

**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:**

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**Route to:** \_\_\_\_\_

CONEXION AMERICAS

62-1715618

|   | 2013             | 2012             | DIFF              |
|---|------------------|------------------|-------------------|
| <b>REVENUE</b>                            |                  |                  |                   |
| CONTRIBUTIONS AND GRANTS.....             | 1,359,983        | 2,602,134        | -1,242,151        |
| PROGRAM SERVICE REVENUE.....              | 20,489           | 31,240           | -10,751           |
| INVESTMENT INCOME.....                    | 36,794           | 46,098           | -9,304            |
| OTHER REVENUE.....                        | -191,623         | -14,800          | -176,823          |
| <b>TOTAL REVENUE.....</b>                 | <b>1,225,643</b> | <b>2,664,672</b> | <b>-1,439,029</b> |
| <b>EXPENSES</b>                           |                  |                  |                   |
| SALARIES, OTHER COMPEN., EMP. BENEFITS... | 501,125          | 480,242          | 20,883            |
| OTHER EXPENSES.....                       | 480,747          | 530,577          | -49,830           |
| <b>TOTAL EXPENSES.....</b>                | <b>981,872</b>   | <b>1,010,819</b> | <b>-28,947</b>    |
| <b>NET ASSETS OR FUND BALANCES</b>        |                  |                  |                   |
| REVENUE LESS EXPENSES.....                | 243,771          | 1,653,853        | -1,410,082        |
| TOTAL ASSETS AT END OF YEAR.....          | 6,137,295        | 6,327,574        | -190,279          |
| TOTAL LIABILITIES AT END OF YEAR.....     | 2,505,646        | 2,956,286        | -450,640          |
| NET ASSETS/FUND BALANCES AT END OF YEAR.  | 3,631,649        | 3,371,288        | 260,361           |

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CONEXION AMERICAS

62-1715618

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

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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.

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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 RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

**DO NOT MAIL:**

FORM 8879-EO IRS E-FILE 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.

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.

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CONEXION AMERICAS

62-1715618

**RENTAL INCOME WORKSHEET  
FORM 990**
**2195 NOLENSVILLE PIKE, NASHVILLE, TN**

|                           |    |                 |
|---------------------------|----|-----------------|
| GROSS RENTAL INCOME.....  | \$ | 80,000.         |
| EXPENSES                  |    |                 |
| DEPRECIATION.....         |    | 60,110.         |
| INSURANCE.....            |    | 4,706.          |
| INTEREST.....             |    | 31,681.         |
| REPAIRS.....              |    | 29,308.         |
| TAXES.....                |    | 15,534.         |
| UTILITIES.....            |    | 19,777.         |
| TOTAL EXPENSES.....       | \$ | 161,116.        |
| NET RENTAL INCOME OR LOSS | \$ | <u>-81,116.</u> |

**2195 NOLENSVILLE PIKE, NASHVILLE, TN**

|                           |    |                 |
|---------------------------|----|-----------------|
| GROSS RENTAL INCOME.....  | \$ | 157,268.        |
| EXPENSES                  |    |                 |
| DEPRECIATION.....         |    | 84,154.         |
| INSURANCE.....            |    | 6,588.          |
| INTEREST.....             |    | 44,353.         |
| MISCELLANEOUS.....        |    | 7,702.          |
| TAXES.....                |    | 21,748.         |
| UTILITIES.....            |    | 27,687.         |
| MAINTENANCE EXPENSES..... |    | 41,032.         |
| EVENT EXPENSES.....       |    | 3,019.          |
| MESA KOMAL EXPENSES.....  |    | 14,957.         |
| TOTAL EXPENSES.....       | \$ | 251,240.        |
| NET RENTAL INCOME OR LOSS | \$ | <u>-93,972.</u> |

