2013 TAX RETURN

CLIENT COPY

Client:

CONEXAME

Prepared for:

CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211 615-320-5152

Prepared by:

JOEL D COLLUM JR

JOEL D COLLUM JR CPA

226 GRAEME DR

NASHVILLE, TN 37214-1917

(615) 974-2918

Date:

DECEMBER 17, 2014

Comments:

TAXPAYER COPY

Route to:

FDIL2001L 05/23/13

| 2013 | FEDERAL EXEMPT ORGAN | IZATION TAX | SUMMARY | PAGE 1 |
|----------------------------------|--|--|--|---|
| | CONEXION A | MERICAS | | 62-1715618 |
| REVENUE | | 2013 | 2012 | DIFF |
| CONTRIBU PROGRAM | UTIONS AND GRANTS. SERVICE REVENUE ENT INCOME. EVENUE | 1,359,983 20,489 36,794 -191,623 | 2,602,134 31,240 46,098 -14,800 | -1,242,151 -10,751 -9,304 -176,823 |
| TOTAL RE | EVENUE | 1,225,643 | 2,664,672 | -1,439,029 |
| EXPENSES SALARIES OTHER EX | OTHER COMPEN., EMP. BENEFITS | 501,125 480,747 | 480,242 530,577 | 20,883 -49,830 |
| TOTAL EX | KPENSES | 981,872 | 1,010,819 | -28,947 |
| REVENUE TOTAL AS TOTAL LI | TS OR FUND BALANCES LESS EXPENSES. SETS AT END OF YEAR. ABILITIES AT END OF YEAR. TS/FUND BALANCES AT END OF YEAR. | 243,771 6,137,295 2,505,646 3,631,649 | 1,653,853 6,327,574 2,956,286 3,371,288 | -1,410,082 -190,279 -450,640 260,361 |



2013 FEDERAL UNRELATED BUSINESS INCOME TAX SUMMARY PAGE 1

| CONEXION AN | 62-1715618 | | |
|---|--------------------------------------|--------------------------------------|-------------------------------------|
| DEVENUE. | 2013 | 2012 | DIFF |
| REVENUE NET UNRELATED DEBT-FIN INCOME (LOSS) OTHER INCOME | -50,123 18,499 | -3,453 23,848 | -46,670 -5,349 |
| TOTAL REVENUE | -31,624 | 20,395 | -52,019 |
| DEDUCTIONS SALARIES AND WAGES DEPRECIATION LESS DEPRECIATION CLAIMED ELSEWHERE OTHER DEDUCTIONS | 49,295 60,110 60,110 14,722 | 46,706 48,044 48,044 17,983 | 2,589 12,066 12,066 -3,261 |
| TOTAL DEDUCTIONS | 64,017 | 64,689 | -672 |
| UNRELATED BUSINESS TAXABLE INCOME UNRELATED BUS TAXABLE INC (LINE 30) UNRELATED BUS TAXABLE INC (LINE 32) UNRELATED BUSINESS TAXABLE INCOME | -95,641 -95,641 -95,641 | -44,294 -44,294 | -51,347 -51,347 -51,347 |
| TAX COMPUTATION INCOME TAX | 0 | 0 | 0 |
| NET TAX | 0 | ~V 0 | 0 |
| PAYMENTS AND CREDITS TOTAL PAYMENTS AND CREDITS REFUND OR AMOUNT DUE TAX DUE. OVERPAYMENT. | ERCC | PI | 0 |
| TAX DUE. OVERPAYMENT | 0 | 0 | 0 |

2013

GENERAL INFORMATION

PAGE 1

CONEXION AMERICAS

62-1715618

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH C, SCH D, SCH G, SCH O, 8868, 990-T, ELECTIONS

TAX RATES

UNRELATED BUSINESS

MARGINAL EFFECTIVE

FEDERAL

0. %

0. %

CARRYOVERS TO 2014

FEDERAL CARRYOVERS

NET OPERATING LOSS

149,472.



CONEXION AMERICAS

62-1715618

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.
WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT
(ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO PICEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRC 1-A 22 S GNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-TILE SIGNATURE AUTHORIZATION

ADDITIONAL INSTRUCTIONS:

FORM 990-T (EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN) RETURN CANNOT BE FILED ELECTRONICALLY. YOU MUST FILE THIS RETURN AS A CONVENTIONAL PAPER RETURN.

CONEXION AMERICAS

62-1715618

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WHEN FILING FORM 8868 ELECTRONICALLY.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.



| 2013 | FEDERAL WORKSHEETS | PAGE 1 |
|---|-------------------------------|---|
| | CONEXION AMERICAS | 62-1715618 |
| RENTAL INCOME WO | RKSHEET | |
| 2195 NOLENSVILLE | PIKE, NASHVILLE, TN | |
| GROSS RENTAL 1 EXPENSES | NCOME \$ | 80,000. |
| DEPRECIATION INSURANCE INTEREST REPAIRS TAXES UTILITIES | \$ | 60,110. 4,706. 31,681. 29,308. 15,534. 19,777. |
| | NET RENTAL INCOME OR LOSS \$ | -81,116. |
| GROSS RENTAL I EXPENSES | PIKE, NASHVILLE, TN NCOME. \$ | 157,268. 84,154. |
| INSURANCE INTEREST MISCELLANEOU TAXES | JS | 6,588. 44,353. 7,702. 21,748. |
| MAINTENANCE EVENT EXPENS | YDENGER | 27,687. 41,032. 3,019. 14,957. 251,240. |
| | S MET RENTAL INCOME OR LOSS S | -93,972. |

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

| | PROGRAM SERVICES TOTAL | FORM 990 | SOURCE |
|----------------|------------------------------|----------|----------------------------|
| TOTAL EXPENSES | 825,559. | 0. | PART IX, LINE 25, COL. B |
| GRANTS | 0. | | PART IX, LINES 1-3, COL. B |
| REVENUE | 20,489. | | PART VIII, LINE 2, COL. A |

FORM 990, PART IX, LINE 24E OTHER EXPENSES

| | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT & GENERAL | (D) FUNDRAISING |
|--|--|---|--------------------------------|-----------------|
| AUTOMOBILE EXPENSE COFFEE EXPENSES DUES AND SUBSCRIPTION FAMILY RESOURCE CENTER LOW INCOME TAXPAYER CLINIC | 701. 14,722. 10,112. 4,165. 375. | 701. 14,722. 8,595. 4,165. 375. | 1,517. | |

| 20 | 100 | 9 |
|------|-----|-------|
| | 1 8 | . 105 |
| S- W | | 94 |

FEDERAL WORKSHEETS

PAGE 2

CONEXION AMERICAS

62-1715618

FORM 990, PART IX, LINE 24E (CONTINUED) OTHER EXPENSES

| | | (A) TOTAL | (B) PROGRAM SERVICES | (C) NAGEMENT GENERAL | FUNI | (D) DRAISING |
|---|-------|------------------------------|------------------------------|--------------------------------|------|-----------------|
| MEALS AND ENTERTAINMENT TECHNOLOGY TRAINING | | 6,116. 18,861. 14,606. | 5,138. 16,032. 14,606. | 611. 1,886. | | 367. 943. |
| | TOTAL | \$ 69,658. | \$ 64,334. | \$ 4,014. | \$ | 1,310. |

COMPUTATION OF 2013 NET OPERATING LOSS

| 1. TOTAL INCOME 2. TOTAL DEDUCTIONS | -31,624. 64,017. |
|---|---------------------|
| 3. UNRELATED BUSINESS TAXABLE INCOME (LINE 1 LESS LINE 2) | -95,641. |
| 2013 NET OPERATING LOSS | 95,641. |



Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

| | 1 3 | | | |
|---|------|--------------------|------|--------|
| or calendar year 2013, or fiscal year beginning | 7/01 | , 2013, and ending | 6/30 | , 2014 |

OMB No. 1545-1878

Do not send to the IRS. Keep for your records.

2013

| Department of the Treasury Internal Revenue Service | ➤ Information about Form 8879-EO | and its instructions is at www.irs. | gov/form8879eo. | |
|---|---|--|--|---|
| Name of exempt organization | | | Employer ide | entification number |
| CONEXTON AMERICA Name and title of officer | 5 | | 62-171 | 5618 |
| RENATA SOTO ROJA | 5 | DIRECTOR | | |
| | rn and Return Information (Wh | | | |
| check the box on line 1a, leave line 1b, 2b, 3b, 4b, | n for which you are using this Form 8 a, 3a, 4a, or 5a, below, and the amou 5b, whichever is applicable, blank (on not complete more than 1 line in F | nt on that line for the return being to not enter -0-). But, if you entered | mount, if any, from filed with this form d -0- on the return, | the return. If you was blank, then then enter -0- on |
| 1 a Form 990 check here | > X b Total revenue, if any | Form 990, Part VIII, column (A), lin | ne 12) | 1,225,643. |
| 2a Form 990-EZ check | ere b Total revenue, if a | ny (Form 990-EZ, line 9) | | 2 b |
| 3a Form 1120-POL ched | k here b Total tax (Form | 1120-POL, line 22) | resonance d | 2 b 3 b 1 b |
| 4a Form 990-PF check | ere b Tax based on inve | stment income (Form 990-PF, Par | t VI, line 5) | 1 b |
| 5a Form 8868 check her | b Balance Due (Form 88 | 68, Part I, line 3c or Part II, line 8c |) | 5 b |
| | nd Signature Authorization of | | | A. |
| electronic return and accomplishment of further declare that the a intermediate service provide the IRS (a) an acknowledge return and (c) the date of | | the best of my knowledge and belief, hown on the copy of the organization iginator (ERO) to send the organization of the transmission, (b) the reasc the U.S. Treasury and its designate account indicated in the tax preparated institution to debit the entry to the later than 2 business days prior, the electronic payment of the ele | they are true, corrector's electronic return action's return to the on for any delay in a Financial Agent to the constitution software or pais a contract or revolution software or pais a contract of the part of the confidential number (PIN) as addrawal. N 35454 | ct, and complete. rn. I consent to allow my IRS and to receive from processing the return or or initiate an electronic yment of the ke a payment, I must rement) date. I also information necessary to my signature for the |
| on the organization's tax a state agency(ies) reg the return's disclosure | ulating charities as part of the IRS Fe | | do not enter all a copy of the return is ne aforementioned l | s boing filed with |
| indicated within this re- | ization, I will enter my PIN as my signat urn that a copy of the return is being t PIN on the return's disclosure conse | filed with a state agency(ies) regula | 3 electronically filed ating charities as pa | return, If I have art of the IRS Fed/State |
| Officer's signature | | Date ▶ | | |
| Part III Certification | and Authentication | | | |
| | six-digit electronic filing identification | | 11-2 | |
| number (EFIN) followed by | your five-digit self-selected PIN | | | 62902735582 do not enter all zeros |
| certify that the above nun above. I confirm that I am Authorized IRS <i>e-file</i> Provi | eric entry is my PIN, which is my sigr ubmitting this return in accordance w ers for Business Returns. | nature on the 2013 electronically file ith the requirements of Pub 4163 , I | ed return for the ord Modernized e-File (| ganization indicated MeF) Information for |
| ERO's signature | | Date ▶ | | |
| | | This Form – See Instructions To the IRS Unless Requested To I | Do So | |

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

Form 990

OMB No. 1545-0047 2013

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 private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| A | For the | 2013 calen | dar year, or tax | year beg | inning 7/ | 01 | , 2013 | , and endi | ng 6/3 | 30 | | , 2014 |
|-------------------------|------------------|-------------------|--|------------------------|---------------------|--------------------|------------------|---------------|----------------|--------------------------------|----------|------------------------------|
| В | Check if a | pplicable: | C | | | | | | | | | ification Number |
| | Addre | ess change | CONEXION | AMERIC | AS | | | | | 62- | 1715 | 618 |
| | Name | e change | 2195 NOLE | | | | | | | E Telepho | | |
| | Initia | l return | NASHVILLE | ;, TN 3 | 7211 | | | | | 615- | -320 | -5152 |
| | Term | inated | | | | | | | | 0.0 | 020 | 0102 |
| | Amer | nded return | | | | | | | | G Gross re | eceipts | \$ 1,693,930. |
| | Appli | cation pending | F Name and add | ress of princip | pal officer: | | | | H(a) Is this | a group returi | | |
| | | | SAME AS C | ABOVE | | | | | H(b) Are all | subordinates attach a list. | included | |
| 1 | Tax-exe | empt status | X 501(c)(3) | 501(c) (| | insert no.) | 4947(a)(1) or | r 527 | It 'No,' | attach a list. | (see ins | tructions) |
| J | Webs | ite: > WW | W.CONEXIO | NAME OF TAXABLE PARTY. | | | | | H(c) Group | exemption nu | mber Þ | |
| K | Form of | organization: | X Corporation | Trust | Association | Other > | 16 | Year of forma | - | | | egal domicile: TN |
| P | art I | Summar | V | | | | | | | | | |
| | 1 B | riefly descril | be the organiza | ation's mis | sion or most | significant ac | ctivities: P | ROMOTIN | IG THE | SOCIAL | . EC | ONOMIC AND |
| 0 | 1 0 | IVIC_AD | VANCEMENT | OF LAT | CINO FAMI | LIES IN | MIDDLE | TENNES | SEE. | | | |
| Succession | 1 | | | | | | | | | | | |
| ST. | | | | | | | | | | | | |
| Activities & Governance | 2 C | heck this bo | x ▶ if the | organizati | on discontinu | ed its operat | tions or disp | osed of m | ore than 25 | 5% of its | - 4 | |
| ් | 3 No | umber of vo | ting members dependent votil | of the gove | erning body (| Part VI, line | (Port VI line | o 16\ | | | 3 4 | 19 |
| 60 | 5 To | | of individuals | | | | | | | | 5 | 19 |
| 1 | 6 To | otal number | of volunteers | estimate i | f necessary). | car zoro (r a | | | | | 6 | 14 |
| ACT | 7a To | | d business rev | | | | | | | | 7a | -62,617. |
| | | | business taxal | | | | | | | | 7b | -95,641. |
| | | | | | | | | | | rior Year | | Current Year |
| 0 | 8 Cc | ontributions | and grants (Pa | art VIII, lin | e 1h) | | | und (frid | 2 | ,602,1 | 34. | 1,359,983. |
| Revenue | | | ice revenue (Pa | | | enecoco co | | 400 | | 31,2 | | 20,489. |
| eve | | | come (Part VII | | | | | | | 46,0 | | 36,794. |
| | 11 Ot | ther revenue | (Part VIII, col | umn (A), I | ines 5, 6d, 8d | c, 9 10c, in | nd (10) | | | -14,8 | | -191,623. |
| | 12 To | tal revenue | - add lines 8 | through 1 | Contract Cours | F II, co | olumn (A), li | ine 12) | . 2 | ,664,6 | 72. | 1,225,643. |
| | | | milar amounts | | | | | | | | | |
| | | | to or for memb | | | | | | | | | |
| 2 | | | r compensation | | | | nn (A), lines | 5-10) | | 480,2 | 42. | 501,125. |
| Expenses | | | undraising fees | | | | | | | | | |
| Xp | b To | tal fundrais | ing expenses (| Part IX, co | olumn (D), lin | ie 25) 🏲 | 4 | 10,288. | | | | |
| 844 | 17 Ot | her expense | es (Part IX, col | umn (A), I | ines 11a-11d | , 11f-24e) | | | | 530,5 | 77. | 480,747. |
| | | | s. Add lines 13 | | | | | | | ,010,8 | 19. | 981,872. |
| | 19 Re | venue less | expenses. Sub | tract line | 18 from line | 12 | | | . 1 | , 653, 8 | 53. | 243,771. |
| te of | | | | | | | | | | g of Current | Year | End of Year |
| Bala | 20 To | | Part X, line 16) | | 10000100000. | | | 17111770170 | . 6 | ,327,5 | 74. | 6,137,295. |
| Net Ass | 21 To | | (Part X, line 2 | | ********* | | 27644342343 | | 2 | , 956, 2 | 86. | 2,505,646. |
| Zű | 22 Ne | t assets or | fund balances. | Subtract | line 21 from I | ine 20 | | | . 3 | , 371, 2 | 88. | 3,631,649. |
| | | Signature | The same of the sa | | | | | | | | | |
| Unde | r penalties | of perjury, dec | lare that I have exp | mined this ret | turn, including acc | companying sche | dules and stater | ments, and to | the best of my | knowledge a | nd belie | of, it is true, correct, and |
| COITIS | nete. Decial | lation of prepare | er (other than onlice | A UX | an information o | i which preparer i | nas any knowle | age. | | 01/10 | 16 | |
| | | Signature | of officer | | | | | | Det | 01/10 | 12 | |
| Sig | in . | 8 | | | | | | | Date | | | |
| He | re | RENA | TA SOTO R | OJAS | | | | | DIREC | TOR | | |
| | | | eparer's name | | Preparer's sign | natura | | Date | | | 1 11 | PTIN |
| | | | Lanca and the | 0 | reparer's sign | ractif C | | Date | | - | " | |
| Pai | | | COLLUM JI | | W TD ODE | | | | | self-employed | 1 1 | 200394958 |
| He | eparer e Only | Firm's name | Water Committee of the | | M JR CPA | | | | | - | | 2444265 |
| w 31 | - Gilly | Firm's addres | All All Andrews and An | RAEME D | | 1017 | | | | Firm's EIN | - | 3444365 |
| 1400 | the IDC | dianus H. | | | N 37214- | | a salt a a - N | | | Phone no. | (615 |) 974-2918 |
| viay | The Ins | uiscuss this | s return with th | e prepare | snown abov | er (see instr | uctions) | | | | | X Yes No |

|) (Expenses \$ services. (Describe in S service expenses > | including grants |) (Revenue |) (Revenue \$ | |
|--|--|------------------------------|---|---|
| | | of \$ |) (Revenue \$ | |
|) (Expenses \$ | including grants | of \$ |) (Revenue \$ | |
|) (Expenses \$ | including grants | of \$ |) (Revenue \$ | |
|) (Expenses \$ | including grants | of \$ |) (Revenue \$ | |
|) (Expenses \$ | including grants | of \$ |) (Revenue \$ | |
|) (Expenses \$ | including grants | of \$ |) (Revenue \$ |) |
|) (Expenses \$ | including grants | of \$ |) (Revenue \$ | |
|) (Expenses \$ | including grants | of \$ |) (Revenue \$ | |
|) (Expenses \$ | including grants | of \$ |) (Revenue \$ | |
|) (Expenses \$ | including grants | of \$ |) (Revenue \$ |) |
|) (Expenses \$ | including grants | of \$ |) (Revenue \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | FY | | | |
| | including graph | | | |
| | TAKL. | | | |
| | ~ ~ ~ ~ ~ ~ ~ | | | |
| | 1/5 | 1 | | |
|) (Expenses \$ | including grant | to (B) |) (Revenue \$ |) |
| | | ~(-) | | |
| A THE WESTING | COMMUNITY. | | 9-X | |
| CLASSES, ENGLIS | H/SPANISH TRANSLATIONS | , AND SUPPORT FO | K APPLIED RESEARC | 1 |
| RS OTHER ORGAN | IZATIONS LATINO CULTUR | AL COMPETENCY TR | AINING, PRACTICAL | |
| IG, TAXPAYER AS | SISTANCE AND ASSISTANCE | E IN THE HOME-BU | YING PROCESS. THE | AGENCY |
| REFERRALS TO | PRO BONO LEGAL SERVICE | S, FINANCIAL LIT | ERACY EDUCATION A | ND |
| MMUNITIES. THE | AGENCY OFFERS TO HIS | ANIC FAMILIES: I | NFORMATION AND RE | FERRAL. |
| ONS SEEKING TO | MPROVE THEIR UNDERS | ANDING OF AND IN | TEDACTION WITH TO | CAT |
| PING ASSTSTANCE | MILIES SEEKING A BETTI E TO NON-PROFIT ORGAN | ATTOMS CORDORA | E, WHILE AT THE S. | AME |
| D ECONOMIC ADV | ANCEMENT PROGRAMS: THI | AGENCY'S PROGRA | MS PROVIDE DIRECT | |
|) (Expenses \$ | 825,559 including grant | |) (Revenue \$ 2 | 20,489.) |
| | | | | |
| al expenses, and reven | nue, if any, for each program service | e reported. | ount of grants and allocations | lo |
| organization's program (3) and 501(c)(4) organiz | service accomplishments for each rations and section 4947(a)(1) trusts a | of its three largest program | services, as measured by | expenses. |
| ibe these changes on S | | | | |
| zation cease conductin | ng, or make significant changes in l | now it conducts, any progra | am services? Yes | X No |
| ibe these new services | | | | |
| 90-EZ? | | | Yes | X No |
| ation undertake any sign | nificant program services during the ye | ear which were not listed on | the prior | |
| | | | | |
| ENT BY PROMOTIN | NG THEIR INTEGRATION I | NTO THE MIDDLE TE | NNESSEE COMMUNITY | |
| HISPANIC FAMILI | IES REALIZE THEIR ASPI | RATIONS FOR SOCIA | L AND ECONOMIC | |
| | | | | |
| if Schedule O contains | a response or note to any line in t | his Part III | | ****** |
| if be | Schedule O contains the organization's m | the organization's mission: | Schedule O contains a response or note to any line in this Part III | Schedule O contains a response or note to any line in this Part III |

