.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	85.	60	13,597.
	61 Grants payable		61	
	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 ► )		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	85.	66	13,597.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	36,459.	67	<3,383.>
	68 Temporarily restricted	0.	68	177,401.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	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; column (B) must equal line 21)	36,459.	73	174,018.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	36,544.	74	187,615.

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.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	349,776.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	349,776.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) STMT 7 \$ <2,587.>		
	Add amounts on lines (1) and (2)	d	<2,587.>
e	Total revenue per line 12, Form 990 (line c plus line d)	e	347,189.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	314,880.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) STMT 6 \$ 2,587.		
	Add amounts on lines (1) through (4)	b	2,587.
c	Line a minus line b	c	312,293.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	312,293.

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RENATA SOTO 1201 16TH AVENUE SOUTH, STE. A NASHVILLE, TN 37212	DIRECTOR 40 HRS/WEEK	60,000.	3,000.	0.
JOSE GONZALEZ 1201 16TH AVENUE SOUTH, STE. A NASHVILLE, TN 37212	ASSOCIATE DIRECTOR 40 HRS/WEEK	60,000.	3,000.	0.
MARIA CLARA MEJIA 1201 16TH AVENUE SOUTH, STE. A NASHVILLE, TN 37212	SOCIAL & CIVIC DIRECTOR 40 HRS/WEEK	60,000.	3,000.	0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS	5 HRS/MONTH	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

Yes	No
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ZIP + 4 ► 37203

N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of 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					61,569.
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	29.	
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			12	4,533.	
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.		4,562.	61,569.
105 Total (add line 104, columns (B), (D), and (E))					66,131.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of 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 page 34 of 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 page 34 of 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).

Please 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.

Date 2/27/05 Type or print name and title Jose Gonzalez, Executive Director

Date 02/22/05 Check if self-employed ☒ Preparer's SSN or PTIN

Department of the Treasury  
Internal Revenue Service

**(Except Private Foundation) and Section 501(c)(9), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

OMB No 1545-0047

# 2003

62 1715618

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

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

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

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

**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 <b>►</b> \$ _____ \$ _____ (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?	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 Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

5 <input type="checkbox"/>	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
6 <input type="checkbox"/>	A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
7 <input type="checkbox"/>	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
8 <input type="checkbox"/>	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 <input type="checkbox"/>	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state <b>►</b> _____
10 <input type="checkbox"/>	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 <b>Support Schedule</b> in Part IV-A.)
11a <input type="checkbox"/>	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 <b>Support Schedule</b> in Part IV-A.)
11b <input type="checkbox"/>	A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)
12 <input checked="" type="checkbox"/>	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 <b>Support Schedule</b> in Part IV-A.)
13 <input type="checkbox"/>	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 <input type="checkbox"/>	An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions.)
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**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	60,662.	55,149.	47,094.	9,996.	172,901.
<b>16</b> Membership fees received			300.		300.
<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	39,535.	39,536.			79,071.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<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	100,197.	94,685.	47,394.	9,996.	252,272.
<b>24</b> Line 23 minus line 17	60,662.	55,149.	47,394.	9,996.	173,201.
<b>25</b> Enter 1% of line 23	1,002.	947.	474.	100.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
<b>b</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 1999 through 2002 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
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> N/A
<b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27</b> Organizations described on line 12: <b>a</b> 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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
<b>b</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 <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, 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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
<b>c</b> Add: Amounts from column (e) for lines: 15 172,901. 16 300. 17 79,071. 20 _____ 21 _____					<b>27c</b> 252,272.
<b>d</b> Add: Line 27a total 0. and line 27b total 0.					<b>27d</b> 0.
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 252,272.
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					<b>27f</b> 252,272.
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 100.0000%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> .0000%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