TAXPAYER COPY

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

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

**FORM 990, PART IX, LINE 24E  
OTHER EXPENSES**

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

CONEXION AMERICAS

62-1715618

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

|                         | (A)<br>TOTAL      | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>& GENERAL | (D)<br>FUNDRAISING |
|-------------------------|-------------------|----------------------------|--------------------------------|--------------------|
| MEALS AND ENTERTAINMENT | 6,116.            | 5,138.                     | 611.                           | 367.               |
| TECHNOLOGY              | 18,861.           | 16,032.                    | 1,886.                         | 943.               |
| TRAINING                | 14,606.           | 14,606.                    |                                |                    |
| TOTAL                   | <u>\$ 69,658.</u> | <u>\$ 64,334.</u>          | <u>\$ 4,014.</u>               | <u>\$ 1,310.</u>   |

## COMPUTATION OF 2013 NET OPERATING LOSS

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

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Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 2014.

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**2013**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**CONEXION AMERICAS**

Name and title of officer

**RENATA SOTO ROJAS****DIRECTOR**

Employer identification number

**62-1715618****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|   |  |     |                   |
|---|--|-----|-------------------|
| 1 a Form 990 check here . . . . . <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . | 1 b | <b>1,225,643.</b> |
| 2 a Form 990-EZ check here . . . . . <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) . . . . .                      | 2 b |                   |
| 3 a Form 1120-POL check here . . . . . <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) . . . . .                               | 3 b |                   |
| 4 a Form 990-PF check here . . . . . <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .    | 4 b |                   |
| 5 a Form 8868 check here . . . . . <input type="checkbox"/>           | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .     | 5 b |                   |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to release confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize JOEL D COLLUM JR CPA ERO filing name to enter my PIN 35454 as my signature  
Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . .

**62902735582**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**BAA For Paperwork Reduction Act Notice, see instructions.****Form 8879-EO (2013)**



## 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](http://www.irs.gov/form990).

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C**  
 CONEXION AMERICAS  
 2195 NOLENSVILLE PIKE  
 NASHVILLE, TN 37211

**D** Employer identification number 62-1715618

**E** Telephone number 615-320-5152

**G** Gross receipts \$ 1,693,930.

**F** Name and address of principal officer:  
 SAME AS C ABOVE

**H(a)** Is this a group return for subordinates? Yes ☐ No ☒  
**H(b)** Are all subordinates included? Yes ☐ No ☐  
 If 'No,' attach a list. (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: WWW.CONEXIONAMERICAS.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 2002 **M** State of legal domicile: TN

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities: PROMOTING THE SOCIAL, ECONOMIC AND CIVIC ADVANCEMENT OF LATINO FAMILIES IN MIDDLE TENNESSEE.

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) 19

**4** Number of independent voting members of the governing body (Part VI, line 1b) 19

**5** Total number of individuals employed in calendar year 2013 (Part V, line 2a) 14

**6** Total number of volunteers (estimate if necessary) 137

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 -62,617.

**7b** Net unrelated business taxable income from Form 990-T, line 34. -95,641.

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h) 2,602,134.                                       | 2,602,134. | 1,359,983.   |
| <b>9</b> Program service revenue (Part VIII, line 2g) 31,240.   | 31,240.    | 20,489.      |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 46,098.                         | 46,098.    | 36,794.      |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9, 10c, and 1e) -14,800.               | -14,800.   | -191,623.    |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,664,672. | 2,664,672. | 1,225,643.   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) 480,242.                     | 480,242.   | 501,125.     |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                 |            |              |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)             |            |              |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                |            |              |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 40,288.                              |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 530,577.                         | 530,577.   | 480,747.     |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,010,819.          | 1,010,819. | 981,872.     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 1,653,853.                               | 1,653,853. | 243,771.     |
| <b>20</b> Total assets (Part X, line 16) 6,327,574.   | 6,327,574. | 6,137,295.   |
| <b>21</b> Total liabilities (Part X, line 26) 2,956,286.  | 2,956,286. | 2,505,646.   |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 3,371,288.                         | 3,371,288. | 3,631,649.   |