Form 990 (2013) CONEXION AMERICAS Part IV Checklist of Required Schedules

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

Form 990 (2013) CONEXION AMERICAS

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|--|------|-----|-------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. | 23 | | Х |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a. | 24a | | Х |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. | 25a | | х |
| | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27 | | х |
| 28 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| ā | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, North V | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? Yes, complex. | 28b | | Х |
| à | An entity of which a current or former officer, director, trustee, r key hold rea for a family member thereof) was an officer, director, trustee, or direct or indirect owner? Ye, complete schedule L, Part IV. | 28c | | Х |
| 29 | Did the organization receive more than \$25,500 n learning contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contaction and instorical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete So reduce M. | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| lb | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| AA | | Form | | 2013) |

Form 990 (2013) CONEXION AMERICAS Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | . [|
|-----|---|------|-----|-----|
| | | | Yes | No |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | ī |
| | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | ١. |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X | |
| 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14 | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 20 | 11 | |
| 2 | Ba Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | Х | |
| 9 | b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. | 3 b | X | |
| 4 | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| | b If 'Yes,' enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | х |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.0 | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided | 7b | | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for a men was required to file Form 8282? | 7 c | | Х |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| | e Did the organization receive any funds, directly or indirectly, to a primiting on a personal benefit contract? | 7e | | X |
| | Did the organization, during the year, pay premium reciber indirectly, on a personal benefit contract? | 71 | | X |
| | g If the organization received a contribution of quantity in effects all property, did the organization file Form 8899 as required? | 7 g | | |
| | h If the organization received a controlution of ears, boats, airplanes, or other vehicles, did the organization file a | 7h | | |
| | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 211 |
| 3 | a Did the organization make any taxable distributions under section 4966? | 9a | | |
| 1 | b Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | a Gross income from members or shareholders | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). | | | |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | - | _ |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | 12.0 | | - |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| • | Note. See the instructions for additional information the organization must report on Schedule O. | 134 | | |
| 8 | | = | | 11 |
| | b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | | | | |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| 0.0 | of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14b | | |

Form 990 (2013) CONEXION AMERICAS 62-1715618 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets?... X 5 6 Did the organization have members or stockholders?..... X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X b Each committee with authority to act on behalf of the governing body?..... 8 b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O... 9 Section B. Policies (This Section B requests information about policies a by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates?. X 10a b If 'Yes,' did the organization have written policies and procedures governing the hapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this For 90 ft ner pers of its governing body before filing the form?.... X 11 a he organization to review this Form 990. SEE SCHEDULE O b Describe in Schedule O the process if US . 12a Did the organization have a written contact of interest policy? If 'No,' go to line 13..... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b X 12c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?...... 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. SEE. SCHEDULE..O...... X 15a b Other officers of key employees of the organization..... X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... X 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

| | | | | (0 | :) | | | | | |
|---|--|-----------------------------------|-----------------------|---------|--------------|---------------------------------------|--------|-------------------------------------|--|--|
| (A) Name and Title | (B) Average hours per | one bo | er an | ess I | perso | k more to on is both or/trustee | n an I | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) STEPHEN ZRALEK PRESIDENT | 1 | Х | | х | | | | - 0 | DY 0. | 0. |
| (2) VIRGINIA PUPO-WALKER VICE PRESIDENT | 1 0 | Х | | х | | | | o CA | 0. | 0. |
| (3) THOMAS NEGRI TREASURER | 1 | X | | 1 | 1 | 1 | | 0. | 0. | 0. |
| (4) SCOTT TIFT SECRETARY | 10 | | | X | • | | | 0. | 0. | 0. |
| C5) DAVID ESQUIVEL PAST PRESIDENT | 0 | Х | | х | | | | 0. | 0. | 0. |
| | 10 | Х | | | | | | 0. | 0. | 0. |
| 7) KATHERINE DONATO DIRECTOR | 10 | х | | | | | | 0. | 0. | 0. |
| (8) ANA ESCOBAR DIRECTOR | 10 | х | | | | | | 0. | 0. | 0. |
| (9) CARRINGTON FOX DIRECTOR | 10 | Х | | | | | | 0. | 0. | 0. |
| (10) SHIRLEY BORLOZ-GUERREO DIRECTOR | 1 | Х | | | | | | 0. | 0. | 0. |
| (11) JOEY HATCH DIRECTOR | -1-0 | Х | | | | | | 0. | 0. | 0. |
| (12) TERRY MARONEY DIRECTOR | $-\frac{1}{0}$ | х | | | | | | 0. | 0. | 0. |
| (13) NICOLE MAYNARD DIRECTOR | -1-0 | х | | | | | | 0. | 0. | 0. |
| (14) J C MENDEZ DIRECTOR | -1-0 | х | | | | | | 0. | 0. | 0. |

| Form 990 (2013) CONEXION AMERICAS Part VII Section A. Officers, Directors, True | ıstees. | Kev | En | olgr | ove | es. | and | d Highest Com | 62-171563 | | Page 8 |
|--|---|--------------------|-----------------------|---------------|----------------|---------------------------------|---------------------|-------------------------------------|--|--------|--|
| (A) Name and title | Average hours per | (do box offi | not c | Pos check | sition more | e than is bot tor/trus | one h an tee) | (D) Reportable compensation from | (E) Reportable compensation from | ar | (F) Estimated |
| | (list any hours for related organiza - tions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | | ompensation from the organization and related rganizations |
| (15) RAMIRO PINEDA DIRECTOR | $-\frac{1}{0}$ | х | | | | | | 0. | 0. | | 0. |
| (16) JOSE NUNEZ DIRECTOR | $-\frac{1}{0}$ | х | | | | | | 0. | 0. | | 0. |
| DIRECTOR | $-\frac{1}{0}$ | х | | | | | | 0. | 0. | | 0. |
| (18) MARK TOBIN DIRECTOR | $-\frac{1}{0}$ | Х | | | | | | 0. | 0. | | 0. |
| (19) LINDSAY STRICKLINE DIRECTOR | $-\frac{1}{0}$ | х | | | | | | 0. | 0. | | 0. |
| (20) RENATA SOTO ROJAS EXECUTIVE DIR. | 50 | | | Х | | | | 72,621. | 0. | | 0. |
| (21) JOSE GONZALEZ FINANCE DIR (22) | <u>15</u> 0 | | | Х | | | | 22,943. | 0. | | 2,249. |
| (23) | | | 4 | | | | - | -00 | Y_ | | |
| (24) | 1 | | 4 | | | | | COL | | | |
| (25) | 2 | Z | 4 | - | | K | • | | | | |
| 1 b Sub-total. c Total from continuation sheets to art | n A | | | | | , | | 95,564. | 0. | | 2,249. |
| d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited | to those li | sted a | abov | e) w | ho r | eceiv | ed n | 95,564. | 0. | ensati | 2,249. |
| from the organization • 0 | | | | _ | | | _ | | | | Yes No |
| 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such | or, or trus individua | tee, al | key | em | oloy | ee, o | r hi | ghest compensate | ed employee | . 3 | X |
| For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual. | reportable than \$15 | e con | nper 0? /: | nsat f 'Ye | ion es' d | and o | othe lete | r compensation fr Schedule J for | om | 4 | X |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes, | compens | atior | n fro hedu | m a | ny ı | unrela such | ated | l organization or in | ndividual | | X |
| Section B. Independent Contractors 1 Complete this table for your five highest compens compensation from the organization. Report compens | ated inde | pend | ent | con | trac | tors t | hat | received more that | an \$100,000 of | | |
| (A) Name and business addre | | ic ca | icilu | ai y | cai (| endin | y wi | (B) Description of | | | (C) ensation |
| | | | | | | | - | | | | |
| Total number of independent contractors (including but | | ed to | thos | e lis | ted | above | e) w | ho received more to | han | | |
| \$100,000 of compensation from the organization 0 TEEA0108L 11/11/13 | | | | | | | | Form | 990 (2013) | | |

Form 990 (2013) CONEXION AMERICAS
Part VIII Statement of Revenue

| | Check if Schedule O contains a response or note to any | line in this Part VII | L | , | |
|------------------------------|--|-----------------------|--|---|--|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 2 | 1a Federated campaigns 1a | | | | |
| CONTRIBUTIONS, GIFTS, GRANTS | b Membership dues | | | | |
| 55 | c Fundraising events 1c 229,067. | | | | |
| GIFT | d Related organizations 1 d | | | | |
| NS. | e Government grants (contributions) 1e 318,822. | | | | |
| DE S | f All other contributions, gifts, grants, and similar amounts not included above 1 f 812.094 | | | | |
| 是是 | similar amounts not included above 1f 812,094. | | 4 | | |
| N | g Noncash contributions included in lines 1a-1f: \$ | | | | |
| m C | h Total. Add lines 1a-1f Business Code | 1,359,983. | | | |
| PROGRAM SERVICE REVENUE | 2a FEE FOR SERVICES 900099 | 20 400 | 20 400 | | |
| Æ | 2a FEE FOR SERVICES 900099 | 20,489. | 20,489. | | |
| 2 | c | | | | |
| 8 | d | | | | |
| 3 | e | | | | |
| GR | f All other program service revenue | | | | |
| 250 | g Total. Add lines 2a-2f | 20,489. | | | |
| | 3 Investment income (including dividends, interest and | | | | |
| | other similar amounts) | 36,794. | | | 36,794. |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | -1 | |
| | 5 Royalties (i) Real (ii) Personal | | | Y | |
| | 6a Gross rents 237.268 | | COK | | |
| | 6a Gross rents 237,268. b Less: rental expenses 412,356. | | (,0. | | F-F- |
| | c Rental income or (loss)175, 088. | CK | • | | |
| | d Net rental income or (loss) | 11 188 | | -81,116. | -93,972. |
| | 7a Gross amount from sales of assets other than inventory. | YER | | 01,110. | 4 |
| | b Less: cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss)▶ | | | | |
| OTHER REVENUE | 8a Gross income from fundraising events (not including\$ 229,067. of contributions reported on line 1c). | | | | |
| 8 | See Part IV, line 18 a 20,897. | | | | |
| H | b Less: direct expenses b 55, 931. | | | | 1 - 1 - 1 |
| 0 | c Net income or (loss) from fundraising events ▶ | -35,034. | | | -35,034. |
| | 9a Gross income from garning activities. See Part IV, line 19a | | | | |
| | b Less: direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | |
| | b Less; cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code | | | | |
| | 11a COFFEE SALES 453000 | 10 400 | | 10 400 | |
| | b | 18,499. | | 18,499. | |
| | c | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | 18,499. | | | |
| | 12 Total revenue. See instructions | 1,225,643. | 20,489. | -62,617. | -92,212. |
| AAF | | var and a second | | 100,00 | 1 ala . |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Do 6b | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------|--|----------------|------------------------|-----------------------|--------------------|
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | expenses | general expenses | expenses |
| 2 | | | | | |
| 3 | | | | ET 7 | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 96,801. | 62,921. | 25,365. | 8,515 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | The state of the s | 0. | 0. | 0. | 0 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 353,771. | 309,804. | 18,239. | 25,728 |
| 9 | Other employee benefits | 16,133. | 13,303. | 1,585. | 1,245 |
| 10 | Payroll taxes | 34,420. | 28,383. | 3,381. | 2,656 |
| 11 | | | | 0,002. | 2,000 |
| | Management | 12,228. | | 12,228. | |
| | Legal | 7. | | 7. | |
| | : Accounting | 10,500. | | 1,500. | |
| | Lobbying | | | OX | |
| | Professional fundraising services. See Part IV, line 17 | | ~(| 11. | |
| | Investment management fees | | -0 C | | |
| 9 | Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | - 11 | SK | | |
| 12 | Advertising and promotion | - R.7N. | 3,588. | | 189. |
| 13 | Office expenses | 791. | 23,076. | 4,094. | 121 |
| 14 | Information technology | PAN | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 5,765. | 4,843. | 922. | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| | Conferences, conventions, and meetings | | | | |
| | Interest | 40,288. | 40,288. | | |
| 1 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 60,321. | 43,983. | 15,814. | 524. |
| 23 | Insurance | 3,510. | 2,984. | 526. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | FAMILY AND CHILDRENS SERVICES | 147,680. | 147,680. | | |
| | PARENTS AS PARTNERS | 45,617. | 45,617. | | |
| | MISCELLANEOUS | 27,554. | 8,204. | 19,350. | |
| d | DON'T DRINK AND DRIVE CAMPAIGN | 26,551. | 26,551. | | |
| | All other expenses. | 69,658. | 64,334. | 4,014. | 1,310. |
| | Total functional expenses. Add lines 1 through 24e | 981,872. | 825,559. | 116,025. | 40,288. |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720). | | | | 4. |
| AA | JO-2 (100 3J0-120) | | | | |

Page 11

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|---------------|-----|---|--|-----|--|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing. | 395,778. | 1 | 519,731. |
| | 2 | Savings and temporary cash investments. | | 2 | |
| | 3 | Pledges and grants receivable, net | 257,610. | 3 | 195,871. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| A | 7 | Notes and loans receivable, net. | 458,396. | 7 | 346,582. |
| S | 8 | Inventories for sale or use. | AND THE REAL PROPERTY AND ADDRESS OF THE PARTY | 8 | Company of the Compan |
| ASSETS | 9 | Prepaid expenses and deferred charges. | | 9 | |
| Š | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | R | Less: accumulated depreciation. 10b 420,210. | 5,182,058. | 10c | 5,048,144. |
| | 11 | Investments – publicly traded securities. | 5,871. | 11 | 7,066. |
| | 12 | Investments – other securities. See Part IV, line 11 | 3,011. | 12 | 7,000. |
| | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11. | 27,861. | 15 | 19,901. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 6,327.57 | 16 | 6,137,295. |
| | 17 | Accounts navable and accrued expenses | | 17 | 63,924. |
| | 18 | Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schola. | OP | 18 | |
| ı | 19 | Deferred revenue | O' | 19 | |
| 1. | 20 | Tax-exempt bond liabilities | | 20 | |
| A | 21 | Escrow or custodial account liability. Complete Part IV of Schools | | 21 | |
| LIABILLIT | 22 | key employees, highest compensated employees, no a qualified persons. Complete Part II of Schedule L | | 22 | |
| 1 1 | 23 | Secured mortgages and notes aya to to include third parties | 2,088,500. | 23 | 1,788,500. |
| E | 24 | Unsecured notes and loans pay ble to unrelated third parties | 2700070001 | 24 | 27.007000 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | 793,693. | 25 | 653,222. |
| | 26 | Total liabilities. Add lines 17 through 25 | 2,956,286. | 26 | 2,505,646. |
| ZIL | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | | | |
| AUWEI-W OR | 27 | Unrestricted net assets. | 2,950,097. | 27 | 3,397,949. |
| Ĕ | 28 | Temporarily restricted net assets. | 421,191. | 28 | 233,700. |
| S | 29 | Permanently restricted net assets | | 29 | |
| | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. | | | |
| 720 | 30 | Capital stock or trust principal, or current funds | | 30 | |
| B | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | 277 |
| 21 | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| No | 33 | Total net assets or fund balances | 3,371,288. | 33 | 3,631,649. |
| FUND BALANCES | 34 | Total liabilities and net assets/fund balances | 6,327,574. | 34 | 6,137,295. |
| BAA | | | | | Form 990 (2013) |

| Pa | Reconciliation of Net Assets | | | | |
|-----|---|--------|---------------|-------|-------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1.2 | 25,6 | 643. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 372. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 43,7 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 288. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 75. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O | 9 | | 15,6 | 515. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 31,6 | |
| Pai | rt XII Financial Statements and Reporting | | | - | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | e:a;e:e:e:a;e | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain | | | Yes | No |
| - 2 | in Schedule O. | | | | |
| 28 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| R | Were the organization's financial statements audited by an independent accountant? | | 2 b | X | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis | te | | | F |
| C | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for organization have a committee that assumes responsibility for organization and additional statements and selection of an independent account int? | | 2 c | х | |
| | If the organization changed either its oversight process or selection process of an ing the try year, explain in Schedule O. | | | | |
| | As a result of a federal award, was the organization required to undergo an audit of audits as set forth in the Single Audit Act and OMB Circular A-133? | ****** | 3 a | | Х |
| b | of Yes, did the organization undergo the required additional by the organization did not undergo the required audit or audits, explain why in Schedule Olar Mesc, as any steps taken to undergo such audits | | 3 b | | |
| BAA | 110 | | Form | 990 (| 2013) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