**29** 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?

Yes No

29

**30** 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?

30

**31** 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?

31

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

**32** Does the organization maintain the following

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

**33** Does the organization discriminate by race in any way with respect to

**a** Students' rights or privileges?

33a

**b** Admissions policies?

33b

**c** Employment of faculty or administrative staff?

33c

**d** Scholarships or other financial assistance?

33d

**e** Educational policies?

33e

**f** Use of facilities?

33f

**g** Athletic programs?

33g

**h** Other extracurricular activities?

33h

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

**34 a** Does the organization receive any financial aid or assistance from a governmental agency?

34a

**b** Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement.

**35** 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

35

Schedule A (Form 990 or 990-EZ) 2003

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 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 groupCheck ☐ 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 ALL  
electing organizations

N/A

- 36 Total lobbying expenditures to influence public opinion (grassroots lobbying)
- 37 Total lobbying expenditures to influence a legislative body (direct lobbying)
- 38 Total lobbying expenditures (add lines 36 and 37)
- 39 Other exempt purpose expenditures
- 40 Total exempt purpose expenditures (add lines 38 and 39)
- 41 Lobbying nontaxable amount Enter the amount from the following 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                                       |
- 42 Grassroots nontaxable amount (enter 25% of line 41)
- 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36
- 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38

**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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 of the instructions)

N/A

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
		0.

a Volunteers

b Paid staff or management (Include compensation in expenses reported on lines c through h.)

c Media advertisements

d Mailings to members, legislators, or the public

e Publications, or published or broadcast statements

f Grants to other organizations for lobbying purposes

g Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

i Total lobbying expenditures (Add lines c through h.)

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



## 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, 2004:

COMPUTER EQUIPMENT	5,049.
OFFICE EQUIPMENT	4,056.
	<hr/>
	9,105.
LESS: ACCUMULATED DEPRECIATION	<3,251.>
	<hr/>
TOTAL	5,854.
	<hr/>

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SABOR	7,120.		7,120.	2,587.	4,533.	
TO FM 990, PART I, LINE 9	7,120.		7,120.	2,587.	4,533.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES				STATEMENT	3
DESCRIPTION						AMOUNT
PRIOR PERIOD ADJUSTMENT TO CONFORM TO SFAS 116						102,663.
TOTAL TO FORM 990, PART I, LINE 20						102,663.

FORM 990	OTHER EXPENSES				STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
ADVERTISING AND PROMOTION	2,830.	2,830.				
AUTO EXPENSE	1,163.	977.	178.	8.		
CONTRACT LABOR	10,894.	10,894.				
DUES AND SUBSCRIPTIONS	1,237.	1,051.	186.			
INSURANCE	1,733.	1,456.	260.	17.		
LICENSES AND FEES	507.	426.	81.			
MAINTENANCE AND REPAIRS	1,045.	878.	157.	10.		
MEALS AND ENTERTAINMENT	2,098.	1,762.	315.	21.		
PROGRAM MATERIALS	1,659.	1,659.				
SPANISH CLASS EXPENSE	3,830.	3,830.				
TRAINING	1,715.	1,441.	274.			
TRANSLATION EXPENSE	3,240.	3,240.				
UTILITIES	721.	613.	108.			
TOTAL TO FM 990, LN 43	32,672.	31,057.	1,559.	56.		

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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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 EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	6
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	2,587.
TOTAL TO FORM 990, PART IV-B	2,587.

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FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	<2,587.>
TOTAL TO FORM 990, PART IV-A	<2,587.>

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FOOTNOTES	STATEMENT	8
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SCHEDULE A, PAGE 2, PART III, LINE 2D:

DURING THE YEAR ENDED JUNE 30, 2004, THE AGENCY PURCHASED  
GOODS AND SERVICES FOR PRINTING MATERIALS AND BROCHURES FROM  
A COMPANY OWNED BY A MEMBER OF THE BOARD OF DIRECTORS IN THE  
AMOUNT OF \$11,745.

• 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).

**Part II Additional (not automatic) 3-Month Extension of Time - 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	65-1715618
	Number, street, and room or suite no. If a P.O. box, see instructions. 800 18TH AVE. SOUTH, 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.**

• 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 16, 2005  
 5 For calendar year \_\_\_\_\_, or other tax year beginning JULY 1, 2003 and ending JUN 30, 2004  
 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.