## Part II Signature Block

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

**Sign Here** Signature of officer Renata Soto Date 01/10/15

**RENATA SOTO ROJAS** DIRECTOR  
 Type or print name and title.

**Paid Preparer Use Only**

|   |                      |      |  |
|---|----------------------|------|--|
| Print/Type preparer's name<br>JOEL D COLLUM JR              | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed PTIN<br>P00394958 |
| Firm's name<br>JOEL D COLLUM JR CPA                         |                      |      | Firm's EIN ▶ 45-3444365  |
| Firm's address<br>226 GRAEME DR<br>NASHVILLE, TN 37214-1917 |                      |      | Phone no. (615) 974-2918   |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the priorForm 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 825,559. including grants of \$ ) (Revenue \$ 20,489.)

SOCIAL AND ECONOMIC ADVANCEMENT PROGRAMS: THE AGENCY'S PROGRAMS PROVIDE DIRECT  
SERVICES TO HISPANIC FAMILIES SEEKING A BETTER QUALITY OF LIFE, WHILE AT THE SAME  
TIME OFFERING ASSISTANCE TO NON-PROFIT ORGANIZATIONS, CORPORATIONS AND GOVERNMENT  
INSTITUTIONS SEEKING TO IMPROVE THEIR UNDERSTANDING OF AND INTERACTION WITH LOCAL  
LATINO COMMUNITIES. THE AGENCY OFFERS TO HISPANIC FAMILIES: INFORMATION AND REFERRAL  
SERVICES, REFERRALS TO PRO BONO LEGAL SERVICES, FINANCIAL LITERACY EDUCATION AND  
COUNSELING, TAXPAYER ASSISTANCE AND ASSISTANCE IN THE HOME-BUYING PROCESS. THE AGENCY  
ALSO OFFERS OTHER ORGANIZATIONS LATINO CULTURAL COMPETENCY TRAINING, PRACTICAL  
SPANISH CLASSES, ENGLISH/SPANISH TRANSLATIONS, AND SUPPORT FOR APPLIED RESEARCH  
RELATED TO THE HISPANIC COMMUNITY.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O.)

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

**4e** Total program service expenses ▶ 825,559.



**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.   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | X   |    |
| 3 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.  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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.   | X   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.            |     | X  |
| 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.   |     | X  |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.  | X   |    |
| b Did the organization report an amount for investments — other securities in Part X, line 12 that is 1% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.   |     | X  |
| c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.   | X   |    |
| 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.   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. |     | X  |
| 15 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.   |     | X  |
| 16 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.   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.   |     | X  |
| 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.   |     | X  |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |



**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| <b>21</b> 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.   |     | X  |
| <b>22</b> 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.  |     | X  |
| <b>23</b> 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.  |     | X  |
| <b>24a</b> 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.                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.   |     | X  |
| <b>b</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.  |     | X  |
| <b>26</b> 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.                                    |     | X  |
| <b>27</b> 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. |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in in-kind contributions? If 'Yes,' complete Schedule M.   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  |     | X  |
| <b>33</b> 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.  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| <b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.   |     | X  |
| <b>37</b> 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.   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | X   |    |

BAA

Form 990 (2013)



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



**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

|  | Yes          | No |
|--|--------------|----|
| <b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. <b>1 a</b> 19<br>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>b</b> Enter the number of voting members included in line 1a, above, who are independent. <b>1 b</b> 19   |              |    |
| <b>2</b> 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?  | <b>2</b>     | X  |
| <b>3</b> 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?   | <b>3</b>     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>     | X  |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>     | X  |
| <b>7 a</b> 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?  | <b>7 a</b>   | X  |
| <b>b</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?   | <b>7 b</b>   | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              |    |
| <b>a</b> The governing body?   | <b>8 a</b> X |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8 b</b> X |    |
| <b>9</b> 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.   | <b>9</b>     | X  |