| XION AMERICAS | | | | | | | 62-1 | 71561 | 8 | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Reason for Publ | ic Charity Statu | is (All organizations | must | compl | ete thi | s part. |) See i | nstruct | tions. | | | | | | |
| | | | | | | | | | | | | | | | |
| A church, convention | of churches or ass | ociation of churches de | scribed i | n sectio | n 170(b |)(1)(A)(i |). | | | | | | | | |
| A school described in | section 170(b)(1)(| A)(ii). (Attach Schedule | E.) | | | | | | | | | | | | |
| A hospital or a coope | erative hospital serv | rice organization describ | ed in se | ction 17 | 70(b)(1)(| A)(iii). | | | | | | | | | |
| A medical research of | rganization operate | The state of the s | | | | | '0(b)(1)(| A)(iii). E | nter the ho | spital's | | | | | |
| An organization operat | ed for the benefit of | a college or university ow | ned or op | perated b | y a gove | ernmenta | I unit de | scribed in | section | | | | | | |
| | the first property was required to the first contract of | novernmental unit desc | ribed in | section | 170(h)(1 | VAVV | | | | | | | | | |
| An organization that no | ormally receives a su | bstantial part of its suppo | | | 9,24 | 2.4 4.4 | n the ge | neral pub | olic describe | d | | | | | |
| | | | ete Part | ii s | | | | | | | | | | | |
| | | Williams and a series of the series of | DIEMENT | | tribution | n momb | orebin fo | oc and c | roce receip | | | | | | |
| from activities related to investment income a | o its exempt function nd unrelated busine | ns – subject to certain exe ess taxable income (less | centions. | and (2) | no more | than 33. | 1/3% of | its suppo | ort from aros | 25 | | | | | |
| An organization organ | nized and operated | exclusively to test for p | ublic sat | fety. See | e sectio | n 509(a) | (4). | | | | | | | | |
| An organization organization more publicly support describes the type of | zed and operated ex ted organizations de supporting organiz | clusively for the benefit of escribed in section 509(ation and complete line | , to perfo a)(1) or s 11e thr | rm the fi section rough 11 | unctions 509(a)(2 I h. | of, or ca 2). See : | rry out the | ne purpos 5 09(a)(3) | ses of one o | r e box that | | | | | |
| a Type i b | Type II | c Type III - Function | nally int | egrated | | d | Type III | - Non-f | unctionally | integrated | | | | | |
| other than foundation n | I certify that the or nanagers and other t | ganization is not contro han one or more publicly | lled dire | ctly or ind d organia | ndirectly zations o | by one describe | or mo | disqual on 509(a) | ified persor (1) or | ns | | | | | |
| If the organization rece check this box | | | | | | | | | ***** | [| | | | | |
| Since August 17, 200 | 6, has the organiza | tion accepted any gift | conti | on fr | on any | of the f | ollowing | persons | ? | | | | | | |
| 45 4 | | A.V | | | | | 75 m | | | Yes No | | | | | |
| below, the gove | rning body of the s | upp ru de ga ion. | togethe | r with p | ersons o | describe | d in (ii) | and (III) | 17 g (i) | | | | | | |
| (ii) A family member | er of a person Rec | rib (in i) above? | | | | | | | 11 a (ii) | | | | | | |
| The second second | | | ahove? | | | | | | | | | | | | |
| | | | | ****** | ****** | | ****** | | 119 (111) | | | | | | |
| | | | | | 4100 | | | | Auth Auseria | (-4 t | | | | | |
| organization | (II) ZIIV | (described on lines 1-9 above or IRC section (see instructions)) | column (| i) listed in overning | column | (i) of your | colur | nn (i) ed in the | (vii) Amount of mor support | | | | | | |
| | | | Yes | No | Yes | No | Yes | No | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | i | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | 1. | | | | - | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 1 | | | | - | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | | |
| | ganization is not a priva A church, convention A school described in A hospital or a coope A medical research on ame, city, and state An organization operat 170(b)(1)(A)(iv). (Con A federal, state, or low An organization that not in section 170(b)(1)(A) A community trust de An organization that not from activities related to investment income and June 30, 1975. See such an organization section 509(a)(2). If the organization rececheck this box. Since August 17, 200 (i) A person who delow, the gove (ii) A family member (iii) A 35% controlle Provide the following (i) Name of supported | Reason for Public Charity Status ganization is not a private foundation because A church, convention of churches or ass A school described in section 170(b)(1)(A) A hospital or a cooperative hospital served. A medical research organization operate name, city, and state: An organization operated for the benefit of 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or X an organization that normally receives a suin section 170(b)(1)(A)(vi). (Complete P A community trust described in section An organization that normally receives: (1) from activities related to its exempt function investment income and unrelated busined June 30, 1975. See section 509(a)(2). (Complete P A companization organized and operated An organization organized and operated An organization organized and operated exemore publicly supported organizations of describes the type of supporting organization at the property of supporting organization of the section 509(a)(2). If the organization received a written determine the organization received a written determine the organization received a written determine the organization or | Reason for Public Charity Status (All organizations ganization is not a private foundation because it is: (For lines 1 thread and a control of churches or association of churches de A school described in section 170(b)(1)(A)(ii). (Attach Schedule A hospital or a cooperative hospital service organization describ A medical research organization operated in conjunction with a name, city, and state: An organization operated for the benefit of a college or university ow 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit describ An organization that normally receives a substantial part of its support in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33-1/3% of its from activities related to its exempt functions — subject to certain exitive strength in come and unrelated business taxable income (less June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to the benefit of more publicly supported organizations, described in section 509(describes the type of supporting organization and complete lines a Type I b Type II c Type III — Functic By checking this box, I certify that the organization is not control other than foundation managers and other than one or more publicly section 509(a)(2). If the organization received a written determination from the IRS that check this box. Since August 17, 2006, has the organization accepted any gift (i) A person who directly or indirectly controls with None or below, the governing body of the supported organization (described on lines 1-9 above or IRC section (see Instructions)) | Reason for Public Charity Status (All organizations must ganization is not a private foundation because it is: (For lines 1 through 11 A church, convention of churches or association of churches described in A church, convention of churches or association of churches described in A choroth, convention of churches or association of churches described in A choroth, convention of churches or association of churches described in Set A medical research organization operated in conjunction with a hospital name, city, and state: An organization operated for the benefit of a college or university owned or or 170(b)(1)(A)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in a section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33-1/3% of its support from activities related to its exempt functions – subject to certain exceptions, investment income and unrelated business taxable income (less section June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public saft An organization organized and operated exclusively for the benefit of, to performore publicly supported organization and complete lines 11e that a Type i b Type II c Type III — Functionally integrated by the control organization organized and operated exclusively for the benefit of, to perform other than foundation managers and other than one or more publicly supported section 509(a)(2). By checking this box, I certify that the organization is not controlled direction than foundation managers and other than one or more publicly supported section 509(a)(2). By checking this box, I certify that the organization is not controlled direction for the performance of the performance of the supported organization (see Instructions) A federal Type II ore | Reason for Public Charity Status (All organizations must compt ganization is not a private foundation because it is: (For lines 1 through 11, check A church, convention of churches or association of churches described in section A school described in section 170(b)(1)(A)(i). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 17 A medical research organization operated in conjunction with a hospital describ name, city, and state: An organization operated for the benefit of a college or university owned or operated by 170(b)(1)(A)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A organization that normally receives a substantial part of its support from a government in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from confrom activities related to its sexempt functions — subject to certain exceptions, and (2) investment income and unrelated business taxable income (less section 511 tax June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See An organization organized and operated exclusively to test for public safety. See An organization organization and complete lines 11e through 11 a Type I b Type II c Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indher than foundation managers and other than one or more publicly supported organization 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type check this box. Since August 17, 2006, has the organization accepted any gift or confine organization formation about the supported organization organization organization formation about the supported organization organization organization (ii) EIN (iii) A 35% controlled entry or granization organization | Reason for Public Charity Status (All organizations must complete this ganization is not a private foundation because it is: (For lines 1 through 11, check only one A church, convention of churches or association of churches described in section 170(b) (1) (A) (ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b) (1) (A) (iii). A medical research organization operated in conjunction with a hospital described in sename, city, and state: An organization operated for the benefit of a college or university owned or operated by a government or governmental unit described in section 170(b) (1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental unit section 170(b)(1)(A)(iv). (Complete Part III.) An organization that normally receives: (1) more than 33-1/3% of its support from contribution from activities related to its exempt functions — subject to certain exceptions, and (2) no more investment income and unrelated business taxable income (less section 511 tax) from the June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 4 norganization organized and operated exclusively for the benefit of, to perform the functions more publicly supported organizations described in section 509(a)(1) or section 509(a)(4) describes the type of supporting organizations and complete lines 11 ethrough 11h. a Type I b Type II c Type II — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organizations of section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type of I for the supported organization in co | Reason for Public Charity Status (All organizations must complete this part. ganization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 17 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental 170(b)(1)(A)(ii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33-13% of its support from contributions, memb from activities related to its evempt functions — subject to certain exceptions, and (2) no more than 33 investment income and unrelated business taxable income (less section 511 tax) from business June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a) and operated exclusively for the benefit of, to perform the functions of, or comore publicly supported organizations, described in section 509(a)(1) or section 509(a)(2). See describes the type of supporting organization and complete lines 11e through 11h. By checking this box, I certify that the organization is not controlled directly or indirectly by one offer than foundation managers and other than one or more publicly supported organizations described in Section 509(a)(2). If the organization in controlled directly or indirectly or indire | Reason for Public Charity Status (All organizations must complete this part.) See is ganization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(I). A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(IV). An organization operated for the benefit of a college or university owned or operated by a governmental unit de 170(b)(1)(A)(IV). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). An organization that normally receives a substantial part of its support from a governmental unit or from the gein section 170(b)(1)(A)(V). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership for from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of investment income and unrelated business taxable income (less section 511 tax) from businesses acculume 31-375. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See s | Reason for Public Charity Status (All organizations must complete this part.) See instruct ganization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). En amme, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(w). (Complete Part III.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(w). An organization that normally receives a substantial part of its support from a governmental unit or from the general put in section 170(b)(1)(A)(w). (Complete Part III.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its severe functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support investment income and unrelated business taxable income (less section 510(a)(4). An organization organizated and operated exclusively for the benefit of, to perform the functions of, or carry out the purpower publicly supported organizations described in section 509(a)(2). See section 509(a)(3). describes the type of supporting organization is not controlled directly or indirectly by one or congle disqual other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). If the organization managers and other than one or more publicly supported organization in solve organization in lower organization in public organi | Reason for Public Charity Status (All organizations must complete this part.) See instructions. ganization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the homemore, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public describe in section 170(b)(1)(A)(vi). (Complete Part III.) An organization trust normally receives a substantial part of its support from a contributions, membership fees, and gross receip from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from contributions, membership fees, and gross receip from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization 30-1/3% of its support from gross investment income and unrelated exclusively for the benefit of to perform the functions of, or carry out the purposes of one more publicly supported organizations and complete lines 11 through 11 h. An organization organized and operated exclusively for the benefit of to p | | | | | |

| art | ule A (Form 990 or 990-EZ) 2013 Support Schedule for Or (Complete only if you checked the | ganizations | AMERICAS Described in S | Sections 170(to the organization for the organizati | ailed to qualify und | der Part III. If the | ,,, |
|------|---|--------------------|--------------------------|--|----------------------|----------------------|------------|
| | (Complete only if you checked the organization fails to qualify und | der the tests list | ed below, please | complete Part III. | .) | | |
| ecti | on A. Public Support | | | | 4N 2012 | (e) 2013 | (f) Total |
| alen | dar year (or fiscal year ning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (6)2010 | |
| | sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no | 968,160. | 1,007,163. | 1,654,969. | 2,602,134. | 1,380,880. | 7,613,306. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| | The value of services or facilities furnished by a governmental unit to the | | | | | 4 200 000 | 7,613,306. |
| | organization without charge Total. Add lines 1 through 3 | 968,160. | 1,007,163. | 1,654,969. | 2,602,134. | 1,380,880. | 1,015,500 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 7,613,306 |
| Sec | tion B. Total Support | | The second | 43.0011 | (d) 2012 | (e) 2013 | (f) Total |
| Cale | ndar year (or fiscal year nning in) 🏲 | (a) 2009 | (b) 2010 | (c) 2011 | | | 7,613,306 |
| 7 | Amounts from line 4 | 968,160 | 1,007,163. | 1,654,969 | 2,002,134 | 7 | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 91,832 | . 72,951 | ER | C192,006 | 274,062 | 744,980 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | PA | 1 | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 162,289 | | | 55,088 | 38,988 | |
| 11 | Total support. Add lines 7 | | netructions) | | | | 8,724,42 |
| 12 | Gross receipts from related acti | vities, etc (see | ristructions) | thind fourth or fif | th tay year as a se | ection 501(c)(3) | - |

| 13 | organization, check this box and stop here | | |
|-----|--|----|--------|
| Sec | ction C. Computation of Public Support Percentage | 14 | 87.26% |
| 14 | Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 15 | 84.74% |

14 Public support percentage from 2012 Schedule A, Part II, line 14..... 16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.....

b 10%-facts-and-circumstances test — **2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions...

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

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

| | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | |
|--|---|--|---------------------|--|---|-------------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') | | | | | (6) 2013 | (f) Total |
| 2 Gross receipts from admis- | | | | | | |
| SIUIS, merchandica cold | | | | - | | |
| furnished in any activity the | | | | | | |
| | | | | | | |
| tax-exempt purpose | | | | | | |
| that are not an uprolated | | | | | | |
| of business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and | | | | | | 1 |
| cluder paid to or evenedad I | | | | | | |
| its behalf | | | | | | |
| Tacilities furnished by a | | | | | | |
| governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| a Amounts included on lines 1 | | | | | | |
| 4. dill 3 received from | | | | | | W |
| disqualified persons. | | | | | | |
| h Amounts included on lines 2 and 3 received from other than | 7 | | | | | Y |
| ulaulaillen nerenne that | 194 | | | | | |
| exceed the greater of \$5,000 or 1% of the amount on line 13 | | | | | 1 | |
| for the year | ** | | | | | |
| c Add lines 7a and 7b | | | | -0 | V | |
| 8 Public support (Subtract line 7c from line 6.) | | | | OP | | |
| ection B. Total Support | | | -01 | .0 | | |
| lender year for final | 4 | -11 | SKY | | | |
| 9 Amounts from line 6 | (a) 2009 | (b) 10 | (4) 2011 | (d) 2012 | (a) 0010 | |
| Oa Gross income from interest | |) AT | | (4) 2012 | (e) 2013 | (f) Total |
| on securities loans received | VXI | | | | | |
| TOVALLIES and Income for | | | | | ė. | |
| b Unrelated business taxable | | | | | | |
| IIICOME (less section E11 | | | | | | |
| (axes) from husinesses | | | | | | |
| | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| C Add lines 10a and 10b | | | | | | |
| C Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b. | | | | | | |
| C Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business. | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the scalars. | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). | le organization | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and steep the sale of capital assets. | ne organization's | first, second, thir | d, fourth, or fifth | tax year as a se | ction 501(c)(3) | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop in the sale of capital assets. | ne organization's ere. | first, second, thir | d, fourth, or fifth | tax year as a se | etion 501(c)(3) | >П |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop in the support of the public support percentage for the support percentage | ne organization's ere. Ipport Percel 8, column (f) di | first, second, thir ntage vided by line 13. | d, fourth, or fifth | tax year as a se | ction 501(c)(3) | ······ > [] |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop here. Tion C. Computation of Public Signal Public support percentage from 2013 (Sine Public support percentage from 2013 Sine Public support percentage from 2013 (Sine Public support percentage from 2013 Sine Public sup | 8, column (f) di | ivided by line 13, o | d, fourth, or fifth | tax year as a se | ction 501(c)(3) | ►∏ |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop has been dependent on the computation of Public Science. Public support percentage for 2013 (line Public support percentage from 2012 Science 1) | 8, column (f) di chedule A, Part II | ivided by line 13, o | column (f)) | *********** | 15 | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop has been dependent on the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop has been dependent on the public support percentage for 2013 (line Public support percentage from 2012 Scotton D. Computation of Investment income percentage for 2013 (Investment income percentage for 2013) | e 8, column (f) di chedule A, Part II ent Income Pe (line 10c, colum | ivided by line 13, on the 15, on the 15, on the 15, on the 15 on t | column (f)) | ······································ | 15 | 8 |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop has been dependent on the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop has been dependent on the public support percentage for 2013 (line Public support percentage from 2012 Scotton D. Computation of Investment income percentage for 2013 (Investment income percentage for 2013) | e 8, column (f) di chedule A, Part II ent Income Pe (line 10c, colum | ivided by line 13, on the 15, on the 15, on the 15, on the 15 on t | column (f)) | ······································ | 15 | 8 |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop has been dependent on the computation of Public Science. Public support percentage for 2013 (line Public support percentage from 2012 Science Investment income percentage from 2013 in the organization more than 33-1/3% support tests — 2013. If the organization more than 33-1/3% support sets — 2013. If the organization more than 33-1/3% support tests — 2013. | e 8, column (f) di chedule A, Part II ent Income Pe (line 10c, column 2 Schedule A, P. anization did not | ivided by line 13, of line 15 | ne 13, column (f) |) | 15 16 | 90 |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop in the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop in the sale of capital assets. If the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization of capital assets of the sale of capi | the the column (f) dischedule A, Part III Int Income Pe (line 10c, column 2 Schedule A, Panization did not anization did not and stop here. | ivided by line 13, of li, line 15 Prcentage In (f) divided by line lart III, line 17 It check the box on the organization | ne 13, column (f) |) a 15 is more than | 15 16 17 18 33.1/3% and lie | 90 |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop has been decided by the computation of Public Signal Computation of Investment income percentage from 2012 Scotion D. Computation of Investment income percentage from 2013 In | the set of | II, line 15 | ne 13, column (f) |)e 15 is more than | 15 16 17 18 33-1/3%, and lir organization | 90 |
| C Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12.) First five years. If the Form 990 is for the organization, check this box and stop has been decided by the computation of Public Signal Public support percentage for 2013 (line Public support percentage from 2012 School D. Computation of Investment Investment income percentage for 2014 | the set of | II, line 15 | ne 13, column (f) |)e 15 is more than | 15 16 17 18 33-1/3%, and lir organization | 90 |

| | (Form 990 or 990-EZ) 2013 (| CONEXION AMERICAS | 62-1715618 | Page 4 |
|---------|--|---|------------------------------|--------|
| Part IV | Supplemental Informatio or 17b; and Part III, line 1 (See instructions). | Provide the explanations required by Part II, line Also complete this part for any additional inform | 10; Part II, line 17a ation. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1 | | | | |
| | | | V | |
| | | CU | | |
| | | VER | | |
| | | CATT | | |
| | ~ | DXL. | | |
| | <i>t</i> | <i></i> | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2013

2013

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CONEXION AMERICAS

62-1715618

| PART II, LIN | VE 10 - | OTHER | INCOME |
|--------------|---------|-------|--------|
|--------------|---------|-------|--------|

| NATURE AND SOURCE | 2013 | 2012 | 2011 | 2010 | 2009 |
|-------------------------------------|--------------------|--------------------------|--------------------------|---------|----------------------------|
| SALES AND SPECIAL EVENTS\$ TOTAL \$ | 38,988. 38,988. | \$ 55,088. \$ 55,088. | \$ 40,945. \$ 40,945. | 68,828. | \$ 162,289. \$ 162,289. |

TAXPAYER COPY

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

| mante of the organization | | Employer identification number |
|---|---|--|
| CONEXION AMERICAS | | 62-1715618 |
| Organization type (check one): | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) or | rganization |
| | 4947(a)(1) nonexempt charitable | e trust not treated as a private foundation |
| | 527 political organization | |
| | | |
| Form 990-PF | 501(c)(3) exempt private foundat | tion |
| | 4947(a)(1) nonexempt charitable | trust treated as a private foundation |
| | 501(c)(3) taxable private foundati | lion |
| | | |
| Check if your organization is covered | d by the General Rule or a Special Rule | |
| Note. Only a section 501(c)(7) (8) | or (10) organization can check hoves for both the | e General Rule and a Special Rule. See instructions. |
| | | A SOLITION AND AND A SPONDENT MICE SEC MISTRACTIONS. |
| General Rule | | |
| For an organization filing Form 990 contributor. (Complete Parts I ar | 0, 990-EZ, or 990-PF that received, during the year, \$ | \$5,000 or more (in money or property) from any one |
| contributor. (complete Faits I al | id 11.) | |
| Special Rules | | |
| alama - amazan - a | | |
| 509(a)(1) and 1/0(b)(1)(A)(vi) ar | tion filing Form 990 or 990-E2 that met the 33-1/3 nd received from any one contributor, during the yn n 990, Part VIII, line 1h, or (ii) Form 990-EZ, line | 3% support test of the regulations under sections year, a contribution of the greater of (1) \$5,000 or |
| 2112 | | |
| total contributions of more than \$ | organization filing Form 990 or 990-EZ that received \$1,000 for use exclusively for religious, charitable | a scentific. te rv. or educational purposes, or |
| the prevention of crueity to child | ren or animals. Complete Parts I, II, and III. | |
| For a section 501(c)(7), (8), or (10) | organization filing Form 990 or 999 E the sective of religious, charitable, etc. pure ses, at the section rities total contributions the contributions the section for the given during the years unless the section of the applies to this organ | om any one contributor, during the year, |
| If this box is checked, enter here th | ie total contributions the per receive during the year | butions did not total to more than \$1,000. Bar for an <i>exclusively</i> religious, charitable, etc. |
| purpose. Do not complete any of th | e parts unless the Gen Rue applies to this organ | nization because it received nonexclusively |
| religious, charitable, etc, contribu | utions of 0000 muse during the year | |
| Caution: An organization that is not | covered by the General Rule and/or the Special F | Rules does not file Schedule B (Form 990, 990-EZ, or |
| 990-PF) but it must answer 'No' on h | Part IV, line 2, of its Form 990; or check the box of meet the filing requirements of Schedule B (Fo | on line H of its Form 990-F7 or on its Form 990-PF |
| | | 5111 550, 550-EZ, OL 550-FT). |
| | Notice, see the Instructions for Form 990, 990EZ | Z, Schedule B (Form 990, 990-EZ, or 990-PF) (20 |

| | e of organization | | P | 'age | 1 of 2 of F | |
|----------------|---|-----------------|-------------------------------|-------------------|--|--|
| All residences | NEXION AMERICAS | | | Employer in | dentification number | |
| Pa | (see instructions). Use duplicate copies of Part I if addi | tional space is | needed. | 62-17 | 15618 | |
| Nui | nber Name, address, and ZIP + 4 | | (c) Total contributions | T | (d) Type of contribution | |
| 1 | DOLLAR GENERAL CORPORATION | | CONTRIBUTION | | Person X | |
| | 100 MISSION RIDGE | \$\$ | 58,(| 1 | Person X Payroll Ioncash | |
| | GOODLETTSVILLE, TN 37072 | | | (0 | omolete Part II for | |
| (a Num | her Name, address, and ZIP + 4 | | (c) Total | no | (d) Type of contribution | |
| 2_ | CATERPILLAR FINANCIAL SERVICES CORP | | contributions | | 444 | |
| | 2120 WEST END AVE | \$_ | 42,3 | P | ayroll Doncash | |
| (-) | NASHVILLE, TN 37203 | | | (Co | mplete Part II for cash contributions.) | |
| (a) lumb | (b) Name, address, and ZIP + 4 | | (c) Total contributions | | (d) Type of contribution | |
| 3 | NISSAN NORTH AMERICA | | | | | |
| | 1 NISSAN WAY | | OPY | Pay | rson X | |
| | FRANKLIN, TN 37067 | ą C | 15,00 | O . No | ncash | |
| (a) imbe | 1 NISSAN WAY FRANKLIN, TN 37067 Name, address ad way. THE HCA FOUNDATION | | (c) Total | nonc | (d) pe of contribution | |
| | THE HCA FOUNDATION | | 011415440113 | Pers | on [V] | |
| | ONE PARK PLAZA I-4 EAST | \$ | 100,000 | Payı | oll 🗍 | |
| | NASHVILLE, TN 37203 | | | (Com | olete Part II for | |
| a) nber | (b) Name, address, and ZIP + 4 | | (c) Total ontributions | | (d) | |
| | BAPTIST HEALING TRUST | | SHOUDOUS! | Perso | | |
| - | 2928 SIDCO DRIVE | | | Payro | | |
| 1 | NASHVILLE, TN 37204 | \$ | 76,000. | | | |
| per | (b) Name, address, and ZIP + 4 | COL | (c) Total ntributions | noncas | ete Part II for h contributions.) (d) of contribution | |
| - 1 | HE MEMORIAL FOUNDATION | | | Persor | | |
| - 1 | 00 BLUEGRASS COMMONS BLVD | \$ | 60,000. | Payroll Noncas | | |
| _ n | ENDERSONVILLE, IN 37075 | | | (Comple | te Part II for contributions.) | |
| | TEFA07001 10/07/12 | | | | | |