8a 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 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 \$ \_\_\_\_\_  
 c **Balance Due.** 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 \$ N/A

**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 Sandra R. Remy Title CPA Date 2/14/05

**Notice to Applicant - To Be Completed by the IRS**

☐ We **have** approved this application. Please attach this form to the organization's return.  
☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.  
☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.  
☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name KRAFTCPAS PLLC
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 555 GREAT CIRCLE ROAD, SUITE 200
	City or town, province or state, and country (including postal or ZIP code) NASHVILLE, TN 37228

323832  
05-01-03





**Board of Directors/Junta Directiva  
As of 7/15/04**

Mr. Moisés Caballero,  
Suntrust Bank  
4310 Nolensville Road  
Nashville TN 37211-4719,  
Telephone: (615) 445-3430  
E-mail: Moises.Caballero@Suntrust.com

Ms. Carrie Ferguson Weir  
The Tennessean  
PO Box 60  
Kingston Springs TN, 37082  
Telephone: (615) 259-8067  
E-mail: cferguson@tennessean.com

Ms. Marcela Gómez, **Board President**  
Hispanic Marketing Group  
420 Summit Oaks Drive  
Nashville TN, 37221  
Telephone: (615) 673-6938  
E-mail: mgheinlein@aol.com

Ms. Leydee Hernández  
Crisis Intervention Center  
PO Box 40136  
Nashville TN, 37204-1036  
Telephone: (615) 227-7568  
E-mail: leydee@tennccareadvocacy.org

Dr. Dan McAlexander  
Belmont University  
1900 Belmont Blvd.  
Nashville TN, 37212-3757  
Telephone: (615) 460-6400  
E-mail: mcalexanderd@mail.belmont.edu

Ms. Lynn Pollan, **Secretary**  
Willis North America Inc.  
26 Century Boulevard  
Nashville TN, 37214  
Telephone: (615) 872-3019  
E-mail: pollan\_ly@willis.com

Mr. Gregg Ramos  
North, Pursell, Ramos & Jameson PLC  
414 Union Street  
Bank of America Plaza, Suite 1850  
Nashville TN, 37219-1783  
Telephone: (615) 255-2555  
E-mail: agramos@nprjlaw.com

Ms. Maitane Tidwell  
IBIS Communication  
1024 17th Ave So  
Nashville TN, 37212-2207  
Telephone: (615) 7771900  
E-mail: mtidwell@ibiscommunications.com

Ms. Ellen Tighe  
St. Thomas Family Health Clinic  
5201 Charlotte Ave.  
Nashville TN, 37209  
Telephone: (615) 222-1901  
E-mail: etighe@stthomas.org

Ms. Patricia Totty  
Tennessee Dept. of Finance & Administration  
1021 31st Ave. North  
Nashville TN, 37209-2601  
Telephone: (615) 253-6179  
E-mail: patricia.totty@state.tn.us

Ms. Brenda Wynn  
Office of US Congressman Jim Cooper  
706 Church Street, Suite 101  
Nashville TN, 37203  
Telephone: (615) 736-5295 ext 11  
E-mail: brenda.wynn@mail.house.gov

Mr. Nelson Remus, **Treasurer**  
Media Mail  
824 Mddox Simpson Parkway  
Lebanon, TN 37090  
Telephone: (615) 449-0231 4857055

Mr. Rene Rodriguez  
VF Imagewear  
3445 White Pine Drive  
Nashville TN 37214  
Telephone: (615) 565-5441  
E-mail: Rene\_Rodriguez@vfc.com

Ms. Mabel Arroyo  
Stites & Harbison PLLC  
424 Church St, Ste 1800  
Nashville, TN 37219  
Telephone: (615) 7822253  
E-mail: mabel.arroyo@stites.com



**Board of Directors/Junta Directiva  
As of 7/15/04**

Mr. John W. Lamb Jr.  
Boult Cummings Conners Berry PLC  
414 Union Street Suite 1600  
Nashville, TN 37219  
Telephone: (615) 244.2582  
E-mail: jlamb@BoultCummings.com