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

|  | Yes           | No |
|--|---------------|----|
| <b>10 a</b> Did the organization have local chapters, branches, or affiliates?   | <b>10 a</b>   | X  |
| <b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | <b>10 b</b>   |    |
| <b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>11 a</b> X |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. <b>SEE SCHEDULE O</b>   |               |    |
| <b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13.   | <b>12 a</b> X |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | <b>12 b</b> X |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. <b>SEE SCHEDULE O</b>   | <b>12 c</b> X |    |
| <b>13</b> Did the organization have a written whistleblower policy?  | <b>13</b> X   |    |
| <b>14</b> Did the organization have a written document retention and destruction policy?   | <b>14</b> X   |    |
| <b>15</b> 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?   |               |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official. <b>SEE SCHEDULE O</b>   | <b>15 a</b> X |    |
| <b>b</b> Other officers of key employees of the organization.  | <b>15 b</b> X |    |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |               |    |
| <b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | <b>16 a</b>   | X  |
| <b>b</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? | <b>16 b</b>   |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
**JOSE GONZALEZ 2195 NOLENSVILLE PIKE NASHVILLE TN 37211 615-320-5152**



**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.

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

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) STEPHEN ZRALEK<br>PRESIDENT            | 1<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) VIRGINIA PUPO-WALKER<br>VICE PRESIDENT | 1<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) THOMAS NEGRI<br>TREASURER              | 1<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) SCOTT TIFT<br>SECRETARY                | 1<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) DAVID ESQUIVEL<br>PAST PRESIDENT       | 1<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) ADRIANA BIALOSTOZKY<br>DIRECTOR        | 1<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) KATHERINE DONATO<br>DIRECTOR           | 1<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) ANA ESCOBAR<br>DIRECTOR                | 1<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) CARRINGTON FOX<br>DIRECTOR             | 1<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) SHIRLEY BORLOZ-GUERREO<br>DIRECTOR    | 1<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) JOEY HATCH<br>DIRECTOR                | 1<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) TERRY MARONEY<br>DIRECTOR             | 1<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) NICOLE MAYNARD<br>DIRECTOR            | 1<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) J C MENDEZ<br>DIRECTOR                | 1<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) RAMIRO PINEDA<br>DIRECTOR                                 | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (16) JOSE NUNEZ<br>DIRECTOR                                    | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (17) LILIANA RODRIGUEZ<br>DIRECTOR                             | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (18) MARK TOBIN<br>DIRECTOR                                    | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (19) LINDSAY STRICKLINE<br>DIRECTOR                            | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (20) RENATA SOTO ROJAS<br>EXECUTIVE DIR.                       | 50<br>0  |   |                       | X       |              |                              | 72,621.  | 0.  | 0.  |
| (21) JOSE GONZALEZ<br>FINANCE DIR                              | 15<br>0  |   |                       | X       |              |                              | 22,943.  | 0.  | 2,249.  |
| (22)   |  |   |                       |         |              |                              |  |   |   |
| (23)   |  |   |                       |         |              |                              |  |   |   |
| (24)   |  |   |                       |         |              |                              |  |   |   |
| (25)   |  |   |                       |         |              |                              |  |   |   |
| <b>1 b Sub-total</b>   |  |   |                       |         |              |                              | 95,564.  | 0.  | 2,249.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 95,564.  | 0.  | 2,249.  |