Name of organization

Page 2 of Employer identification number Page 62-1715618

| | ON AMERICAS Contributors (see instructions). Use duplicate copies of Part I if additiona (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|--|
| | THE SCARLETT FAMILY FOUNDATION 4117 HILLSBORO PK, STE 103255 NASHVILLE, TN 37315 | \$ 100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| mber | UNITED WAY OF MIDDLE TENNESSEE | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) umbe | NASHVILLE, TN 37228(b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Name, address and Tr. 4 | RCOPY | Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution |
| (a) Number | Name, address add to a day and the second se | contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| (a) Numi | | \$ (c) Total contributions | Person Payroil Noncash (Complete Part II for noncash contributions.) (d) Type of contribution |
| (2 | Name, address, and ZIP + 4 | contributions | Person Payroll |

1 to

1 to 1 of Part II
Employer identification number

CONEXION AMERICAS

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II is a sur- | 102-17 | 15618 |
|---------------------------|---|--|----------------------|
| (a) No. from Part I | Noncash Property (see instructions). Use duplicate copies of Part II if additiona (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date receiv |
| *** *** *** *** | N/A | (see instructions) | |
| (a) No. from Part i | (b) Description of noncash property given | \$(c) | (d) |
| | | FMV (or estimate) (see instructions) | Date receive |
| (a) No. | (b) Description of noncash property given | \$ | |
| Part I | | (c) FMV (or estimate) (see instructions) | (d) Date received |
| (a) No. from | | PY | |
| Part I | Description of noncash property gives R | (c) FMV (or estimate) (see instructions) | (d) Date received |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| 4 | | B (Form 990, 990-EZ, or 9 | |

1 of Part III

Employer identification number

Name of organization CONEXION AMERICAS Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

62-1715618

| | putions of \$1,000 or less for the year. uplicate copies of Part III if additional | | instructions.) |
|---------------------------|--|---|--|
| (a) lo. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| N/A | | | |
| | | | |
| | Transferee's name, address | (e) Transfer of gift s, and ZIP + 4 | Relationship of transferor to transferee |
| (a) | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| art I | Purpose of gift | Use of gift | Description of how gift is held |
| | Transferee's name, address | (e) Transfer of gift s, and ZIP + 4 | Pela o Prip of Wansferor to transferee |
| (a) . from art l | (b) Purpose of gift | PAYER Use of gift | (d) Description of how gift is held |
| | | (4) | |
| | Transferee's name, address | (e) Transfer of gift , and ZIP + 4 | Relationship of transferor to transferee |
| (a) from art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address | (e) Transfer of gift and ZIP + 4 | Relationship of transferor to transferee |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2013

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Name or organization | | | Employer identific | ation number |
|--|--|--|---|--|
| CONEXION AMERICAS | | | 62-171561 | |
| Part I-A Complete if | the organization is exempt under se | ction 501(c) or is | a section 527 organi | zation. |
| The state of the s | of the organization's direct and indirect politic | | | |
| | | | | |
| | ********************** | | | |
| | the organization is exempt under sec | 4 7 4 7 | | |
| | ny excise tax incurred by the organization und | | | |
| 2 Enter the amount of a | ny excise tax incurred by organization manag | ers under section 495 | 55 | 0. |
| 3 If the organization incu | urred a section 4955 tax, did it file Form 4720 | for this year? | | ···· Yes No |
| 4a Was a correction made | e? | | | Yes No |
| b If 'Yes,' describe in Pa | | | - 1 | |
| Part I-C Complete if I | the organization is exempt under sec | ction 501(c), exc | ept set ich 5 1(c)(3). | |
| 1 Enter the amount direct | ctly expended by the filing organization for sec | ction 527 exemp | ct on a til ties 🗅 \$ | |
| 2 Enter the amount of the | filing organization's funds contributed to other or | gapiratins or selion | 527 exempt | |
| function activities | | CK | ▶\$ | |
| 3 Total exempt function | expenditures. Add lines 1 and 2 Er here a | ind Form 1120-PO | L, | |
| line 17b | | **************** | ▶\$ | |
| | tion file Form 112 POL the year? | | | |
| 5 Enter the names, addr organization made pay amount of political contr segregated fund or a p | resses and el plor a certification number (El ments. For each organization listed, enter the fibutions received that were promptly and directly political action committee (PAC). If additional | N) of all section 527 per amount paid from the delivered to a separate space is needed, proving the space is needed. | political organizations to w ne filing organization's fun e political organization, such vide information in Part IV | vhich the filing ds. Also enter the as a separate |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | | |
| (2) | | - | | |
| (3) | | | | |
| (4) | | - | | |
| (5) | | | | |
| (6) | | | | |
| BAA For Paperwork Reductio | on Act Notice, see the Instructions for Form 990 | or 990-EZ. | Schedule C (For | I rm 990 or 990-EZ) 2013 |

| section 50 | If the organiza 1(h)). | AMERICAS ation is exempt under s | section 501(c)(3) a | 62-1 and filed Form 5768 | 715618 |
|--|----------------------------------|--|--|-----------------------------|--------------------------------|
| If the fi | ling organization b | elongs to an affiliated assure (- | 1000 | | (election fillifi |
| addres | s, EIN, expenses | , and share of excess lobbying | nd list in Part IV each a | ffiliated group member's n | ame, |
| B Check ► ☐ if the fi | iling organization | checked box A and 'limited | ig expenditures). control' provisions ann | lv. | |
| (The terr | Limits on Lo m 'expenditures' | bbying Expenditures | | (a) Filing | (5) A4511-4- |
| · w rotal loppyllig expendi | itures to influence | mulalia a di di | | | (b) Affiliated group totals |
| b lotal lobbying expendi | itures to influence | a legislative body (direct lot | shuine) | | |
| c Total lobbying expendi | tures (add lines 1 | a and 1b) | obying) | • | |
| d Other exempt purpose | expenditures | d directs and the | ********* | * | |
| | Land an force | mies ic and id) | | * | |
| | | amount from the following ta | | | |
| | lumn (a) or (b) is: | The lobbying nontaxable | amount In | | |
| Not over \$500,000 | | 20% of the amount on line 1e. | amount is: | | |
| Over \$500,000 but not over \$1, | ,000,000 | \$100,000 plus 15% of the excess | 000 0039 raug | | |
| 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 of | over \$1,000,000. | | |
| Over \$17,000,000 | | | | | |
| g Grassroots nontaxable a | amount (enter 259 | 6 of line 1f) | | | |
| "Subtract line 1g from line | e 1a. If zero or le | ss, enter -0- | | | |
| Subtract line If from line | 1c. If zero or les | ss, enter -0. | ******** | | |
| If there is an amount other | than zoro an all | 0 | ********* | | |
| - and annount other | | | | | |
| section 4911 tax for this | year? | er line 1h or line 1i, did the orga | anization file Form 4720 | reporting | |
| J If there is an amount other section 4911 tax for this | year? | | anization file Form 4720 | reporting | []Yes [|
| section 4911 tax for this | | 4 V 4 | anization file Form 4720 | reporting | Yes |
| section 4911 tax for this | organizations th | 4-Year Averaging Period U | anization file Form 4720 | reporting | ···· Yes |
| section 4911 tax for this | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | anization file Form 4720 ander Section 501(h) ction do not have to | reporting | ···· Yes |
| (Some | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | anization file Form 4720 ander Section 501(h) ction do not have to | reporting | ···· Yes |
| section 4911 tax for this (Some | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | anization file Form 4720 ander Section 501(h) ction do not have to | reporting | |
| (Some | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | Yes [|
| (Some | organizations th | 4-Year Averaging Period Unat made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| (Some alendar year (or fiscal year beginning in) Lobbying non-taxable amount | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| (Some alendar year (or fiscal year beginning in) Lobbying non-taxable amount | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| (Some alendar year (or fiscal year beginning in) Lobbying non-taxable amount | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| (Some alendar year (or fiscal year beginning in) Lobbying non-taxable amount (150% of line 2a, column (e)) | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| (Some alendar year (or fiscal year beginning in) Lobbying non-taxable amount Lobbying ceiling amount (150% of line 2a, column (e)) | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| alendar year (or fiscal year beginning in) Lobbying non-taxable amount (150% of line 2a, column (e)) Total lobbying expenditures | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| (Some | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| (Some Calendar year (or fiscal year beginning in) Lobbying non-taxable amount (150% of line 2a, column (e)). Total lobbying expenditures. Grassroots nontaxable amount | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| (Some alendar year (or fiscal year beginning in) Lobbying non-taxable amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2mount (1 | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| (Some alendar year (or fiscal year beginning in) Lobbying non-taxable amount (150% of line 2a, column (e)). Total lobbying expenditures. Grassroots nontaxable amount | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |
| (Some alendar year (or fiscal year beginning in) Lobbying non-taxable amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2mount (15 | organizations th | 4-Year Averaging Period Up at made a section 501(h) elens below. See the instruction | nder Section 501(h) ction do not have to ns for lines 2 (throu | on price all or the five | |

Schedule C (Form 990 or 990-EZ) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For the National Association of the State of | | | (b) |
|--|---------------|--------------------|--|
| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | Amount |
| SEE PART IV 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | Х | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Х | | |
| c Media advertisements? | | Х | en e |
| d Mailings to members, legislators, or the public? | Х | | 75. |
| e Publications, or published or broadcast statements? | Х | | 275. |
| 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 similar means? | Х | | |
| i Other activities? | - | х | |
| j Total. Add lines 1c through 1i | | | 350. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | х | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | (5) | or | |
| Section 301(c)(o). | | | Lv. Lv. |
| 1. Ware a halasticky all (000) as mare) dues assisted manded within the mareh and | - | | Yes No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | J | ****** | . 1 |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 1 | ****** | 2 |
| 3 Did the organization agree to carry over lobbying and political expenditures from the part ear | | ****** | 3 |
| Part III-B Complete if the organization is exempt under section 501(c) 1), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are were No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines 1 and 2 are werea No' OR (b) Part III-A, lines | :)(5), art | or sed I-A, lin | ction 501(c) e 3, is |
| answered Yes." | | | |
| 1 Dues, assessments and similar amounts from men | | 1 | |
| 2 Section 162(e) nondeductible lobbying and polycal expenditures (do not include amounts of political expenses for which the section 52 (i) the ras paid). | | | |
| a Current year | | 2a | |
| b Carryover from last year | | 2b | |
| c Total | *** | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 227 | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political | | | |
| expenditure next year? | 511 | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | |
| | list): | Part II-A | Line 2: and |
| rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group art II-B, line 1. Also, complete this part for any additional information. | , | | , |
| PART II-B - DESCRIPTION OF LOBBYING ACTIVITY | | | |
| CONEXION AMERICAS WAS ORGANIZED TO HELP HISPANIC FAMILIES REALIZE | THE | IR_AS | PIRATIONS |
| FOR SOCIAL AND ECONOMIC ADVANCEMENT BY PROMOTING THEIR INTEGRATION | IN | TO TH | E |
| COMMUNITY. SOME STAFF MEMBERS OCCASIONALLY ENGAGE IN LOBBYING ACTI | VII | ES TO | INFLUENCE |
| LEGISLATION DEEMED TO HAVE A NEGATIVE IMPACT ON CONEXION'S CONSTIT | UEN' | rs | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

CONEXION AMERICAS 62-1715618 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... Aggregate contributions to (during year). Aggregate grants from (during year)..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Yes No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. eld at the End of the Tax Year a Total number of conservation easements. . b Total acreage restricted by conservation easements. . c Number of conservation easements on a certified historic structure. 2 c d Number of conservation easements included in (c) acquire not on a historic structure listed in the National Register. 2 d Number of conservation easements modified, traextinguished, or terminated by the organization during the tax year ▶ Number of states where property subj vation easement is located > Does the organization have a writter policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **►**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III

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

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenues included in Form 990, Part VIII, line 1.....
- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1..... b Assets included in Form 990, Part X..... - S
- BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Part III Organizations Mainta | ining Collectic | AS ons of Art. His | torical Treasures | or Other Similar As | 715618 |
|--|---|--|--|---|---|
| 3 Using the organization's acquisition | n, accession, and o | ther records, check | any of the following that | t are a significant use of it | te collection |
| | | | | | is conection |
| a Public exhibition | | d Loa | n or exchange program | ns | |
| b Scholarly research | | e Oth | er | | |
| c Preservation for future gener | | | | | |
| 4 Provide a description of the organiz Part XIII. | ration's collections | and explain how th | ney further the organization | on's exempt purpose in | |
| 5 During the year did the associate | ara | | | | |
| The second secon | ian to be manual | ied as pair of the | Ordanization's colloctic | 307 | M |
| Part IV Escrow and Custodia line 9, or reported an a | i wraniciement | S. L.Omniata | The organization a | inswered 'Yes' to Fo | orm 990, Part |
| 1 a is the organization an agent trus | tee custodian or | other interesti | | | 4 9 |
| | | *********** | Management of the Control of the Con | other assets not included | Yes [|
| b If 'Yes,' explain the arrangement | in Part XIII and co | omplete the follow | wing table: | | Lies L |
| e Reginning halance | | | | | Amount |
| c Beginning balance | ************* | | ******* | 1 c | |
| d Additions during the year | | | ************ | 1d | |
| e Distributions during the year | ************* | | | 1e | |
| 1 Ending balance | | | | 1f | |
| 2a Did the organization include an ar | mount on Form 99 | 0, Part X, line 21 | 7 | | Yes |
| b it Yes, explain the arrangement i | in Part XIII. Check | here if the expla | antion has been provide | ed in Part XIII | |
| Part V Endowment Funds. Co | emplete if the o | organization a | nswered 'Yes' to Fo | orm 990, Part IV, Jir | ne 10. |
| | (a) Current year | (b) Prior year | ar (c) Two years bad | ck (d) Three years back | (e) Four years b |
| 1 a Beginning of year balance | | | | (wy rin oo yours baok | (c) rour years D |
| b Contributions | | | | - 1 | |
| c Net investment earnings, gains, | | | | YOR | |
| and leases, | | | | | |
| and losses | ** | | 0 | | |
| d Grants or scholarships | ··. | | on C |), | - |
| d Grants or scholarships Other expenditures for facilities | | | ERC | 31 | |
| d Grants or scholarships e Other expenditures for facilities and programs | | ~ \ | ERC |)(| |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses | | YAC | ER C | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance | . 1 | | ERC | | |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance 2 Provide the estimated percentage | the & vrei ha | | ER G | | |
| d Grants or scholarships. e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. Provide the estimated percentage a Board designated or quasi-endowmen | the a ver | | | | |
| and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage a Board designated or quasi-endowment b Permanent endowment | 1.12 | end balance (lir | | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage a Board designated or quasi-endowmen | 1.12 | end balance (lir | | | |
| and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment | · | end balance (ling) | | | |
| and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance. Provide the estimated percentage a Board designated or quasi-endowment b Permanent endowment The percentages in lines 2a, 2b, ar | % and 2c should equa | end balance (ling) | ne 1g, column (a)) held | as: | |
| and losses d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance 2 Provide the estimated percentage a Board designated or quasi-endowment became percentages in lines 2a, 2b, ar a Are there endowment funds not in the | % and 2c should equa | end balance (ling) | ne 1g, column (a)) held | as: | |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance Provide the estimated percentage a Board designated or quasi-endowment be Permanent endowment. Temporarily restricted endowment The percentages in lines 2a, 2b, ar a Are there endowment funds not in the organization by: | % and 2c should equal possession of the | end balance (ling) % % 1 100%. organization that a | ne 1g, column (a)) held | as: | Yes |
| and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage a Board designated or quasi-endowment b Permanent endowment b Permanent endowment b representages in lines 2a, 2b, ar 3a Are there endowment funds not in the organization by: (i) unrelated organizations | and 2c should equal possession of the | end balance (ling) % % I 100%. organization that a | ne 1g, column (a)) held | as: | Yes N |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance Provide the estimated percentage a Board designated or quasi-endowment became the permanent endowment. The percentages in lines 2a, 2b, ar a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations | and 2c should equal possession of the | end balance (line) % % I 100%. organization that a | ne 1g, column (a)) held | as: | 3a(i) |
| and losses d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance 2 Provide the estimated percentage a Board designated or quasi-endowment b Permanent endowment b Permanent endowment b representages in lines 2a, 2b, ar 3a Are there endowment funds not in the organization by: (i) unrelated organizations. (ii) related organizations. b If 'Yes' to 3a(ii), are the related org | nd 2c should equal possession of the | end balance (ling) 8 1 100%. organization that a | ne 1g, column (a)) held are held and administered | as: | 3a(i) 3a(ii) |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. 2 Provide the estimated percentage a Board designated or quasi-endowment b Permanent endowment ▶ c Temporarily restricted endowment The percentages in lines 2a, 2b, ar 3a Are there endowment funds not in the organization by: (i) unrelated organizations. (ii) related organizations. b If 'Yes' to 3a(ii), are the related org Describe in Part XIII the intended u | nd 2c should equal possession of the manizations listed a ses of the organizations of the organizations. | end balance (ling) 8 1 100%. organization that a | ne 1g, column (a)) held are held and administered | as: | 3a(i) |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. Provide the estimated percentage a Board designated or quasi-endowment b Permanent endowment ► c Temporarily restricted endowment The percentages in lines 2a, 2b, ar and Are there endowment funds not in the organization by: (i) unrelated organizations. (ii) related organizations. b If 'Yes' to 3a(ii), are the related organization in Part XIII the intended unant VI Land, Buildings, and Economic and programs are programs. | nd 2c should equal possession of the manizations listed a ses of the organizationent. | end balance (ling) 8 1 100%. organization that a service on Sociation's endowments | ne 1g, column (a)) held are held and administered the held and administered the held are held are held are held and administered the held are held are held and administered the held are held | as: | 3a(i) 3a(ii) 3b |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance. Provide the estimated percentage a Board designated or quasi-endowment be Permanent endowment. Temporarily restricted endowment. The percentages in lines 2a, 2b, and are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization Part XIII the intended unant VI Land, Buildings, and Engon Land, Buildings, Bui | nd 2c should equal possession of the manizations listed a ses of the organizationent. | end balance (ling) 8 1 100%. organization that a service on Sociation's endowments | ne 1g, column (a)) held are held and administered the held and administered the held are held are held are held and administered the held are held are held and administered the held are held | as: | 3a(i) 3a(ii) 3b |
| and losses d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. Provide the estimated percentage a Board designated or quasi-endowment b Permanent endowment ▶ c Temporarily restricted endowment The percentages in lines 2a, 2b, ar a Are there endowment funds not in the organization by: (i) unrelated organizations. (ii) related organizations. b If 'Yes' to 3a(ii), are the related org | nd 2c should equal possession of the possession | end balance (ling) 8 1 100%. organization that a sarequired on Sociation's endowment or other basis | are held and administered the held and administered the held and administered the held expenses and funds. | as: I for the | 3a(i) 3a(ii) 3b |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance. Provide the estimated percentage a Board designated or quasi-endowment be Permanent endowment. Temporarily restricted endowment The percentages in lines 2a, 2b, and are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization in Part XIII the intended unant VI Land, Buildings, and Endowment in the organization in Part XIII the organization in Part XIII the organization Description of property | anizations listed a ses of the organization answered (a) Cos | end balance (ling) 8 1 100%. organization that a sar required on Sociation's endowments as required to Form. | are held and administered the held and administered the held and administered the held expenses the he | as: | 3a(i) 3a(ii) 3b |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance. Provide the estimated percentage a Board designated or quasi-endowment be Permanent endowment. The percentages in lines 2a, 2b, and are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization in Part XIII the intended unant VI Land, Buildings, and Expenses. Description of property a Land | anizations listed a ses of the organization answered (a) Cos (ir | end balance (ling) 8 1 100%. organization that a sarequired on Sociation's endowment or other basis | are held and administered the held and administered the held and administered the held expenses and funds. | as: if for the 11a. See Form 990 (c) Accumulated | 3a(i) 3a(ii) 3b |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance. 2 Provide the estimated percentage a Board designated or quasi-endowment be Permanent endowment. The percentages in lines 2a, 2b, ar 3a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization in Part XIII the intended unant VI Land, Buildings, and Endowment of the organization of property a Land b Buildings | anizations listed a ses of the organization answered (a) Cos (ir | end balance (ling) 8 1 100%. organization that a sarequired on Sociation's endowment or other basis | are held and administered the held administered the held and administered the held adminis | as: I for the 11a. See Form 990 (c) Accumulated depreciation | 3a(i) 3a(ii) 3b , Part X, line 1 (d) Book value |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance. 2 Provide the estimated percentage a Board designated or quasi-endowment be Permanent endowment. The percentages in lines 2a, 2b, ar 3a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization in Part XIII the intended unant VI Land, Buildings, and Endowment of the organization of property a Land b Buildings c Leasehold improvements | nd 2c should equal possession of the possession | end balance (ling) 8 1 100%. organization that a sarequired on Sociation's endowment or other basis | are held and administered the held and administered the held and administered the held expenses and funds. | as: if for the 11a. See Form 990 (c) Accumulated | 3a(i) 3a(ii) 3b |
| d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance. 2 Provide the estimated percentage a Board designated or quasi-endowment be Permanent endowment. c Temporarily restricted endowment The percentages in lines 2a, 2b, and are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization in Part XIII the intended unant VI Land, Buildings, and Education of property a Land b Buildings c Leasehold improvements d Equipment | nd 2c should equal possession of the possession | end balance (ling) 8 1 100%. organization that a sarequired on Sociation's endowment or other basis | are held and administered the held and admin | 11a. See Form 990 (c) Accumulated depreciation 275,583. | 3a(i) 3a(ii) 3b , Part X, line 1 (d) Book value |
| and losses d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance. 2 Provide the estimated percentage a Board designated or quasi-endowment bear Permanent endowment. 5 Temporarily restricted endowment The percentages in lines 2a, 2b, ar and Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization in Part XIII the intended untity Land, Buildings, and Ede Complete if the organization bescription of property a Land b Buildings. c Leasehold improvements | nd 2c should equal possession of the possession | end balance (ling) 8 1 100%. organization that a sarequired on Sociation's endowment 'Yes' to Form to or other basis investment) | the 1g, column (a)) held are held and administered the held and admini | 11a. See Form 990 (c) Accumulated depreciation 275,583. | 3a(i) 3a(ii) 3b , Part X, line 1 (d) Book value |