Ms. Debbie Frank  
North Nashville CDC  
1005 21<sup>st</sup> Ave No.  
Ste. 2  
Nashville, TN 37208  
Telephone: (615) 327-0520  
E-mail: dfrank@northnashvillecdc.com

**Non-Directors Committee Members**

Mr. Ramon Cisneros  
**Marketing Committee**  
La Campana  
Telephone: (615) 791-1274  
E-mail: lacampana@comcast.net

Mr. Don Harris  
**Economic Integration Committee**  
Tennessee Housing Development Agency  
Telephone: (615) 741-9602  
E-mail: don.lee.harris@state.tn.us

Ms. MaryAnne Howland  
**Marketing Committee**  
IBIS Communications  
1024 17th Ave So  
Nashville TN, 37212-2207  
Telephone: (615) 777-1900  
E-mail: mhowland@ibisflys.com

# Conexión Américas

## 2004-2007 Strategic Plan

Adopted by the Board of Directors 01/26/04

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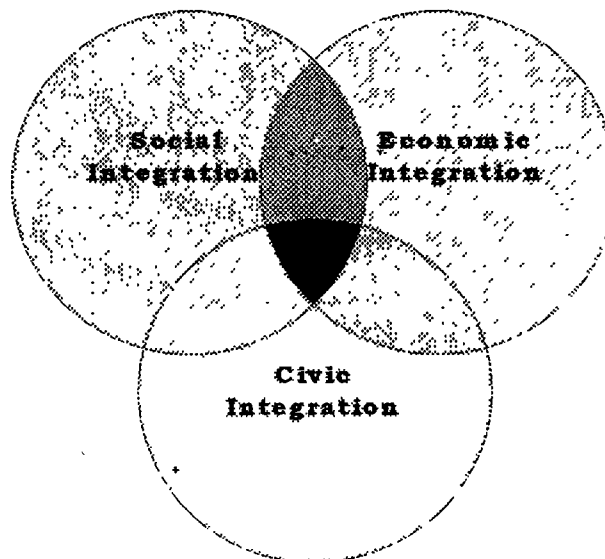
**Mission:** To help Hispanic families realize their aspirations for social and economic advancement by promoting their **integration** into the Middle Tennessee community.

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**Defining 'Integration':** We understand integration as a two-way learning process that engages both the newcomers and the host community and that requires reciprocal understanding, respect, negotiation and adaptation.

**Customers:** Since we see integration as a two-way process, we provide two-way services to two distinct customers: (1) Hispanic families and individuals seeking a better quality of life in Middle Tennessee, and (2) other organizations (nonprofits, government agencies and corporations) seeking to increase their cultural competence regarding the Hispanic population.

**Areas of Focus:** The integration process is a multidimensional experience. Therefore we purposely focus on three key areas:



### Guiding Values:

- We believe that the process of integration demands our diligent effort to understand, participate and contribute to our host community while embracing, sharing and maintaining our cultural heritage.
- We believe that while integration requires adaptation to the new community by immigrants, it also asks of the host community an understanding and respect for immigrants' cultures and the provision of culturally competent services to respond to the population's diversity, needs and capabilities. We believe that integration requires a double-way learning process for both newcomers and the host community and we are committed to the construction of bridges between the two.
- We believe that socio-economic change occurs when people affected by a problem are at the center of any effort aimed at designing solutions. Cultivating grassroots leadership among the community we serve through genuine opportunities for participation in our organization's decision-making processes is a priority.
- We believe that exclusion on socio-economic or cultural grounds leads to predatory and discriminatory practices. A concerted effort to curtail abuse and injustice against Hispanic families and individuals is essential in order to decrease their vulnerability and improve living conditions.

- We believe interaction between service providers and service recipients should be mutually beneficial. The absence of this reciprocity will maintain social isolation.
- We believe making services available to immigrants, regardless of their legal status, is not only desirable in terms of human and social development, but also is a fair response of the host community in recognition for the contributions of immigrants.
- We believe that challenges faced by Hispanic people are not unique to this population but shared with other groups that have been historically marginalized. Therefore, we want to work collaboratively with other minorities and organizations that serve them.
- We believe that the development of culturally competent services is critical to the feasibility and success of any initiative targeting diverse populations. Provision of services to Latinos requires a culturally competent team.