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

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

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |

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

|          | Yes | No |
|----------|-----|----|
| <b>4</b> |     | X  |

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

|          | Yes | No |
|----------|-----|----|
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|---|--|----------------------|--|---|--|
| <b>CONTRIBUTIONS, GIFTS, GRANTS<br/>AND OTHER SIMILAR AMOUNTS</b> | <b>1 a</b> Federated campaigns .....  | <b>1 a</b>   |                      |  |   |  |
|   | <b>b</b> Membership dues .....  | <b>1 b</b>   |                      |  |   |  |
|   | <b>c</b> Fundraising events .....   | <b>1 c</b> 229,067.                                      |                      |  |   |  |
|   | <b>d</b> Related organizations .....  | <b>1 d</b>   |                      |  |   |  |
|   | <b>e</b> Government grants (contributions) ....   | <b>1 e</b> 318,822.                                      |                      |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ...  | <b>1 f</b> 812,094.                                      |                      |  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |  | 1,359,983.           |  |   |  |
| <b>PROGRAM SERVICE REVENUE</b>                                    | <b>2 a FEE FOR SERVICES</b> .....   | Business Code<br>900099                                  | 20,489.              | 20,489.  |   |  |
|   | <b>b</b> .....  |  |                      |  |   |  |
|   | <b>c</b> .....  |  |                      |  |   |  |
|   | <b>d</b> .....  |  |                      |  |   |  |
|   | <b>e</b> .....  |  |                      |  |   |  |
|   | <b>f</b> All other program service revenue ...  |  |                      |  |   |  |
|   | <b>g Total.</b> Add lines 2a-2f .....   |  | 20,489.              |  |   |  |
|   | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts) .....   |  | 36,794.              |  |   | 36,794.  |
| <b>4</b> Income from investment of tax-exempt bond proceeds ..    |   |  |                      |  |   |  |
| <b>5</b> Royalties .....  |   |  |                      |  |   |  |
| <b>OTHER REVENUE</b>  | <b>6 a</b> Gross rents .....  | (i) Real 237,268.<br>(ii) Personal                       |                      |  |   |  |
|   | <b>b</b> Less: rental expenses .....  | 412,356.   |                      |  |   |  |
|   | <b>c</b> Rental income or (loss) ...  | -175,088.  |                      |  |   |  |
|   | <b>d</b> Net rental income or (loss) .....  |  | -175,088.            | -81,116.   | -93,972.                                |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory ..   | (i) Securities (ii) Other                                |                      |  |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses .....  |  |                      |  |   |  |
|   | <b>c</b> Gain or (loss) .....   |  |                      |  |   |  |
|   | <b>d</b> Net gain or (loss) .....   |  |                      |  |   |  |
|   | <b>8 a</b> Gross income from fundraising events<br>(not including.. \$ 229,067.<br>of contributions reported on line 1c).<br>See Part IV, line 18 ..... | <b>a</b> 20,897.<br><b>b</b> Less: direct expenses ..... | <b>b</b> 55,931.     |  |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events .....   |  | -35,034.             |  | -35,034.                                |  |
|   | <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19 .....   | <b>a</b>   |                      |  |   |  |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>   |                      |  |   |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....  |  |                      |  |   |  |
|   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....  | <b>a</b>   |                      |  |   |  |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>   |                      |  |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   |  |                      |  |   |  |
|   | Miscellaneous Revenue   |  | Business Code        |  |   |  |
|   | <b>11 a COFFEE SALES</b> .....  | 453000   | 18,499.              |  | 18,499.                                 |  |
| <b>b</b> .....  |   |  |                      |  |   |  |
| <b>c</b> .....  |   |  |                      |  |   |  |
| <b>d</b> All other revenue .....                                  |   |  |                      |  |   |  |
| <b>e Total.</b> Add lines 11a-11d .....                           |   | 18,499.  |                      |  |   |  |
| <b>12 Total revenue.</b> See instructions .....                   |   | 1,225,643.   | 20,489.              | -62,617.   | -92,212.                                |  |