| Investments - Other Securities. Complete if the organization and an army | and the second | N/A 62-1715618 |
|--|---|--|
| (a) Description of security or category (including name of security) | ed 'Yes' to Form 99 | N/A N/A N/A N/A N/A N/A N/A N/A |
| (1) Financial derivatives. | (b) Book value | (c) Method of valuation: Cost or end-of-year market valu |
| (2) Closely-held equity interests. | | Taradaton: Cost of eng-or-year market valu |
| (3) Other | | |
| | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (1) | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | | |
| investments - Program Related. | | |
| Part VIII Investments — Program Related. Complete if the organization answered (a) Description of investment type (1) | Yes' to Form gon | Port IV N/A |
| (a) Description of investment type | (b) Book value | Part IV, line 11c. See Form 990, Part X, lin |
| | (=) Sook value | (c) Method of valuation: Cost or end-of-year market v |
| (2) | (A) (C) | y wanter y |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| | | |
| (10) | | |
| (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered | Yes' to shirt of | COPY |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (1) | Yes' to form 1990, F | Part IV, line 11d. See Form 990, Part X, line |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (1) (2) | Yes' to son Sod F | Part IV, line 11d. See Form 990, Part X, line (b) Book value |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (1) (2) (3) | Yes' to som 990 F | Part IV, line 11d. See Form 990, Part X, line (b) Book value |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (1) (2) (3) (4) | Yes' to Form 1990 F | Part IV, line 11d. See Form 990, Part X, line (b) Book value |
| Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) | Yes' to Form 200 F | Part IV, line 11d. See Form 990, Part X, line (b) Book value |
| Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) | Yes' to Form 200 F | Part IV, line 11d. See Form 990, Part X, line (b) Book value |
| Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) | Yes' to Form 200 F | Part IV, line 11d. See Form 990, Part X, line (b) Book value |
| Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) 8) | Yes' to Form 990 F | Part IV, line 11d. See Form 990, Part X, line (b) Book value |
| Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) | Yes' to Form 990 F | Part IV, line 11d. See Form 990, Part X, line (b) Book value |
| Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) | | (D) Book value |
| Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) | | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | line 15.). | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | line 15.). | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) Tal. (Column (b) must equal Form 990, Part X, column (B), Internal X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liabilities. | line 15.) | (D) Book value |
| Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) tal. (Column (b) must equal Form 990, Part X, column (B), and X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability) Federal income taxes | line 15.). | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) tal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability Federal income taxes NOTE PAYABLE - AVENUE DANK (Column (B) (B)) | line 15.) | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability Federal income taxes NOTE PAYABLE - AVENUE BANK NOTE #1 | line 15.) | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) Ital. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability Federal income taxes NOTE PAYABLE - AVENUE BANK NOTE #1 NOTE PAYABLE - SUMMPLICATION | 990, Part IV, line 11e or (b) Book value 98, 710. | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) Ital. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability Federal income taxes NOTE PAYABLE - AVENUE BANK NOTE #1 NOTE PAYABLE - SUMMPLICATION | 990, Part IV, line 11e or (b) Book value 98,710. 59,020. | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) tal. (Column (b) must equal Form 990, Part X, column (B), mat X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability Federal income taxes NOTE PAYABLE - AVENUE BANK NOTE #1 | 990, Part IV, line 11e or (b) Book value 98,710. 59,020. 311,512. | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability) Federal income taxes O NOTE PAYABLE - AVENUE BANK NOTE #1 O NOTE PAYABLE - SUNTRUST BANK ONOTE PAYABLE - THE HOUST RESIDENCE (1) NOTE PAYABLE (1) NOTE PAYABL | 990, Part IV, line 11e or (b) Book value 98,710. 59,020. | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability) Federal income taxes O NOTE PAYABLE - AVENUE BANK NOTE #1 O NOTE PAYABLE - SUNTRUST BANK ONOTE PAYABLE - SUNTRUST BANK ONOTE PAYABLE - THE HOUSING FUND | 990, Part IV, line 11e or (b) Book value 98,710. 59,020. 311,512. | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Complete if the organization answered in the organization answered | 990, Part IV, line 11e or (b) Book value 98,710. 59,020. 311,512. | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Complete if the organization answered in the organization answered | 990, Part IV, line 11e or (b) Book value 98,710. 59,020. 311,512. | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Complete if the organization answered in the organization answered | 990, Part IV, line 11e or (b) Book value 98,710. 59,020. 311,512. | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) tal. (Column (b) must equal Form 990, Part X, column (B), and X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability Federal income taxes NOTE PAYABLE - AVENUE BANK NOTE #1 NOTE PAYABLE - SUNTRUST BANK NOTE PAYABLE - THE HOUSING FUND | 990, Part IV, line 11e or (b) Book value 98,710. 59,020. 311,512. | (D) Book value |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) Ital. (Column (b) must equal Form 990, Part X, column (B), and X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability Federal income taxes NOTE PAYABLE - AVENUE BANK NOTE #1 NOTE PAYABLE - SUNTRUST BANK NOTE PAYABLE - THE HOUSING FUND (Column (b) must equal Form 990, Part X, column (B), and X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability Federal income taxes NOTE PAYABLE - AVENUE BANK NOTE #1 NOTE PAYABLE - THE HOUSING FUND | 990, Part IV, line 11e or (b) Book value 98,710. 59,020. 311,512. 183,980. | 11f. See Form 990, Part X, line 25 |
| Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Complete if the organization answered in the organization answered | 990, Part IV, line 11e or (b) Book value 98,710. 59,020. 311,512. 183,980. | 11f. See Form 990, Part X, line 25 |

| Total revenue, gains, and other support per audited financial statements. Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | 1,533,789 |
|--|---|--|
| Z Amounts included on line i but not on Form 990, Part VIII, line 12: | | 1,333,103 |
| a Net unrealized gains on investments | 975. | |
| b Donated services and use of facilities | 513. | |
| | | |
| c Recoveries of prior year grants | 307,171. | |
| e Add lines 2a through 2d. | 2e | 308,146 |
| 3 Subtract line 2e from line 1 | 3 | 1,225,643 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | 1,223,043 |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.) 4b | | * |
| c Add lines 4a and 4b | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 1 225 642 |
| Part XII Reconciliation of Expenses per Audited Financial Statements With | | 1,225,643 |
| Complete if the organization answered 'Yes' to Form 990, Part IV, lin | | n, |
| | | |
| 1 Total expenses and losses per audited financial statements | | 1,273,428 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | | |
| b Prior year adjustments | | |
| c Other losses | | |
| d Other (Describe in Part XIII.) . SEE PART XIII 2d | 291,556. | |
| e Add lines 2a through 2d. | 2e | 291,556 |
| 3 Subtract line 2e from line 1 | | 981,872 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | ~DI | |
| b Other (Describe in Part XIII.) | | |
| | 4c | |
| c Add lines 4a and 4b | 11.2.7.4.7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4 | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Par , line | 5 | 981,872 |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Par , line | 5 | 981,872 |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Par , line | 5 | 981,872 |
| Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line | es 1b and 2b; Part V, art to provide any addition | nal information. |
| Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5 a d 3 F 1 lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 4; Part X, line 2; Part XI, lines 2d and 4b; and 3 b t X, lines 2d and 4b. Also complete this part X - FIN 48 FOOTNOTE | es 1b and 2b; Part V, art to provide any addition | nal information. PECTED TO |
| Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5 and 5 F Lines 1a and 4; Part IV, line ine 4; Part X, line 2; Part XI, lines 2d and 4b; and 3 fr X, lines 2d and 4b. Also complete this part X - FIN 48 FOOTNOTE MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITION. | es 1b and 2b; Part V, eart to provide any additionant to provide any additionant to DESTATE OF EXAMPLE TO DESTATE TO DESTAIL TO DEST | nal information. PECTED TO PERMINE |
| Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5 and F I lines 1a and 4; Part IV, line ine 4; Part X, line 2; Part XI, lines 2d and 4b; and Part X, line 2d and 4b. Also complete this part X - FIN 48 FOOTNOTE MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITION BE TAKEN IN THE COURSE OF PREPARING THE AGENCY'S INCOME TAX | es 1b and 2b; Part V, eart to provide any additional to provide any additional to the second | nal information. PECTED TO FERMINE F BEING |
| Total expenses. Add lines 3 and 4c. (This must equal Form 990, Parallice Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5 and F lines 1a and 4; Part IV, lines 1e 4; Part X, line 2; Part XI, lines 2d and 4b; and 1et X, lines 2d and 4b. Also complete this part X - FIN 48 FOOTNOTE MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS BE TAKEN IN THE COURSE OF PREPARING THE AGENCY'S INCOME TAX WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN" | es 1b and 2b; Part V, art to provide any addition ONS TAKEN OR EXI AX RETURNS TO DET NOT" STANDARD OF | nal information. PECTED TO FERMINE F BEING ENT HAS |
| Total expenses. Add lines 3 and 4c. (This must equal Form 990, Parallic Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5 and Fart XI, lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 4; Part X, line 2; Part XI, lines 2d and 4b; and a rt XIIII and 4b. Also complete this part XIIII AND ARREST AND ARR | es 1b and 2b; Part V, art to provide any addition CONS TAKEN OR EXITAL AX RETURNS TO DET NOT" STANDARD OF CRITIES. MANAGEME | nal information. PECTED TO FERMINE F BEING ENT HAS COME TAX |

| Schedule D (Form 990) 2013 CONEXION AMERICAS | 62-1715618 | Page 5 |
|---|-----------------------------|--------|
| Part XIII Supplemental Information (continued) | | |
| PART X - FIN 48 FOOTNOTE (CONTINUED) | | |
| TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RE | SLATING TO UNCERTAIN INCOME | TAX |
| POSITIONS ON THE AGENCY'S BOOKS. | | |
| FOSTITIONS ON THE AGENCY'S BOOKS. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <u> </u> | | |
| 6 | Va | |
| | CUK, | |
| TAXPAYER | <u> </u> | |
| AVEN | | |
| VPA | | |
| TAN | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

TEEA3305L 07/01/13

Schedule D (Form 990) 2013

BAA

2013

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

CONEXION AMERICAS

62-1715618

| SCHEDULE D, PART XI, LINE 2D | |
|------------------------------|----------------------------------|
| OTHER REVENUE INCLUDED IN F | F/S BUT NOT INCLUDED ON FORM 990 |

| FUNDRAISING EXPENSES | \$ 55,931. |
|----------------------------------|----------------|
| RENTAL EXPENSES - ADMINISTRATIVE | 251,240. |
| TOTAL | \$ 307,171. |

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

| FUNDRAISING EXPENSES. PROVISION FOR UNCOLLECTIBLE LOANS. | \$ 55,931. -15,615. |
|--|---------------------------|
| RENTAL EXPENSES - ADMINISTRATIVE | 251,240. 291,556. |

TAXPAYER COPY

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

| Name of the organization | | | | | Employer identific | ation number |
|--|------------------|------------------------|-----------------------------|----------------------------|--|----------------------------------|
| CONEXION AMERICAS | | | | | 62-171561 | .8 |
| Form 990-EZ filers are not re | equired to com | plete this p | part. | | | |
| 1 Indicate whether the organization | raised funds th | rough any | of the follo | wing activities. Check | all that apply. | |
| a Mail solicitations | | | e | Solicitation of non- | government grants | |
| b Internet and email solicitation | S | | f | Solicitation of gove | ernment grants | |
| c Phone solicitations | | | g | Special fundraising | events | |
| d In-person solicitations | | | 9 | | , | |
| 2a Did the organization have a written of employees listed in Form 990, Pa | or oral agreemer | nt with any | individual (in | ncluding officers, directo | rs, trustees or key services? | Yes X No |
| b If 'Yes,' list the ten highest paid indi- compensated at least \$5,000 by the | | | | | | |
| (i) Name and address of individual | (ii) Activity | (iii) Did | fundraiser | (iv) Gross receipts | (v) Amount paid to | (vi) Amount paid to |
| or entity (fundraiser) | | have custo of contr | dy or control ributions? | from activity | (or retained by) fundraiser listed in column (i) | (or retained by) organization |
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | i. | | | ER C | N | |
| 4 | | | | - C(| JK , | |
| 5 | | | 1 | FRU | | |
| 6 | N | D | 71 | | | |
| 7 | (A) | 10. | | | | |
| 8 | | | | | | |
| 9 | * | | | | | |
| 10 | | | | | | |
| Total | | | ▶ | | | 0. |
| List all states in which the organization or licensing. | on is registered | or licensed | to solicit co | ntributions or has been | notified it is exempt from | registration |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

List events with gross receipts greater than \$5,000.

| | R E V E N 1 Gross receipts | (a) Event #1 FUNDRAISING BR (event type) | (b) Event #2 HISPANIC HERIT (event type) | (c) Other events NONE | (d) Total events (add column (a) through column (c)) |
|----------|---|--|--|-----------------------|--|
| | 1 Gross receipts | 172 172 | | (total number) | |
| | 2 Less: Charitable contributions. | 173,173 | 76,791. | | 249,964. |
| | | 173,173 | 55,894. | | 229,067. |
| - | 3 Gross income (line 1 minus line 2) | | 20,897. | | |
| | 4 Cash prizes | | 20,057. | | 20,897. |
| | 5 Noncash prizes | | | | |
| E E C | 6 Rent/facility costs | 10 000 | | | |
| Ç | 7 Food and beverages | 10,009. | 6,784. | | 16,793. |
| E | and beverages | 10,981. | 11,065. | | 22,046. |
| PE | 8 Entertainment | 200. | 2,550. | | |
| EXPENSES | 9 Other direct expenses | 11,907. | | | 2,750. |
| S | , | | 2,435. | | 14,342. |
| | The surface surfilliary. And lines A through | igh 9 in column (d) | | ······ » | EE 021 |
| Pa | 11 Net income summary. Subtract line 10 from | n line 3, column (d) | | | 55,931. -35,034. |
| | \$15,000 on Form 990-EZ, line 6a. | on answered 'Yes | to Form 990, Part | IV, line 19, or rep | orted more than |
| REVENUE | | (a) Bingo | (b) Pull tabs/Instant | Oler Laming | (d) Total gaming (add column (a) through column (c)) |
| D-RECT | 2 Cash prizes | PAY | | | |
| CSTE | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | Yes % | Yes % | Yes % | |
| | 7 Direct expense summary. Add lines 2 through | 15 in column (d) | | | |
| | 8 Net gaming income summary. Subtract line 7 | from line 1, column (| (d) | | |
| b i | Enter the state(s) in which the organization operate s the organization licensed to operate gaming action of 'No,' explain: | es gaming activities: vities in each of these | states? | | |
| 10a W | Vere any of the organization's gaming licenses reviews,' explain: | oked, suspended or te | erminated during the L | | |
| AA | | | | | |
| | | TEEA3702L 06/26/1 | 3 | Schedule G (Form 99) | 0 or 990-FZ) 2013 |

| Schedule G (Form 990 or 990-EZ) 2013 CONE | XION AMERICAS | 62-1715618 | Page 3 |
|---|---|--|---------|
| 11 Does the organization operate gaming ac | tivities with nonmembers? | Yes | No |
| | rustee of a trust or a member of a partnership or o | | No |
| 13 Indicate the percentage of gaming activity | onerated in | - T T | |
| | operated in. | 13a | 9 |
| | *************************************** | | 96 |
| 14 Enter the name and address of the person w | ho prepares the organization's gaming/special eve | nts books and records: | |
| Name ▶ | | | |
| Address > | | | |
| 15a Does the organization have a contact with b If 'Yes,' enter the amount of gaming rever of gaming revenue retained by the third po c If 'Yes,' enter name and address of the th | a third party from whom the organization recenue received by the organization ► \$arty ► \$ ird party: | ives gaming revenue? Yes and the amount | No |
| Name ► | | | |
| Address | | |] |
| 71001000 | | | ' |
| 16 Gaming manager information: | | | |
| Name • | | | |
| Gaming manager compensation ▶ \$ | | OPY | |
| Description of services provided * | byee dent contractions from the gaming product state law to be distributed to other exempt organizations. | ,01 | |
| Director/officer Emple | oyee dene dent contra | ctor | |
| 17 Mandatory distributions | YPA. | | |
| a Is the organization required under stars lave state gaming license? | page charitable distributions from the gaming pro | oceeds to retain the | □No |
| | | nizations or spent in the | |
| organization's own exempt activities during | | | |
| Part IV Supplemental Information. P and Part III, lines 9, 9b, 10b, information (see instructions) | 15b, 15c, 16, and 17b, as applicable. | art I, line 2b, columns (iii) and (Also provide any additional | v), |
| mormation (see manuctions) | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 244 | | |
| | | | |
| | | | |
| BAA | TEEA3703L 06/26/13 | Schedule G (Form 990 or 990-E | 7) 2013 |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization CONEXION AMERICAS