Operational Objectives	Programs/ Strategies	Annual Quantitative Goals 2004/2005-2005/2006-2006/2007	Qualitative Goals 2004/2007
A. Connect Hispanic individuals with the resources, support networks and information they need.	1. Information, Referral and Support Services: <ul style="list-style-type: none"> <li>▪ Spanish Help Line (w/ Crisis Intervention Center)</li> <li>▪ Face-to-face Direct Assistance</li> </ul>	<input type="checkbox"/> 3,000 Hispanic individuals will solve immediate needs through direct support and/or by connecting with services in the community.	<input type="checkbox"/> Conexión Américas maintains quality of information and referral services by ensuring continuous education of program staff (through partner CIC) <input type="checkbox"/> Spanish Help Line Information-and-Referral Manager obtains AIRS certification. <input type="checkbox"/> Conexión Américas enhances referral relationships with other service providers in Middle Tennessee (site visits, streamlined process for updating directory of services) <input type="checkbox"/> If 211 is implemented: Spanish Help Line is the "specialty" Information-and-Referral service for Spanish-speaking callers in the 211 system <input type="checkbox"/> Satellite office accessible to clientele (St. Luke's, Madison)
	2. Mass Communication Project <ul style="list-style-type: none"> <li>▪ Weekly Radio Show</li> <li>▪ Video Tape Series</li> </ul>	<input type="checkbox"/> Conexión Américas will consistently host a live radio show once a week <input type="checkbox"/> _____ Hispanic listeners will receive quality information that supports their social, economic and civic integration into the larger community. <input type="checkbox"/> 15 radio show listeners per show will call in and receive information on their particular question.	<input type="checkbox"/> CA secures agreement with a Spanish radio station for weekly radio show.

Operational Objectives	Programs/ Strategies	Annual Quantitative Goals 2004/2005-2005/2006-2006/2007	Qualitative Goals 2004-2007
B. Reduce financial vulnerability of Hispanic families.	3. Financial Literacy Education and Counseling	<input type="checkbox"/> 100 Hispanic individuals will increase their basic knowledge on financial management, consumer rights and affordable financial services.	
C. Educate Hispanic families and individuals about their tax rights and responsibilities.	4. Taxpayer Outreach, Education and Assistance	<input type="checkbox"/> 100 Hispanic individuals will participate in Taxpayer Workshops and will increase understanding of their tax rights and responsibilities <input type="checkbox"/> 25 Hispanic families will file tax returns with our individualized assistance	<input type="checkbox"/> CA is an issuance agency of Individual Taxpayer Identification Numbers (ITIN) or W-7 certified by Social Security Admin. <input checked="" type="checkbox"/> CA is an IRS Volunteer Income Tax Assistance (VITA) program site and provides one-on-one assistance to Hispanic taxpayers to prepare and file their tax returns
D. Increase homeownership rate among Latino households.	5. Puertas Abiertas/ Open Doors Homeownership Program and Loan Fund (w/ Nashville Housing Fund)	<input type="checkbox"/> 35-60 Hispanic families will become homeowners.	<input type="checkbox"/> Puertas Abiertas/Open Doors program is consolidated and financially self-sustaining.
E. Support self-employment among Hispanic individuals as strategy to generate income, build assets and enhance skills.	6. Negocio Próspero: Basic business class in Spanish for micro-entrepreneurs at Belmont University	<input type="checkbox"/> 50-60 Hispanic individuals will participate in basic business training and will develop individual action plans to start or enhance their business (2 classes per year: Spring and Fall) <input type="checkbox"/> 100 alumni and other Hispanic business owners will have access to continued networking and educational opportunities at least twice per year. <input type="checkbox"/> Hispanic entrepreneurs will have access to capital to grow and enhance their business.	<input type="checkbox"/> Establish a model for sustained advancement opportunities for Hispanic business owners. <input type="checkbox"/> Establish a micro-lending program
F. Help Hispanic workers increase their skills and competence to participate in the US workforce	7. Job referral and placement program	<input type="checkbox"/> 30 Hispanic job seekers will find a job and maintain the position for at least 6 months.	<input type="checkbox"/> Conexión Américas formalizes and strengthens job referral and placement program
	8. Work-related cultural competency training	<input type="checkbox"/> 40 Hispanic workers participating in training will report increased understanding of the work culture in the US and in their particular workplace.	<input type="checkbox"/> CA improves and tests training curriculum <input type="checkbox"/> CA identifies and targets companies with large number of Hispanic employees <input type="checkbox"/> CA defines pricing/fee structure <input type="checkbox"/> CA develops mechanism to measure training results (follow-up with employers and employees)