**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22.   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.  |                       |                                 |  |                             |
| 4 Benefits paid to or for members.   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees.  | 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).   | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages.  | 353,771.              | 309,804.                        | 18,239.                                | 25,728.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  |                       |                                 |  |                             |
| 9 Other employee benefits.   | 16,133.               | 13,303.                         | 1,585.                                 | 1,245.                      |
| 10 Payroll taxes.  | 34,420.               | 28,383.                         | 3,381.                                 | 2,656.                      |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management.  | 12,228.               |                                 | 12,228.                                |                             |
| b Legal.   | 7.                    |                                 | 7.                                     |                             |
| c Accounting.  | 10,500.               |                                 | 1,500.                                 |                             |
| d Lobbying.  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.   |                       |                                 |  |                             |
| f Investment management fees.  |                       |                                 |  |                             |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  |                       |                                 |  |                             |
| 12 Advertising and promotion.  | 77.                   | 3,588.                          |  | 189.                        |
| 13 Office expenses.  | 2,891.                | 23,076.                         | 4,094.                                 | 121.                        |
| 14 Information technology.   |                       |                                 |  |                             |
| 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.   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings.   |                       |                                 |  |                             |
| 20 Interest.   | 40,288.               | 40,288.                         |  |                             |
| 21 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.)                                       |                       |                                 |  |                             |
| a FAMILY AND CHILDRENS SERVICES  | 147,680.              | 147,680.                        |  |                             |
| b PARENTS AS PARTNERS  | 45,617.               | 45,617.                         |  |                             |
| c MISCELLANEOUS  | 27,554.               | 8,204.                          | 19,350.                                |                             |
| d DON'T DRINK AND DRIVE CAMPAIGN   | 26,551.               | 26,551.                         |  |                             |
| e All other expenses.  | 69,658.               | 64,334.                         | 4,014.                                 | 1,310.                      |
| 25 Total functional expenses. Add lines 1 through 24e.   | 981,872.              | 825,559.                        | 116,025.                               | 40,288.                     |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

|   |   | (A)<br>Beginning of year   |            | (B)<br>End of year |
|---|---|--|------------|--------------------|
| <b>ASSETS</b>   | 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          |                    |
|   | 7 Notes and loans receivable, net   | 458,396.   | 7          | 346,582.           |
|   | 8 Inventories for sale or use   |  | 8          |                    |
|   | 9 Prepaid expenses and deferred charges   |  | 9          |                    |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 5,468,354.   |            |                    |
|   | b 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   |  | 12         |                    |
|   | 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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 6,327,574.  | 16   | 6,137,295. |                    |
| <b>LIABILITIES</b>  | 17 Accounts payable and accrued expenses  | 24,023.  | 17         | 63,924.            |
|   | 18 Grants payable   |  | 18         |                    |
|   | 19 Deferred revenue   |  | 19         |                    |
|   | 20 Tax-exempt bond liabilities  |  | 20         |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D  |  | 21         |                    |
|   | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   |  | 22         |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties   | 2,088,500.   | 23         | 1,788,500.         |
|   | 24 Unsecured notes and loans payable to unrelated third parties   |  | 24         |                    |
|   | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 793,693.   | 25         | 653,222.           |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25  | 2,956,286.   | 26         | 2,505,646.         |
|   | <b>NET ASSETS OR FUND BALANCES</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |            |                    |
| 27 Unrestricted net assets  |   | 2,950,097.   | 27         | 3,397,949.         |
| 28 Temporarily restricted net assets  |   | 421,191.   | 28         | 233,700.           |
| 29 Permanently restricted net assets  |   |  | 29         |                    |
| <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> |   |  |            |                    |
| 30 Capital stock or trust principal, or current funds   |   |  | 30         |                    |
| 31 Paid-in or capital surplus, or land, building, or equipment fund   |   |  | 31         |                    |
| 32 Retained earnings, endowment, accumulated income, or other funds   |   |  | 32         |                    |
| 33 Total net assets or fund balances  |   | 3,371,288.   | 33         | 3,631,649.         |
| 34 <b>Total liabilities and net assets/fund balances.</b>   | 6,327,574.  | 34   | 6,137,295. |                    |

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Form 990 (2013)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 1,225,643. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 981,872.   |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 243,771.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 3,371,288. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 975.       |
| 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) <b>SEE SCHEDULE O</b>                     | 9  | 15,615.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,631,649. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

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

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Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CONEXION AMERICAS

Employer identification number

62-1715618

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III – Functionally integrated    d ☐ Type III – Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II, or Type III supporting organization, check this box: \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization: \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