Employer identification number 62-1715618

| meneral | Ver 2 (2 0 2 0) |
|---------|--|
| - | FORM 990, PART VIII, PAGE 9, LINE 8 - GROSS INCOME FROM FUNDRAISING |
| _ | FORM 990, PART VIII, PAGE 9, LINE 8C & SCHEDULE G PART II: ALL CHARITABLE |
| | CONTRIBUTIONS INCLUDED IN GROSS REVENUES FROM FUNDRAISING EVENTS ARE REPORTED |
| | SEPARATELY ON FORM 990, PAGE 9, PART VIII, LINE 1C AND LINE 8A AND ALSO SCHEDULE G, |
| - | PAGE 2, PART II, LINE 2. THIS REPORTING REQUIREMENT RESULTS IN A NET LOSS FROM |
| | FUNDRAISING EVENTS OF \$35,034 DUE TO THE REMOVAL OF \$229,067 OF CHARITABLE |
| | CONTRIBUTIONS FROM THOSE FUNDRAISING EVENTS. FOR THE CURRENT YEAR, THE TOTAL GROSS |
| | RECEIPTS FOR THE ORGANIZATION WITHOUT THE REMOVAL OF ANY CHARITABLE CONTRIBUTIONS |
| | RECEIVED IS \$249,964 AND TOTAL EXPENSES ARE \$55,931 RESULTING IN NET INCOME FOR THE |
| | CURRENT YEAR OF \$194,033. |
| | FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS |
| | A COPY OF THE FORM 990 IS SENT TO MEMBERS OF THE DARK OF DIRECTORS AND IS ALSO |
| | REVIEWED AND DISCUSSED DURING ONE OF A VE DOARD MEETINGS. |
| | FORM 990, PART VI, LINE 120 EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS |
| | BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN THE |
| | POLICY CONFIRMING THAT THEY HAVE REVIEWED THE POLICY. |
| | FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT |
| | THE EXECUTIVE COMMITTEE REVIEWS AND DETERMINES COMPENSATION FOR THE EXECUTIVE |
| | DIRECTOR BASED ON YEARLY EVALUATIONS. |
| _ | FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE |
| | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND |
| - | FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH THE GIVING |
| | MATTERS WEBSITE. |
| _ | |
| | |
| | |

2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CONEXION AMERICAS

62-1715618

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PROVISION FOR UNCOLLECTIBLE LOANS

* 15,615. TOTAL * 15,615.

TAXPAYER COPY

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

OMB No. 1545-1709

| Donas | are filing for an Automatic 3-Month Extension, are filing for an Additional (Not Automatic) 3-Month Extension (Not Automatic) 3-Month Extensio | Onth bytom | Silver per commence and the first control of the second | f this form) | |
|--|--|--|---|------------------------------------|----------------|
| Do not co | nplete Part II unless you have already been gra filing (e-file). You can electronically file Form 8 | nted an aut | omatic 3-month extention | ulis form). | |
| Electronic | filing (e-file). You can electronically file Form 8 required to file Form 990-T), or an additional (extension of time to file any of the forms listed in P. With Certain Personal Benefit Contracts, which liling of this form, visit www.irs.gov/efile and clir | 868 if you n | and a 3 month automit on a previous | ly filed Form 8868. | |
| request an | required to file Form 990-T), or an additional (| not automat | tic) 3-month extension of time. | ime to file (6 mont) | ns for a |
| Associated | With Certain Personal Benefit Contracts which | art I or Part I | I with the exception of Form 8870. Informa | electronically file F | orm 8868 t |
| electronic | extension of time to file any of the forms listed in P With Certain Personal Benefit Contracts, which illing of this form, visit www.irs.gov/efile and clic | must be se | ent to the IRS in paper format (see instr | uctions). For more | details on t |
| Part I | Automatic 3-Month Extension of Tim | on O-L | or Charties & Nonprofits. | | actails of t |
| A corporat | Automatic 3-Month Extension of Tin | ie. Only s | ubmit original (no copies neede | d). | |
| All other a | on required to file Form 990-T and requesting a reporations (including 1120-C filers), partnership | n automatic | 6-month extension - check this box ar | nd complete Part I | only 5 |
| income tax | rporations (including 1120-C filers), partnership returns. | s, REMICs, | and trusts must use Form 7004 to | | orny |
| | | | | | |
| - Andrews | Name of exempt organization or other filer, see instructions. | | Enter filer's idea | ntifying number, se | e instruction |
| Type or | mor, see instructions. | | | Employer identificati | on number (FII |
| print | COMENTON | | | | (41) |
| ila bu the | CONEXION AMERICAS | | | 60 1715640 | |
| file by the due date for | Number, street, and room or suite number. If a P.O. box, see | instructions. | | 62-1715618 Social security numb | - (00) |
| iling your eturn. See | 2195 NOLENSVILLE PIKE | | | occurry manny | er (55IV) |
| nstructions. | City, fown or post office, state, and ZIP code. For a foreign ac | ldress, see instr | uctions. | | |
| | NASHVILLE, TN 37211 | | | | |
| | | | | | |
| inter the Re | turn code for the return that this application is f | or /file a as | | | |
| | turn code for the return that this application is f | or tille a se | parate application for each return) | _ | 01 |
| pplication | | | | | 01 |
| For | 14 | Return | Application | | T Date |
| orm 990 or F | orm 990-EZ | Code | is For | K . | Retur |
| orm 990-BL | 5.111 230 LL | 01 | Form 990-T (corporti n) | | |
| orm 4720 (in | dividual | 02 | Form 1000A | | 07 |
| rm 990-PF | iividual) | 03 | 1 m 4. a other than individual) | | 08 |
| | | 04 | F m 52-7 | | 09 |
| orm 990-1 (| section 401(a) or 408(a) trust) | 13 1 | Form 6069 | | 10 |
| rm 990-T (| rust other than above) | 06 | Form 8870 | | 11 |
| | A VV | - 00 | 1 0111 8870 | | 12 |
| The books | are in the care of > JOSE GONZALEZ | | | | |
| | 2 | | | | |
| Telephone | No. ► <u>615-320-5152</u> | = 00 | | | |
| If the orga | Dization does not have an affine | Fax No. | > | X | |
| If this is fo | nization does not have an office or place of bus | iness in the | United States, check this box | | |
| 15 16 | r a Group Return, enter the organization's four obox ▶ . If it is for part of the group, of | digit Group | Exemption Number (GFN) | this is to at | Trans. |
| check this | box ▶ . If it is for part of the group, chon is for. | neck this box | X > and attach a list with the | ulis is for the whol | e group, |
| check this | on is for. | | attacks a list with the flar | nes and EINs of al | members |
| check this the extens | all automatic 3-month (6 months 4- | equired to fil | e Form 990-T) extension of time | | |
| the extens | o months for a corporation r | | | | |
| the extens I request until | an automatic 3-month (6 months for a corporation r $/15$, 20 15 , to file the exempt organ | nization retu | In for the organization | | |
| the extens I request until _2 The exte | sion is for the organization's return for: | nization retu | irn for the organization named above. | | |
| the extens I request until _2 The exte | sion is for the organization's return for: | ization retu | rn for the organization named above. | | |
| I request until 2 The extens | ision is for the organization's return for: | nization retu | rn for the organization named above. | | |
| check this the extens I request until 2 The extens X ta | sion is for the organization's return for: lendar year 20 or x year beginning 7/01, 20, 13 | and ending | irn for the organization named above. | | |
| the extens I request until2 The exte | sion is for the organization's return for: ellendar year 20 or ex year beginning 7/01, 20, 13, ear entered in line 1 is for less than 12 months. | and ending | | | |
| the extens I request until2 The exte | sion is for the organization's return for: ellendar year 20 or ex year beginning 7/01, 20, 13, ear entered in line 1 is for less than 12 months. | and ending | | l return | |
| i request until 2 The exter X ta If the tax Change | sion is for the organization's return for: lendar year 20 or x year beginning 7/01 20 13, year entered in line 1 is for less than 12 months e in accounting period | and ending | irn for the organization named above. | l return | |
| i request until 2 The exter X ta If the tax Change | sion is for the organization's return for: lendar year 20 or x year beginning 7/01 20 13, year entered in line 1 is for less than 12 months e in accounting period | and ending | irn for the organization named above. | ıl return | |
| the extens I request until _2 The extens X tall Change If this appronnerfunces | sion is for the organization's return for: llendar year 20 or x year beginning 7/01 , 20 13 , year entered in line 1 is for less than 12 months e in accounting period lication is for Forms 990-BL, 990-PF, 990-T, 472 able credits. See instructions | and ending s, check rea 20, or 6069, | son: Initial return Final enter the tentative tax, less any | | |
| i request until 2 The exter X ta If the tax Change If this appronrefunce | ision is for the organization's return for: lendar year 20 or x year beginning 7/01 , 20 13 , year entered in line 1 is for less than 12 months e in accounting period lication is for Forms 990-BL, 990-PF, 990-T, 472 able credits. See instructions | and ending s, check rea | rn for the organization named above. 6/30, 2014 son: | ıl return 3a \$ | 0. |
| irequest until 2 The extens The extens | ision is for the organization's return for: lendar year 20 or x year beginning 7/01 , 20 13 , year entered in line 1 is for less than 12 months e in accounting period lication is for Forms 990-BL, 990-PF, 990-T, 472 able credits. See instructions | and ending s, check rea | rn for the organization named above. 6/30, 2014 son: | | 0. |
| The extens I request until The extens I request until The extens X ta If the tax Change If this appropriate payments If this appropriate payments Balance deligations Balance deligations Balance deligations Balance deligations Change Balance deligations Balance deligations Change Balance deligations Balance deligations | sion is for the organization's return for: lendar year 20 or x year beginning 7/01 , 20 13 , year entered in line 1 is for less than 12 months e in accounting period lication is for Forms 990-BL, 990-PF, 990-T, 472 able credits. See instructions | and ending s, check rea 20, or 6069, | son: Initial return Final enter the tentative tax, less any by refundable credits and estimated a credit. | | |
| I request until | sion is for the organization's return for: lendar year 20 or x year beginning 7/01 , 20 13 , year entered in line 1 is for less than 12 months e in accounting period lication is for Forms 990-BL, 990-PF, 990-T, 472 able credits. See instructions | and ending s, check rea 20, or 6069, | son: Initial return Final enter the tentative tax, less any by refundable credits and estimated a credit. | 3a \$ | 0. |
| I request until | ision is for the organization's return for: lendar year 20 or x year beginning 7/01 , 20 13 , year entered in line 1 is for less than 12 months e in accounting period lication is for Forms 990-BL, 990-PF, 990-T, 472 able credits. See instructions | and ending s, check rea 20, or 6069, enter an allowed as a symmetry with | | 3a \$ | 0. |

| | Form 990-T | Ex | empt Organizatio | on Busi tax unde | ness Income 7 r section 6033(e) | ax Return | : | OMB No. 1545-0687 |
|-------------------|--|---------------------|---|---------------------|--|---------------------------------------|---------|--|
| | Department of the Treasury | ► Informati | ar 2013 or other tax year begin | ning $\frac{1}{0}$ | 2013, and ending | 6/30 | 2014 | 2013 |
| - | Internal Revenue Service | ► Do | on about Form 990-T and not enter SSN numbers on this | form as it ma | ions is available at w | ww.irs.gov/fon | n990t. | |
| - | Check box if address changed | | | | y be public if you organize thanged and see instructions | |). | Open to Public Inspection to 501(c)(3) Organizations Only |
| Ē | Exempt under section | n Print | CONEXION AMERIC | D.C. | sidinged and see instructions | | D | mployer identification numbe Employees' trust, see astructions.) |
| | X 501(C)(3) | or | 2195 NOLENSVILL | E PIKE | | | i | nstructions.) |
| | 408(e) 220 | (e) Type | NASHVILLE, TN 3 | 7211 | | | | 62-1715618 |
| | 408A 530 529(a) | | | | | | E 1 | Inrelated business activity odes (See instructions.) |
| C | end of year | L. CHINGS | exemption number (See in: | structions \> | | | | 453000 531120 |
| 7.0 | 6,137,295 | G Check | organization type | VICOLO | | 1(c) trust | 1 | |
| M | COFFEE SALES: | RENTAL | unrelated business activ | ity. | | | 401(a) | |
| 1 | During the tax year, y | vas the corpor | ation a subsidiary in an a ring number of the parent | **** | | | | |
| - | If 'Yes,' enter the nan | ne and identify | ring number of the parent | miliated gro | up or a parent-subsid | iary controlled | group?. | Yes X No |
| J | The books are in care of | of . TOSE | CONTATER | corporation | | | | |
| 1 | Unrelated | Trade or Re | Isiness Income | - | T | elephone numb | er► 61 | 5-320-5152 |
| | a dioss receipts or sa | iles. , . | | | (A) Income | (B) Expen | ses | (C) Net |
| | b Less returns and allowand | es | c Balance | e► 1c | | | | المستقدات الألا |
| | 2 Cost of goods sold (| Schedule A, li | ne 7) | | | | | |
| , a | Gloss hight anditac | t line 2 from I | ine 1c | | | | | |
| 4 | e Capital yain net inco | me (attach Fo | rm 8949 and Cabadala Do | | | | | |
| | Wet gain (1055) (FORM 4/9/ | . Part II. line 17) | (attach Form 4707) | | | | | |
| 8 | | | | 4c | | | | |
| 9 | Income (loss) from p. (attach statement) | artnerships ar | d S corporations | 46 | | | | |
| 6 | | | *********************** | 5 | | YO | | |
| 7 | Unrelated debt-finance | ed income (S | chedule E) | 6 | R496 | 16. | | |
| 8 | Interest, annuities, royalties | and rents from | controlled organizations (Schedule F | 7 | 49 431. | 99. | 557. | -50,123. |
| 9 | Investment income of a sec | tion 501(c)(7) (9) | , or (17) organization (Schedule F | LIL | - K | | | 30,123. |
| 10 | -valoured exellibit acti | VITY Income (S | chedule I) | 111 | | | | |
| 11 | Advertising income (S | chedule .I) | - VVF | 18 | | | | |
| 12 | Other income (See ins | structions; en | ch - Au .) | 11 | | | | |
| 13 | Total. Combine lines 3 | through 12 | SEE STATEMENT 1 | 12 | 18,499. | | | 10 400 |
| Par | U Deductions I | Not Takon F | Sewhere (See in-L | . 13 | 67,933. | 99. | 57 | 18,499. -31,624. |
| - | contributions | , deductions | Isewhere (See instri s must be directly co and trustees (Schedule K | uctions fo | r limitations on d | eductions.) (| Except | for |
| 14 | Componsation of Office | ers, directors | and trustone (Caballa to | | and annotated | nusiness in | come.) | |
| 15 | Salaries and wages | | | , | ABSTICKERSKINGER. | | 14 | |
| 16 | Repairs and maintenan | ice | | | territani communi | | 15 | 49,295. |
| 17 | bad debts | | | | ************** | · · · · · · · · · · · · · · · · · · · | 16 | |
| 18 | Tover di | le) | | | emmuseen mass. | | 17 | |
| 20 | Charitation incenses | | ons for limitation rules | | | | 18 | |
| 21 | Dorraciation (all the contributions | (See instruct | ions for limitation rules.). | ****** | | | 19 | |
| 22 | ess denresiation (attach For | rm 4562) | lo A and all | | 21 | 60 444 | 20 | |
| 23 [| Depletion | ed on Schedu | le A and elsewhere on ref | turn | 22 2 | 60,110. | | |
| 24 (| Contributions to data | erene erene. | ne A and elsewhere on ref | | | 60,110. | 22 b | |
| 25 E | mplovee henefit are | u compensatio | n plans | | ********* | | 23 | |
| 26 E | Xcess exempt progra | E (Cob | ni pians | | ************ | | 24 | |
| 27 E | xcess readership costs | (Schedule I) | *************************************** | annin. | | | 25 | |
| 60 0 | trier deductions (attach | cchadulas | | | | | 26 | |
| F-07 (1) | Otal deductions. Add in | 200 1/ Aban | 00 | | OLD OIM | TEMENT 2 | 28 | 14 200 |
| SU U | nrelated business taxat | ale income had | | ******** | *********** | | 29 | 14,722. |
| 53 1.4 | et operating loss deduc | tion Himitad s. | | addition. Su | budct line 29 from lin | e 13 | 0 | -95,641. |
| 16 U | nrelated business tayah | Va income had | in and sold. | ********* | SEE. STATEMEN | T 3 | 1 | 33,041. |
| 13 S ₁ | vector deduction (Gene | rally \$1,000, b | ore specific deduction. Su but see line 33 instruction: e 33 from line 32. If line 33 is an | s for excent | ione) | | 2 | -95,641. |
| AA F | or Panentical Dark | ome. Subtract lin | out see line 33 instructions e 33 from line 32. If line 33 is gr see instructions. | reater than line | 32 enter the awall | | 3 | |
| | or Paperwork Reduction | n Act Notice, | see instructions. | | TEEA0205L 12/23/13 | ro or line 32 3 | | -95,641. |
| | | | N . | | 12/23/13 | | F | orm 990-T (2013) |