## CIVIC INTEGRATION

**Vision:** Hispanic immigrants understand their rights and responsibilities as members of this society; are recognized as contributors to the nation's progress their capacities and full potential.

Operational Objectives	Programs/Strategies	Annual Quantitative Goals 2004-2007	Qualitative Goals 2004-2007
G. Advocate for private and public policies that contribute to the well being of Hispanic families and the community at-large.	9. Annual agenda with advocacy priorities (with TN Immigrant and Refugee Rights Coalition)	State level: <input type="checkbox"/> Defend driver's license law so that all immigrants, regardless of their immigration status, can legally drive. Federal level: <input type="checkbox"/> Promote support for federal DREAM Act, which would allow Hispanic immigrant high school graduates go to college. <input type="checkbox"/> Promote support for immigration reform policies.	<input checked="" type="checkbox"/> Conexión Américas is recognized and used as a resource on Latino issues by policy makers, educational institutions and media at local and state levels. <input checked="" type="checkbox"/> Conexión Américas is recognized and used as information and guidance resource by Hispanic immigrants in Middle TN, federal and state legislative initiatives affecting immigrant communities
H. Educate Hispanic individuals about their rights and responsibilities and connect them with affordable, quality legal services	10. Legal Services: ▪ <i>Informe/Get Informed</i> Community Workshops on legal issues, rights and duties ▪ <i>Consulte un Abogado/ Consult a Lawyer</i> Individualized Legal Consultation (w/ Nashville Bar Association and Legal Aid Society) ▪ Referrals to Pro Bono or Affordable Legal Representation	<input type="checkbox"/> 200 Hispanic individuals will increase understanding of specific legal issues and of their rights and duties (1 workshop per quarter). <input type="checkbox"/> 60 Hispanic individuals will increase understanding about their legal case through free individualized consultation with a pro bono lawyer (1 session per quarter). <input type="checkbox"/> 24 Hispanic individuals will obtain legal representation.	<input type="checkbox"/> Increase capacity of judicial system professionals (lawyers, judges, clerks) to serve and interact with Hispanic individuals through customized Latino Cultural Competency Training™ <input type="checkbox"/> Determine relationship with Nashville Bar Association and Pro Bono Legal Services Program (roles and responsibilities)
I. Cultivate Hispanic grassroots leadership through genuine opportunities for participation in organization's decision-making processes.	11. Establishment, development and ongoing engagement of Hispanic Council	<input type="checkbox"/> 10 Hispanic individuals will consistently participate in Hispanic Council and demonstrate increased leadership skills.	<input type="checkbox"/> Increase leadership skills of Hispanic Council members through informal and formal training and self-development opportunities. <input type="checkbox"/> Secure home computers with internet access for Hispanic Council members to facilitate communications and access to resources <input type="checkbox"/> Hispanic Council members will conduct quality assessment of our programs; Council will present results to Board of Directors.