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

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

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

Schedule A (Form 990 or 990-EZ) 2013



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010   | (c) 2011   | (d) 2012   | (e) 2013   | (f) Total  |
|---|----------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)  | 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.         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |            |            |            |            | 0.         |
| 4 <b>Total.</b> Add lines 1 through 3   | 968,160. | 1,007,163. | 1,654,969. | 2,602,134. | 1,380,880. | 7,613,306. |
| 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 <b>Public support.</b> Subtract line 5 from line 4  |          |            |            |            |            | 7,613,306. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010   | (c) 2011   | (d) 2012   | (e) 2013   | (f) Total                |
|---|----------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4   | 968,160. | 1,007,163. | 1,654,969. | 2,602,134. | 1,380,880. | 7,613,306.               |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 91,832.  | 72,951.    | 11,129.    | 192,006.   | 274,062.   | 744,980.                 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on  |          |            |            |            |            | 0.                       |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)   | 162,289. | 68,828.    | 40,945.    | 55,088.    | 38,988.    | 366,138.                 |
| 11 <b>Total support.</b> Add lines 7 through 10   |          |            |            |            |            | 8,724,424.               |
| 12 Gross receipts from related activities, etc (see instructions)   |          |            |            |            | 12         | 0.                       |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> |          |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).  | 14                                  | 87.26 % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14   | 15                                  | 84.74 % |
| 16a <b>33-1/3% support test – 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization.   | <input checked="" type="checkbox"/> |         |
| b <b>33-1/3% support test – 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization.  | <input type="checkbox"/>            |         |
| 17a <b>10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.    | <input type="checkbox"/>            |         |
| b <b>10%-facts-and-circumstances test – 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/>            |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.   | <input type="checkbox"/>            |         |

Schedule A (Form 990 or 990-EZ) 2013

BAA

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

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

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513.   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge.  |          |          |          |          |          |           |
| 6 <b>Total.</b> Add lines 1 through 5.  |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.           |          |          |          |          |          |           |
| c Add lines 7a and 7b.  |          |          |          |          |          |           |
| 8 <b>Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6.  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.   |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  |          |          |          |          |          |           |
| c Add lines 10a and 10b.  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.   |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11 and 12.)   |          |          |          |          |          |           |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15.                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |                          |
|--|----|--------------------------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).  | 17 | %                        |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17.   | 18 | %                        |
| 19a <b>33-1/3% support tests – 2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.         |    | <input type="checkbox"/> |
| b <b>33-1/3% support tests – 2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. |    | <input type="checkbox"/> |
| 20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.  |    | <input type="checkbox"/> |



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

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2013

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CONEXION AMERICAS

62-1715618

## PART II, LINE 10 - OTHER INCOME

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

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**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

**CONEXION AMERICAS**

Employer identification number

**62-1715618**

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of less than (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Part III and IV.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use **exclusively** for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use **exclusively** for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an **exclusively** religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$1,000 or more during the year. ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.** Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

CONEXION AMERICAS

Employer identification number

62-1715618

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|---|-------------------------------|---|
| 1             | DOLLAR GENERAL CORPORATION<br>100 MISSION RIDGE<br>GOODLETTSVILLE, TN 37072       | \$ 58,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2             | CATERPILLAR FINANCIAL SERVICES CORP<br>2120 WEST END AVE<br>NASHVILLE, TN 37203   | \$ 42,372.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3             | NISSAN NORTH AMERICA<br>1 NISSAN WAY<br>FRANKLIN, TN 37067                        | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4             | THE HCA FOUNDATION<br>ONE PARK PLAZA I-4 EAST<br>NASHVILLE, TN 37203              | \$ 100,000.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5             | BAPTIST HEALING TRUST<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204                  | \$ 76,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6             | THE MEMORIAL FOUNDATION<br>100 BLUEGRASS COMMONS BLVD<br>HENDERSONVILLE, TN 37075 | \$ 60,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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TEEA0702L 12/27/13



Name of organization

Employer identification number

62-1715618

CONEXION AMERICAS

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|--|-------------------------------|---|
| 7             | THE SCARLETT FAMILY FOUNDATION<br>4117 HILLSBORO PK, STE 103255<br>NASHVILLE, TN 37315 | \$ 100,000.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8             | UNITED WAY OF MIDDLE TENNESSEE<br>250 VENTURE CIRCLE<br>NASHVILLE, TN 37228            | \$ 92,190.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|               |  |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |  |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |  |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |  |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |  |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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Name of organization

Page 1 to 1 of Part II

CONEXION AMERICAS

Employer identification number

62-1715618

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
|                           | N/A  |  |                      |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  |  |                      |
|                           |  | \$   |                      |

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**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 Part II-A.