| - 3 | art III Tax Computation | ERICAS | | | | 62-1715618 | Page |
|---|--|--|--|--|--|--|--------|
| | Organizations Tavable as Com- | ations. See instructions for to | NA CALL CLUCK CAPE | | | | . 49 |
| | Controlled group members (section a Enter your share of the \$50,000, \$ | ns 1561 and 1563) check has | computation, | | | | |
| | a Enter your share of the \$50,000, \$ | 25,000, and \$9 925 000 tave | See in | structions a | and: | | |
| | a Enter your share of the \$50,000, \$ |) \$ | ole income brai | ckets (in tha | at order): | | |
| | b Enter organization's share of (1) | dditional En . | (3) \$ | | | | |
| | (2) Additional 3% tax (not more that concerns tax on the amount on line. | an \$100,000) | nan \$11,/50) | \$ | | | |
| - | c Income tax on the amount on line : | 34 | | \$ | | | |
| 36 | C Income tax on the amount on line. Trusts Taxable at Trust Rates. See on line 34 from: Tax rate sci | instructions for tax compute | diam to | Arregeone | | ► 35 c | 0 |
| | on line 34 from: Tay rate col | Tax computa | tion, income ta | x on the an | nount. | | 0 |
| 37 | Proxy tax. See instructions | | (ronn 1041) | | Cozzanienica | ▶ 36 | |
| 38 | Alternative minimum tax | *********** | ********** | | | . ▶ 37 | |
| 39 | Alternative minimum tax Total. Add lines 37 and 38 to line 3 | 5c or 36, whichever applies | *********** | ******** | | 38 | |
| Pai | Tax and Payments | applies. | | | | 39 | 0 |
| 40 8 | Foreign tax credit (corporations atta | -L F | | | | | - 0 |
| - Ł | Other credits (see instructions) | on on Tito, trusts attach i | orm 1116) | 40 a | | | |
| C | General business credit. Attach Forr Credit for prior year minimum tax (a | n 3800 (see instruction | | 40b | The state of the s | Marine Control of the | |
| C | Credit for prior year minimum tax (a Total credits. Add lines 40a through | ttach Form 8901 as 8903 | Eginne transport | 40 c | | | |
| e | Total credits. Add lines 40a through Subtract line 40e from line 39 | 40d | ********* | 40 d | | | |
| 41 | Subtract line 40e from line 39 Other taxes. Check if from: Form | | ************ | | | . 40e | |
| 42 | Oulei taxes. Check if from ! Form | ADEE - | | | | 41 | 0. |
| | Uller (attach schedule) | The state of the s | . 2021 | 0000 | | | 0. |
| 43 | Total tax. Add lines 41 and 42 | | | | | . 42 | |
| 44 a | Payments: A 2012 overnaument and | deal to page | | Secondario | | 43 | |
| D. | 2013 estimated tax navments | | *********** | 44a | | | 0. |
| C | Tax deposited with Form 8868. | 111111111111111111111111111111111111111 | ATTENDED OF THE | 44b | | | |
| d i | Foreign organizations: Tax paid or wi | thheld at source 4 | ********* | 44 c | | | |
| e E | Backup withholding (see instructions) Credit for small employer health insur | unielu at source (see instruct | tions) | 44 d | | -172 | |
| | | 2000 0000000000000000000000000000000000 | | 44e | | | |
| g | Other credits and payments: | Form 2439 | 1 8941) | 441 | av | | |
| | Form 4136 | Other | | | THI | | |
| | | Jotner | Total | 46 | 11 | | |
| 46 E | otal payments. Add lines 44a through | 1 44g | -0 | U | | | |
| 47 T | stimated tax penalty (see instructions ax due. If line 45 is less than the total verpayment. If line 45 is larger than | s). Check if Form 2220 is at | ici a | | | 45 | 0. |
| 48 O | vernayment if line 45 in the total | of lines 43 and 46 letter a | noun owed. | | | 46 | |
| 19 E | verpayment. If line 45 is larger than the total verpayment. If line 45 is larger than the amount of line 48 you was: | the total 11 43 and 46, a | enter amount o | vernaid | ******* | 47 | |
| | the amount of line 48 you was: | Orditod 2 4 material | | voipaid | ********* | 48 | |
| art L | / Ctotomani S | and estimated t | ax > | | Part A A A | 13.0 | |
| art | Statements Regarding Co | 11. 111 | WAY. | | Refunded > | 49 | |
| 1 At | any time during the 2013 calendar | an Activities and Oth | er Informati | on (see in: | Refunded > | | |
| 1 At | any time during the 2013 calendar year | ain Activities and Oth, did the organization have an | ner Informati | on (see in: | Refunded structions) | War a | No. |
| 1 At fin Re | statements Regarding Ce any time during the 2013 calendar year pancial account (bank, securities, or other) eport of Foreign Bank and Financial A | all Activities and Oth , did the organization have an in a foreign country? If YES, | ner Informati interest in or a s the organization | on (see in: ignature or on on may have | Refunded structions) other authority of to file Form | over a Yes | s No |
| 1 At fin Re | any time during the 2013 calendar year ancial account (bank, securities, or other) eport of Foreign Bank and Financial Arring the tax year, did the granization | dir Activities and Oth , did the organization have an in a foreign country? If YES, accounts. If YES, enter the na | ier Information interest in or a some of the force | on (see in: ignature or on on may have | Refunded structions) other authority of to file Form | over a Yes | |
| 1 At fin Re | any time during the 2013 calendar year pancial account (bank, securities, or other) eport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms. | dir Activities and Ott, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, | ner Informati interest in or a s the organization ame of the fore or was it the g | on (see in: ignature or on on may have | Refunded structions) other authority of to file Form | over a Yes | X |
| 1 At fin Re | any time during the 2013 calendar year pancial account (bank, securities, or other) eport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms ter the amount of tax assemblished. | In Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name of the organization may have to | ner Informati interest in or a s the organization ame of the fore or was it the go of file. | on (see in: ignature or on on may have | Refunded structions) other authority of to file Form | over a Yes | |
| I At fin Re | any time during the 2013 calendar year pancial account (bank, securities, or other) eport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms ter the amount of tax assemblished. | In Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name of the organization may have to | ner Informati interest in or a s the organization ame of the fore or was it the go of file. | on (see in: ignature or on on may have ign country rantor of, or | Refunded structions) other authority of the form here r transferor to, | over a Yes | X |
| At fin Re Du If 'Ent | any time during the 2013 calendar year annotal account (bank, securities, or other) apport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms the amount of tax-exempt interest results A — Cost of Goods Sold F | di Activities and Otto, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, the organization may have to ceived or accrued during the tall the received of the ceived of accrued during the tall the received of the ceived of the | ner Informati interest in or a s the organization ame of the fore or was it the go of file. | on (see in: ignature or on on may have | Refunded structions) other authority of to file Form | over a Yes | X |
| At fin Re | statements Regarding to any time during the 2013 calendar year pancial account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms the amount of tax-exempt interest relied A — Cost of Goods Sold. Elentory at beginning of year | di Activities and Otto, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, the organization may have to ceived or accrued during the tall the received of the ceived of accrued during the tall the received of the ceived of the | ner Information interest in or a some of the fore or was it the go file, ax year | on (see in: ignature or on may have ign country rantor of, or | Refunded structions) other authority of the to file Form here r transferor to, | over a Yes | X |
| At fin Re Du If ' En Inv Pur | statements Regarding Ce any time during the 2013 calendar year pancial account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms the amount of tax-exempt interest relied A — Cost of Goods Sold. Elentory at beginning of year. | di Activities and Otto, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, the organization may have to ceived or accrued during the tall the received of the ceived of accrued during the tall the received of the ceived of the | er Information interest in or a significance of the fore or was it the go file. x year file inventor file in | on (see in: ignature or on may have ign country rantor of, or | Refunded structions) other authority of the to file Form here rather to, 10. | over a Yes | X |
| At fin Re Du If Y Ent hedi | statements Regarding Ce any time during the 2013 calendar year pancial account (bank, securities, or other) export of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms ter the amount of tax-exempt interest required A — Cost of Goods Sold. Eventory at beginning of year richases. | In Activities and Otto, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, the organization may have to ceived or accrued during the talenter method of inventory valuation. | interest in or a s the organization ame of the fore or was it the g of file, ix year file file | on (see in: ignature or on may have ign country rantor of, or | Refunded structions) other authority of the to file Form here rather to, of year | over a TD F 90-22.1, a foreign trust?. | X |
| At fin Re Du If Y Ent hedi | statements Regarding Ce any time during the 2013 calendar year pancial account (bank, securities, or other) export of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms ter the amount of tax-exempt interest required A — Cost of Goods Sold. Eventory at beginning of year richases. | I all Activities and Otto, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, the organization may have to ceived or accrued during the tall and the method of inventory values. | er Information interest in or a souther organization are of the fore or was it the goof file. X year | on (see in: ignature or on may have ign country rantor of, or property at end of f goods sol | Refunded structions) other authority of the to file Form there be a considered at the total authority of the total | over a Yes TD F 90-22.1, a foreign trust?. | X |
| At fin Re Du If Y En Inv Pur Cos Addi | statements Regarding Ce any time during the 2013 calendar year pancial account (bank, securities, or other) export of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms ter the amount of tax-exempt interest require A — Cost of Goods Sold. Eventory at beginning of year richases. St of labor. tional section 263A costs (attach schedule) | an Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, the organization may have to be decived or accrued during the talenter method of inventory values 1 2 3 | er Information interest in or a souther organization are of the fore or was it the goof file. X year | on (see in: ignature or on may have ign country rantor of, or property at end of f goods sol | Refunded structions) other authority of the to file Form here rather to, of year | over a TD F 90-22.1, a foreign trust?. | X |
| I At fin Re Inv Inv Pur Cos Addi | statements Regarding to any time during the 2013 calendar year annotal account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms the amount of tax-exempt interest results A — Cost of Goods Sold. Eventory at beginning of year archases. St of labor. Toosts section 263A costs (attach schedule) | dir Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the nature receive a distribution from, the organization may have to ceived or accrued during the tate of the transfer method of inventory values and the transfer method of inventory values are received or accrued during the tate of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of inventory values are received as a second control of the transfer method of the | er Information interest in or a set the organization are of the fore or was it the go file. x year ► film 6 Inventor and in | on (see in: ignature or on may have ign country rantor of, or pry at end of goods sol rom line 5. Part I, line | Refunded structions) other authority of the to file Form here rather to, 1 | over a Yes TD F 90-22.1, a foreign trust?. | X |
| I At fin Re Inv Inv Pur Cos Addi | statements Regarding to any time during the 2013 calendar year annotal account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms the amount of tax-exempt interest results A — Cost of Goods Sold. Eventory at beginning of year archases. St of labor. Toosts section 263A costs (attach schedule) | dir Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the nature receive a distribution from, the organization may have to ceived or accrued during the talenter method of inventory values 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | interest in or a s the organization ame of the fore or was it the g ofile, ix year 6 Invento 7 Cost o line 6 f and in | on (see in: ignature or on may have ign country rantor of, or pry at end of goods sol rom line 5. Part I, line | Refunded structions) other authority of the to file Form here rather to, of year d. Subtract Enter here | over a TD F 90-22.1, a foreign trust?. | XXX |
| I At fin Re Inv Inv Pur Cos Addi | statements Regarding to any time during the 2013 calendar year annotal account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms the amount of tax-exempt interest related A — Cost of Goods Sold. Eventory at beginning of year acchases. Set of labor. tional section 263A costs (attach schedule) | I all Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, the organization may have to be decived or accrued during the tax account and the inventory value of the country | er Information interest in or a southe organization ame of the fore or was it the go file. X year | on (see in: ignature or on may have ign country rantor of, or solution f goods solution rom line 5. Part I, line rules of sec | Refunded structions) other authority of the to file Form there to file Form transferor to, of year d. Subtract Enter here | over a TD F 90-22.1, a foreign trust?. 6 7 Yes | X X |
| 11 At fin Re Du If ' Du Inv Cos a Addi | statements Regarding to any time during the 2013 calendar year annotal account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms the amount of tax-exempt interest related A — Cost of Goods Sold. Elementary at beginning of year acchases. St of labor. tional section 263A costs (attach schedule) | I all Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, the organization may have to be decived or accrued during the tax account and the inventory value of the country | er Information interest in or a souther organization are of the fore or was it the go of file. X year X ye | on (see in: ignature or on may have ign country rantor of, or solution f goods solution rom line 5. Part I, line rules of sec | Refunded structions) other authority of the to file Form there to file Form transferor to, of year d. Subtract Enter here | over a TD F 90-22.1, a foreign trust?. 6 7 Yes | XXX |
| 11 At fin Re Pur Cos Addington Addington Addington Addington Total | statements Regarding to any time during the 2013 calendar year annotal account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms the amount of tax-exempt interest refule A — Cost of Goods Sold. Elentory at beginning of year archases. Set of labor. Tional section 263A costs (attach schedule) The costs section 263A costs (attach schedule) | I all Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, the organization may have to be decived or accrued during the tax account and the inventory value of the country | er Information interest in or a souther organization are of the fore or was it the go of file. X year X ye | on (see in: ignature or on may have ign country rantor of, or solution f goods solution rom line 5. Part I, line rules of sec | Refunded structions) other authority of the to file Form here r transferor to, of year d. Subtract Enter here 2 tion 263A (with or acquired for acquired for preparer has any interpretations) | over a TD F 90-22.1, a foreign trust?. 6 7 The respect to resale) apply The respect to resale apply | X X |
| 11 At fin Re Pur Cos Addington Addington Addington Addington Total | statements Regarding to any time during the 2013 calendar year annotal account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms the amount of tax-exempt interest results A — Cost of Goods Sold. Eventory at beginning of year archases. St of labor. Toosts section 263A costs (attach schedule) | dir Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the nature receive a distribution from, the organization may have to ceived or accrued during the talenter method of inventory valuation and the second of preparer (other than taxpayer) | interest in or a s the organization ame of the fore or was it the g ofile, ox year fine 6 Invento Cost o line 6 f and in B Do the propert to the o mpanying schedules is based on all infor | on (see in: ignature or on may have ign country rantor of, or sport at end of f goods sol rom line 5. Part I, line rules of sec y produced rganization and statements mation of which | Refunded structions) other authority of the to file Form here Interpreted to the total struction of the total stru | over a TD F 90-22.1, a foreign trust?. 6 7 Wes respect to r resale) apply my knowledge and knowledge. | X X |
| 1 At fin Ree 2 Du If Y I Entre Cos a Addit Att. Tota | statements Regarding to any time during the 2013 calendar year pancial account (bank, securities, or other) aport of Foreign Bank and Financial Aport of Foreign Bank and Fina | dir Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the nature of the organization may have the organization may have the ceived or accrued during the tainter method of inventory valuations are method of | interest in or a s the organization ame of the fore or was it the g ofile, ox year fine 6 Invento Cost o line 6 f and in B Do the propert to the o mpanying schedules is based on all infor | on (see in: ignature or on may have ign country rantor of, or solution f goods solution rom line 5. Part I, line rules of sec | Refunded structions) other authority of the to file Form here rathered to the form of the file form of the f | over a TD F 90-22.1, a foreign trust?. 6 7 Yes h respect to resale) apply my knowledge and knowledge. May the IRS discuss this return the preparer shown below (see party for the preparer shown below (see | X X |
| 1 At fin Ree Pur Cos a Addit Addit Cother (att. Tota | statements Regarding to any time during the 2013 calendar year annotal account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms ter the amount of tax-exempt interest require A — Cost of Goods Sold. Elentory at beginning of year richases. St of labor. tional section 263A costs (attach schedule) r costs sch.). Under renalities of perjuly, I declare that have belief, it is true, correct and complete. Declare that have belief, it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. | dir Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the nature receive a distribution from, the organization may have to ceived or accrued during the talenter method of inventory valuation and the second of preparer (other than taxpayer) | interest in or a s the organization ame of the fore or was it the g of file. It year 6 Invents 7 Cost of line 6 f and in 8 Do the property to the of property is based on all infor- Title | on (see in: ignature or on may have ign country rantor of, or sport at end of f goods sol rom line 5. Part I, line rules of sec y produced rganization and statements mation of which | Refunded structions) other authority of the form here for transferor to, of year d. Subtract Enter here 2 cition 263A (with or acquired for acquired for preparer has any | over a TD F 90-22.1, a foreign trust?. 6 7 Yes h respect to resale) apply my knowledge and mowledge. May the IRS discuss this return the preparer shows but the | X X |
| 1 At fin Ree 2 Du If \(\) In the di Inv Cos a Addi tat. \(\) Tota | statements Regarding to any time during the 2013 calendar year annotal account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms ter the amount of tax-exempt interest require A — Cost of Goods Sold. Elentory at beginning of year richases. In of labor. It costs sch.) I costs sch.) I Under renalties of perjuly, I declare that have belief, it is true, correct and complete. Declare that have belief, it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true. COLLUM JR | dir Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the nature of the organization may have the organization may have the ceived or accrued during the tainter method of inventory valuations are method of | interest in or a s the organization ame of the fore or was it the g ofile, ox year file 6 Invento 7 Cost o line 6 f and in 8 Do the propert to the o mpanying schedules is based on all infor | on (see in: ignature or on may have ign country rantor of, or sport at end of f goods sol rom line 5. Part I, line rules of sec y produced rganization and statements mation of which | Refunded structions) other authority of the to file Form here rathered to the form of the file form of the f | over a TD F 90-22.1, a foreign trust?. 6 7 Yes h respect to resale) apply my knowledge and knowledge. May the IRS discuss this return the preparer shown below (see party for the preparer shown below (see | No X |
| 1 At fin Ree 2 Du If \(\) If \(\) Entre In \(\) Cos a Addi \(\) Other (att. \(\) Tota | statements Regarding to any time during the 2013 calendar year annotal account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms ter the amount of tax-exempt interest refule A — Cost of Goods Sold. Bentory at beginning of year rechases. St of labor. tional section 263A costs (attach schedule) The costs schools and Add lines I through 4b. Under renalties of perjuly, I declare that have believed it is true, correctly and complete. Declare the period of the print/Type preparer's name. JOEL D COLLUM JR Firm's name JOEL D COLLUM JR Firm's name | dir Activities and Other, did the organization have an in a foreign country? If YES, accounts. If YES, enter the nature of the organization may have the organization may have the ceived or accrued during the tainter method of inventory valuation of preparer (other than taxpayer) Other Other than taxpayer Other than taxpay | interest in or a s the organization ame of the fore or was it the g of file. It year 6 Invents 7 Cost of line 6 f and in 8 Do the property to the of property is based on all infor- Title | on (see in: ignature or on may have ign country rantor of, or sport at end of f goods sol rom line 5. Part I, line rules of sec y produced rganization and statements mation of which | Refunded structions) other authority of the form here for transferor to, of year d. Subtract Enter here 2 cition 263A (with or acquired for acquired for preparer has any | over a TD F 90-22.1, a foreign trust?. A foreign trust?. Yes h respect to resale) apply my knowledge and knowledge. May the IRS discuss this return the preparer shown below (see nstructions)? X Yes PTIN | No X |
| 1 At fin Ree 2 Du If \(\) If \(\) Enthedia Inv Cos a Addi \(\) Additional to the control of the cost and \(\) Additional to the | statements Regarding to any time during the 2013 calendar year annotal account (bank, securities, or other) aport of Foreign Bank and Financial Auring the tax year, did the organization YES, see instructions for other forms ter the amount of tax-exempt interest require A — Cost of Goods Sold. Elentory at beginning of year richases. In of labor. It costs sch.) I costs sch.) I Under renalties of perjuly, I declare that have belief, it is true, correct and complete. Declare that have belief, it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true, correct and complete. Declare that have belief it is true. COLLUM JR | in a foreign country? If YES, accounts. If YES, enter the name receive a distribution from, the organization may have to ceived or accrued during the talenter method of inventory valuation of preparer (other than taxpayer) A | interest in or a s the organization ame of the fore or was it the g of file. It year 6 Invents 7 Cost of line 6 f and in 8 Do the property to the of property is based on all infor- Title | on (see in: ignature or on may have ign country rantor of, or sport at end of f goods sol rom line 5. Part I, line rules of sec y produced rganization and statements mation of which | Refunded structions) other authority of the to file Form here rathered to a construction of the tenter here construction 263A (with or acquired for acquired for acquired for preparer has any construction of the tenter has a const | over a TD F 90-22.1, a foreign trust?. 6 7 h respect to r resale) apply my knowledge and knowledge. May the IRS discuss this return the preparer shown below (see nstructions)? X Yes | No X |