## PART B

**Customer Group #2:** Nonprofit, governmental and corporate entities interested in improving their understanding of and interaction with Hispanic individuals (as consumers of products and services, as workers, as community members)

Operational Objectives	Programs/Strategies	Annual Quantitative Goals 2004-2007	Qualitative Goals 2004-2007
A. Strengthen capacity of other organizations to serve and interact with Hispanic individuals and increase the quality and supply of services available to this population.	1. Latino Cultural Competency Training™ (Latino CCT)	<input type="checkbox"/> 1,300 workers from TN Department of Human Services will participate in Latino CCT™ and will report increased understanding of Hispanic peoples and cultures. (goal for 2003-04) <input type="checkbox"/> 500 individuals will participate in Latino CCT™ and will report increased understanding of Hispanic peoples and cultures.	<input type="checkbox"/> Conexión Américas is recognized and used as a resource on Latino population and issues by nonprofit, governmental and corporate entities <input type="checkbox"/> CA develops industry-specific Latino CCT™ <input type="checkbox"/> Conexión Américas obtains accreditation of Latino CCT™ as Continuing Education course for lawyers, social workers, nurses, educators and other key professionals in Tennessee.
	2. Spanish Classes (w/ Belmont University)	<input type="checkbox"/> 40 individuals will improve their Spanish conversational skills	
	3. Translation Services	<input type="checkbox"/> 10 organizations will improve their written communications with Spanish speakers by translating printed materials from English to Spanish.	
B. Foster cross cultural understanding and interaction between Hispanic and non-Hispanic individuals and groups.	4. Internal Cross-cultural Relations (Board of Directors, Hispanic Council and Staff)	<input type="checkbox"/> Each Hispanic Council member and Hispanic Board member will be paired with a non-Hispanic member to casually meet once a month for one year. <input type="checkbox"/> All 19 Board of Directors will participate in Latino CCT™ and will increase their understanding of Hispanic culture and people and the issues they face. <input type="checkbox"/> Conexión Américas will actively participate in the city's annual celebration of the birth of Martin Luther King, Jr. by providing training on the civil rights movement to staff, board and Hispanic Council members and by mobilizing at least 25 Hispanic persons to march each year.	<input type="checkbox"/> Become member of NAAACP? <input type="checkbox"/> Conexión Américas' staff will actively participate in the TN Immigrant and Refugee Rights Coalition and will work collaboratively with refugee groups. <input type="checkbox"/> Conexión Américas will seek alliances with Afro American leaders and organizations on common issues and initiatives that interest both communities
	5. External Cross-cultural Relations		



**ARTICLES OF AMENDMENT TO THE CHARTER  
OF  
CONEXIÓN AMÉRICAS**

Pursuant to the provisions of Section 48-60-105 of the Tennessee Nonprofit Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Charter:

1. The name of the corporation is Conexión Américas.
2. Article V of the Charter is hereby amended by adding the following subparagraph to the end of the first paragraph thereof:
  - g. To provide relief of the poor and distressed or of the underprivileged, lessen the burdens of government, promote social welfare, lessen neighborhood tensions and eliminate prejudice and discrimination through the development and administration of a program to promote and facilitate individual home ownership among low to moderate income Hispanic persons who might not otherwise be capable of purchasing or financing a home, and to accomplish the foregoing through the conduct of one or more of the following activities:

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    - (i) The promotion of individual home ownership as a means of providing community and family stability;
    - (ii) The provision of instruction and guidance to Hispanic persons regarding the process of acquiring and financing a home;
    - (iii) The extension to persons of mortgage financing and other financial accommodations to allow such persons to acquire a home; and
    - (iv) The provision to Hispanic persons assistance, financial or otherwise, in connection with the purchase and financing of a home.
3. Article V of the Charter is hereby further amended by inserting in the first sentence of the second paragraph thereof the words "charitable and" immediately preceding the word "educational."
4. The foregoing amendments to the corporation's Charter were duly adopted and approved by the board of directors of the corporation on August 11, 2003.
5. The corporation does not have members. The foregoing amendments to the corporation's Charter do not require the approval of any person other than the board of directors of the corporation.

6. The foregoing Articles of Amendment shall be effective upon filing with the Secretary of State of the State of Tennessee.

Dated: August 11, 2003.

CONEXIÓN AMÉRICAS

By: Lynn E. Pollan, Secretary  
Lynn E. Pollan, Secretary