Form 990-T (2013)

| THE REPORT OF THE PARTY OF THE | | | 1//2/ | 9), or (17) Or | ganization (e | e instruct | 171561 | L8 P |
|---|---|--|-----------------------|---|---|------------------------------------|-------------------------------|---|
| Schedule G — Investment Inc 1 Description of income (1) | 2 Amount of | fincome | dire | 3 Deductions ectly connected tach schedule) | 4 Set- | Sides | 5 To | ital deductions asides (column |
| (2) | | | | - Soriedaic) | | | | plus column 4) |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | | | | | | |
| Totals. | Enter here and o Part I, line 9, co | olumn (A). | | | E.F.F | | Enter h | ere and on pag line 9, column |
| Schedule I - Exploited Exemp | t Activity Inco | ome Other | The | A -1. | | | | o 5, coluitiii |
| Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses of connected production of unrelations income the connected production of unrelations in the connected production of the co | with on ted | 4 Net income (loss; from unrelated tradi or business (column 2 minus column 3). If a gain, compute columns 5 through 7 | 5 Gross income fi activity that is n unrelated busine | om 6 Ex | rpenses utable to umn 5 | minus column 5 |
| (1) | | | | columns 5 through 7 | | | | column 4). |
| (2) | | | | | | 1 | | - |
| (3) | | - | | | | 1 | | - |
| (4) | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, | on page | in | | | | | Enter here ar |
| Totals | column (A). | column (B | 3). | | | | | on page 1, Part II, line 2 |
| Schedule J - Advertising In- | | | | | | | | |
| Schedule J - Advertising Incom | 1e (See instruction | ons) | | | | | | |
| Part I Income From Periodical | s Reported or | 1 a Consoli | date | d Basis | | | | |
| 1 Name of periodical | advertising income | 3 Direct advertising costs | 4 (1 | Advertising gain or loss) (col. 2 minus col 3). If a gain | 5 Circula for | Read | 10 | 7 Excess readersh costs (col 6 minus |
| (1) | | | _ | come col 5 | , - | | 1. | 5, but not more the |
| (2) | 1 | - | 1 | - | | | | |
| (3) | 48 | 2 2 | 10 | | | | | |
| -7 | -AV | | | - | | | | |
| | | | | | | | | |
| Vart II Income From Periodicals 7 on a line-by-line hasis | Reported on | a Separate | Basi | S (For each no | | | | |
| 7 on a line-by-line basis.) | Reported on | a Separate | Basi | is (For each per | | | | ins 2 through |
| 7 on a line-by-line basis.) 1 Name of periodical | Reported on | a Separate | Basi (los co | IS (For each per dvertising gain or ss) (col. 2 minus ol. 3). If a gain. | fiodical listed in 5 Circulation income | Part II, fill 6 Reader costs | ship 7 | Excess readership |
| 7 on a line-by-line basis.) 1 Name of periodical | Reported on 2 Gross advertising | a Separate 3 Direct advertising | Basi (los co | is (For each per | 5 Circulation | 6 Reader | ship 7 | Excess readership |
| 7 on a line-by-line basis.) Name of periodical | Reported on 2 Gross advertising | a Separate 3 Direct advertising | Basi (los co | IS (For each per dvertising gain or ss) (col. 2 minus ol. 3). If a gain. | 5 Circulation | 6 Reader | ship 7 | Excess readership |
| 7 on a line-by-line basis.) Name of periodical | Reported on 2 Gross advertising | a Separate 3 Direct advertising | Basi (los co | IS (For each per dvertising gain or ss) (col. 2 minus ol. 3). If a gain. | 5 Circulation | 6 Reader | ship 7 | Excess readership |
| 7 on a line-by-line basis.) 1 Name of periodical | Reported on 2 Gross advertising | a Separate 3 Direct advertising | Basi (los co | IS (For each per dvertising gain or ss) (col. 2 minus ol. 3). If a gain. | 5 Circulation | 6 Reader | ship 7 | Excess readership |
| 1 Name of periodical Name of periodical Totals from Part I | Reported on 2 Gross advertising income | a Separate 3 Direct advertising costs | 4 Ac (los co cc | IS (For each per dvertising gain or ss) (col. 2 minus ol. 3). If a gain. | 5 Circulation | 6 Reader | ship 7 | Excess readership |
| 1 Name of periodical | Reported on 2 Gross advertising income Inter here and on page 1, art 1, line 11, Poolumn (A) | 3 Direct advertising costs | Basi da Ac (los co cc | dvertising gain or sis) (col. 2 minus il. 3). If a gain, in pute cols. 5 through 7. | 5 Circulation income | 6 Reader | ship 7 cos 5, | Excess readership sts (col 6 minus col but not more than col 4). |
| 1 Name of periodical | Reported on 2 Gross advertising income Inter here and on page 1, art 1, line 11, Poolumn (A) | 3 Direct advertising costs | Basi da Ac (los co cc | dvertising gain or sis) (col. 2 minus il. 3). If a gain, in pute cols. 5 through 7. | 5 Circulation income | 6 Reader | ship 7 cos 5, | Excess readership sts (col 6 minus col but not more than col 4). |
| 1 Name of periodical | Reported on 2 Gross advertising income Inter here and on page 1, art 1, line 11, Poolumn (A) | 3 Direct advertising costs | Basi da Ac (los co cc | dvertising gain or sis) (col. 2 minus il. 3). If a gain, in pute cols. 5 through 7. | 5 Circulation income | 6 Reader | ship 7 cos 5, | Excess readership sts (col 6 minus col but not more than col 4). |
| 1 Name of periodical | Reported on 2 Gross advertising income Inter here and on page 1, art 1, line 11, Poolumn (A) | a Separate 3 Direct advertising costs noter here and on page 1, rart 1, line 11, column (B). | Basi da Ac (los co cc | Is (For each performance) Ivertising gain or set (see instruction) Is (see instruction) Is (see instruction) | ons) 3 Percent of time devoted | 6 Reader costs | Enro | Excess readership sts (col 6 minus col but not more than col 4). ter here and n page 1, rt II, line 27. |
| 1 Name of periodical | Reported on 2 Gross advertising income Inter here and on page 1, art 1, line 11, Poolumn (A) | a Separate 3 Direct advertising costs noter here and on page 1, rart 1, line 11, column (B). | Basi (los co cc | Is (For each performance) Ivertising gain or set (see instruction) Is (see instruction) Is (see instruction) | ons) 3 Percent of time devoted to business | 6 Reader costs | ensation | Excess readership sts (col 6 minus col but not more than col 4). ter here and on page 1, rt II, line 27. |
| 1 Name of periodical | Reported on 2 Gross advertising income Inter here and on page 1, art 1, line 11, Poolumn (A) | a Separate 3 Direct advertising costs noter here and on page 1, rart 1, line 11, column (B). | Basi (los co cc | Is (For each performance) Ivertising gain or set (see instruction) Is (see instruction) Is (see instruction) | ons) 3 Percent of time devoted to business | 6 Reader costs | ensation | Excess readership sts (col 6 minus col but not more than col 4). ter here and on page 1, rt II, line 27. |
| Totals from Part I Income From Periodicals 7 on a line-by-line basis.) 1 Name of periodical Totals from Part I En Pa Ils, Part II (lines 1-5) | Reported on 2 Gross advertising income Inter here and on page 1, art 1, line 11, column (A) Icers, Directo | a Separate 3 Direct advertising costs Inter here and on page 1, art I, line 11, column (B). | Basi (los co co | dvertising gain or is) (col. 2 minus il. 3). If a gain, in mpute cols. 5 through 7. | ons) 3 Percent of time devoted to business % | 6 Reader costs | ensation | Excess readership sts (col 6 minus col but not more than col 4). ter here and on page 1, rt II, line 27. |
| 1 Name of periodical | Reported on 2 Gross advertising income Inter here and on page 1, art 1, line 11, column (A) Icers, Directo | a Separate 3 Direct advertising costs Inter here and on page 1, art I, line 11, column (B). | Basi (los co co | dvertising gain or is) (col. 2 minus il. 3). If a gain, in mpute cols. 5 through 7. | ons) 3 Percent of time devoted to business | 6 Reader costs | ensation | Excess readership sts (col 6 minus col but not more than col 4). ter here and on page 1, rt II, line 27. |

Form **8868** (Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

OMB No. 1545-1709

| if you | | on about Louin 9908 and | ile inetrictions is at | | | | |
|--|--|--|--|----------------------------|---|--|--|
| | are filing for an Automatic 3-Mo | onth Extension, comple | its instructions is at www.irs.gov/form88t te only Part I and check this box | i8. | | | |
| IT you a | are filing for an Additional (Not | Automatic) 3-Month Fy | te only Part I and check this box tension, complete only Part II (on page | | | | |
| JO NOT COL | nniata Part II | | Complete only Part II (on pac | 0 2 -5 11 1 - 5 | m). | | |
| : lectronic | filing (e-file). You can electronic | cally file Form 8868 if w | automatic 3-month extention on a pre- automatic 3-month extention on a pre- purpose a 3-month automatic extension matic) 3-month extension of time. You art II with the exception of Form 8870, In the sent to the IRS in paper format (see | viously filed F | orm 8868 | | |
| | | | | | | | |
| SSOCIATED | With Certain Personal Benefit (| Contracts, which must be | art II with the exception of Form 8870. In | can electron | ically file Form 8868 to | | |
| land I | This form, visit www.irs.g | nov/efile and click on e- | matic) 3-month extension of time. You lart II with the exception of Form 8870, In e sent to the IRS in paper format (see file for Charities & Nonprofits. | instructions). | For more details on the | | |
| arti | Automatic 3-Month Eve | | a Horiprofits. | | Cotalis of th | | |
| corporatio | n required to file Form 990-T a | nd requestion | y submit original (no copies ne atic 6-month extension — check this b | eded). | | | |
| other col | porations (including 1130 o m | nd requesting an autom | atic 6-month extension - check this b | ox and comple | oto Deut I | | |
| come tax | returns. | rs), partnerships, REMI | Cs, and trusts must use Form 7004 to | rooment | ele rari i oniy | | |
| | 15 | | atic 6-month extension — check this b Cs, and trusts must use Form 7004 to | request an ex | tension of time to file | | |
| Name of exempt organization or other filer, see instructions. | | | Enter filer's | identifying n | umber, see instruction | | |
| int | | | | Employ | er identification number (EIN) | | |
| | CONEXION AMERICAS | | | | | | |
| by the date for | number, street, and room or suite number | er. If a P.O. box, see instruction | | 62-1 | 62-1715618 | | |
| your | our 12195 NOTENCIATION STATE | | | | ecurity number (SSN) | | |
| n. See uctions. | only, town or post office, state, and ZIP co | ode. For a foreign address, see | instructions | | W. C. C. V | | |
| | NASHVILLE, TN 37211 | 3 333) 000 | and de dollar. | | | | |
| | | | | | | | |
| er the Reti | urn code for the return that this | application is to the | | | | | |
| | | | separate application for each return). | ******** | 07 | | |
| ication | | | | | 07 | | |
| | | Retu | - In bushings and the second of the second o | • | | | |
| | rm 990-EZ | | 1510 | Y | Return | | |
| 990-BL | | 01 | Form 990-T (corporti n) | | | | |
| 4720 (indi | vidual) | 02 | Form 10 A | | 07 | | |
| 990-PF | | 03 | 1 m 4 on ther than individual) | | . 08 | | |
| | | | | | 1 09 | | |
| 990-T (se | ction 401(a) or 408(a) trust) | 04 | F m 52.7 | | | | |
| 990-T (se | ection 401(a) or 408(a) trust) ast other than above) | JOA | Form 6069 | | 10 | | |
| 990-1 (tru | ist other than above) | | | | 10 | | |
| 990-1 (tru | ist other than above) | XP A | Form 6069 | | 10 | | |
| e books ar | ust other than above) The in the care of JOSE GO | JOA | Form 6069 | | 10 | | |
| le books a | ust other than above) The in the care of ▶ JOSE GO | VZALEZ | Form 6069 Form 8870 | | 10 11 12 | | |
| le books ar lephone No | re in the care of > JOSE GO. 3. 615-320-5152 | VZALEZ Fax N | Form 6069 Form 8870 | | 10 11 12 | | |
| e books as dephone No he organis his is for a | ist other than above) The in the care of JOSE GO The interpolation of JOSE GO The i | VZALEZ Fax Nor place of business in t | Form 6069 Form 8870 | _ | 10 11 12 | | |
| e books as dephone No he organis his is for a | ist other than above) The in the care of JOSE GO The interpolation of JOSE GO The i | VZALEZ Fax Nor place of business in t | Form 6069 Form 8870 | . If this is for | 10 11 12 | | |
| e books as lephone No he organis his is for a eck this bo | ist other than above) The in the care of JOSE GO The in | Fax Nor place of business in the dization's four digit Group of the group, check this is | Form 6069 Form 8870 lo. In the United States, check this box | If this is for | 10 11 12 | | |
| e books as lephone No he organis his is for a eck this bo | ist other than above) The in the care of JOSE GO D. 615-320-5152 The care of the care | Fax Nor place of business in the distance of the group, check this is a corporation required to | Form 6069 Form 8870 lo. he United States, check this box p Exemption Number (GEN) box and attach a list with the | names and E | 10 11 12 | | |
| dephone Note that is so for a cock this books and extension request an intil 5/ | the in the care of JOSE GO To be in the care of JOSE GO To be 615-320-5152 To a Group Return, enter the organity. To be it is for part of the interval of the care of the interval of the | Fax Nor place of business in the dization's four digit Group of the group, check this is a corporation required to | Form 6069 Form 8870 lo. he United States, check this box p Exemption Number (GEN) box and attach a list with the | names and E | 10 11 12 | | |
| e books and lephone Nothe organization in the | ist other than above) The in the care of Inches In | Fax Nor place of business in the dization's four digit Group of the group, check this is a corporation required to | Form 6069 Form 8870 lo. he United States, check this box p Exemption Number (GEN) box and attach a list with the | names and E | 10 11 12 | | |
| e books and the organization of the organizati | ist other than above) The in the care of JOSE GO The interpolation is for the organization is returned in the care of JOSE GO The interpolation is for the organization is returned in the care of JOSE GO The interpolation is for the organization is returned in the care of JOSE GO The interpolation is for the organization is returned in the care of JOSE GO The interpolation is for the care of JOSE GO The interpolati | Fax Nor place of business in the dization's four digit Group of the group, check this is a corporation required to | Form 6069 Form 8870 lo. In the United States, check this box | names and E | 10 11 12 | | |
| e books and the organization of the organizati | ist other than above) The in the care of JOSE GO The interval of the care of | Fax Nor place of business in the dization's four digit Group of the group, check this is a corporation required to a exempt organization return for: | Form 6069 Form 8870 lo. Fine United States, check this box p Exemption Number (GEN) box In and attach a list with the little file Form 990-T) extension of time exturn for the organization named above | names and E | 10 11 12 | | |
| lephone Not his is for a extension request an intil _ 5/ne extension cale X tax y | ist other than above) The in the care of JOSE GO The interval of the interval of the care of the | Fax Nor place of business in the proup, check this is a corporation required to exempt organization return for: | Form 6069 Form 8870 lo. Fine United States, check this box p Exemption Number (GEN) box In and attach a list with the little file Form 990-T) extension of time exturn for the organization named above | names and E | 10 11 12 | | |
| e books and lephone Note this is for a extension request an intil _5/_ cale X tax yether tax yether lax yeth | re in the care of JOSE GO The interval of the care of the car | Fax Nor place of business in the proup, check this is a corporation required to exempt organization return for: | Form 6069 Form 8870 Io. he United States, check this box p Exemption Number (GEN) box and attach a list with the file Form 990-T) extension of time eturn for the organization named above | names and E | 10 11 12 | | |
| e books and lephone Nothe organishis is for a extension request an intil _5/_ cale X tax ye | ist other than above) The in the care of JOSE GO The interval of the care of | Fax Nor place of business in the proup, check this is a corporation required to exempt organization return for: | Form 6069 Form 8870 Io. he United States, check this box p Exemption Number (GEN) box and attach a list with the file Form 990-T) extension of time eturn for the organization named above | names and E | 10 11 12 | | |
| e books and be boo | ist other than above) The in the care of JOSE GO The interpolation is for part of the care of th | Fax Nor place of business in the properties of the group, check this is a corporation required to exempt organization regard for: 20 13, and endired to the properties of the group of the | Form 6069 Form 8870 Io. Fine United States, check this box Ip Exemption Number (GEN) Ioox In and attach a list with the organization named above Ing 6/30 , 20 14 . Initial return In Initial return Initial return Initial return Initial Initial return Initial I | names and E | 10 11 12 | | |
| de books and dephone Not his is for a extension request an intil _5/ne extension _ cale _ X tax y the tax ye _ Change | ist other than above) The in the care of JOSE GO The interpolation is for part of the care of th | Fax Nor place of business in the properties of the group, check this is a corporation required to exempt organization regard for: 20 13, and endired to the properties of the group of the | Form 6069 Form 8870 Io. Fine United States, check this box Ip Exemption Number (GEN) Ioox In and attach a list with the organization named above Ing 6/30 , 20 14 . Initial return In Initial return Initial return Initial return Initial Initial return Initial I | names and E | 10 11 12 | | |
| lephone Note the organishis is for a extension request annutil _5/_ cale | re in the care of JOSE GO The interval of the care of | Fax Nor place of business in the properties of the group, check this is a corporation required to exempt organization retring for: 1. 20 13 and endirement of the properties of the group, check the properties of the group of t | Form 6069 Form 8870 lo. Fame United States, check this box | names and E | 10 11 12 | | |
| lephone Note the organishis is for a extension request annutil _5/_ cale | re in the care of JOSE GO The interval of the care of | Fax Nor place of business in the properties of the group, check this is a corporation required to exempt organization retring for: 1. 20 13 and endirement of the properties of the group, check the properties of the group of t | Form 6069 Form 8870 lo. Fame United States, check this box | names and E | 10 11 12 | | |
| e books are lephone No he organization in the organization in the extension request an intil 5/me extension cale X tax yes change this application is application application in the calculation in the cal | is other than above) The in the care of JOSE GO The in the care of Interest in the care of the care | Fax Nor place of business in thization's four digit Group fithe group, check this a corporation required to exempt organization return for: , 20 13 , and endirement of the group and the group of the | Form 6069 Form 8870 Io. Fam. Representation in the United States, check this box | in this is for names and E | the whole group, | | |
| e books are lephone No he organization in the organization in the extension request an intil 5/me extension cale X tax yes change this application is application application in the calculation in the cal | is other than above) The in the care of JOSE GO The in the care of Interest in the care of the care | Fax Nor place of business in thization's four digit Group fithe group, check this a corporation required to exempt organization return for: , 20 13 , and endirement of the group and the group of the | Form 6069 Form 8870 Io. Fam. Representation in the United States, check this box | in this is for names and E | the whole group, INs of all members | | |
| lephone Note the organization of the organizat | is other than above) The in the care of JOSE GO The in the care of Interest of the care | Fax Nor place of business in thization's four digit Group fithe group, check this a corporation required to exempt organization return for: 1. 20 13 , and endirement and 12 months, check reference for the property of the | Form 6069 Form 8870 Io. he United States, check this box | in this is for names and E | the whole group, INs of all members 0. | | |
| lephone Notifice organization of the organizat | is other than above) The in the care of JOSE GO The in the care of Interest of the care | Fax Nor place of business in thization's four digit Group fithe group, check this a corporation required to exempt organization return for: 1. 20 13 , and endirement and 12 months, check reference for the property of the | Form 6069 Form 8870 lo. Fame United States, check this box | in this is for names and E | the whole group, INs of all members 0. | | |

| 2013 | FEDERAL STATEMENTS CONEXION AMERICAS | PAGE |
|---|---------------------------------------|---|
| STATEMENT 1 FORM 990-T, PART I, LINE 12 OTHER INCOME | THE RICAS | 62-17156 |
| COFFEE SALES | TOTA | 10,477. |
| STATEMENT 2 FORM 990-T, PART II, LINE 28 OTHER DEDUCTIONS | | \$ 18,499. |
| COFFEE SALES EXPENSE | TOTAL | \$ 14,722. \$ 14,722. |
| STATEMENT 3 FORM 990-T, PART II, LINE 31 NET OPERATING LOSS DEDUCTIO | N | - T : : |
| LOSS YEAR ENDING 6/30/09 \$ 6/30/10 6/30/11 6/30/13 ET OPERATING LOSS AVAILABLE AXABLE INCOME. ET OPERATING LOSS DE CT | 3,187. \$ 5,488 ER 0. 0. 0. | LOSS VAILABLE 868. 3,187. 5,482. 44,294. \$ 53,831. |
| TATEMENT 4 ORM 990-T, SCHEDULE E, LINE 3B THER DEDUCTIONS ALLOCABLE T | O DEBT-FINANCED PROPERTY | \$ -95,641. \$ 0. |
| 195 NOLENSVILLE PIKE, NASHVII INSURANCE INTEREST REPAIRS TAXES UTILITIES | LLE, TN | \$ 4,706. 31,681. 29,308. 15,534. |
| | TOTAL | 19,777. \$ 101,006. |
| | | |