**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 of organization

Employer identification number

CONEXION AMERICAS

62-1715618

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures \$
- 3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4 a Was a correction made? ☐ Yes ☐ No  
b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file Form 1120-POL this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (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 Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

**Limits on Lobbying Expenditures**  
(The term 'expenditures' means amounts paid or incurred.)

- 1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying).....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying).....
- c** Total lobbying expenditures (add lines 1a and 1b).....
- d** Other exempt purpose expenditures.....
- e** Total exempt purpose expenditures (add lines 1c and 1d).....

**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.....

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                 |
|---|--|
| Not over \$500,000                              | 20% of the amount on line 1e.                      |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000.   |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000. |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000.  |
| Over \$17,000,000                               | \$1,000,000.                                       |

- g** Grassroots nontaxable amount (enter 25% of line 1f).....
- h** Subtract line 1g from line 1a. If zero or less, enter -0-.....
- i** Subtract line 1f from line 1c. If zero or less, enter -0-.....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....

☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                           | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| <b>2 a</b> Lobbying non-taxable amount.....                           |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)).....   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures.....                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount.....                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))..... |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures.....                        |          |          |          |          |           |

BAA

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 each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>SEE PART IV</b>  |     |    |        |
| 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?   | X   |    |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  | X   |    |        |
| c Media advertisements?   |     | X  |        |
| d Mailings to members, legislators, or the public?  | X   |    | 75.    |
| e Publications, or published or broadcast statements?   | X   |    | 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?   | X   |    |        |
| i Other activities?   |     | X  |        |
| 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)?  |     | X  |        |
| 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)(5), or section 501(c)(6).

|   | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members?                      |     |    |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 |     |    |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? |     |    |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2 are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

|  |    |  |
|--|----|--|
| 1 Dues, assessments and similar amounts from members   | 1  |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 501(h) tax was 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.   | 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? | 4  |  |
| 5 Taxable amount of lobbying and political expenditures (see instructions).  | 5  |  |

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part 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 THEIR ASPIRATIONS

FOR SOCIAL AND ECONOMIC ADVANCEMENT BY PROMOTING THEIR INTEGRATION INTO THE

COMMUNITY. SOME STAFF MEMBERS OCCASIONALLY ENGAGE IN LOBBYING ACTIVITIES TO INFLUENCE

LEGISLATION DEEMED TO HAVE A NEGATIVE IMPACT ON CONEXION'S CONSTITUENTS.



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

Name of the organization

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Employer identification number

CONEXION AMERICAS

62-1715618

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year.....             |                         |                              |
| 2 Aggregate contributions to (during year).... |                         |                              |
| 3 Aggregate grants from (during year).....     |                         |                              |
| 4 Aggregate value at end of year.....          |                         |                              |

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... ☐ Yes ☐ No

**Part II Conservation Easements.**

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

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

- ☐ 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

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements.....  | 2a                              |
| b Total acreage restricted by conservation easements.....  | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a).....  | 2c                              |
| d Number of conservation easements included in (c) acquired after 1/17/06 and not on a historic structure listed in the National Register..... | 2d                              |

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

- 4 Number of states where property subject to conservation easement is located ►

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1..... ► \$

(ii) Assets included in Form 990, Part X..... ► \$

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

a Revenues included in Form 990, Part VIII, line 1..... ► \$

b Assets included in Form 990, Part X..... ► \$



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

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

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

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

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

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

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

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

|                                      | Amount |
|--------------------------------------|--------|
| c Beginning balance.....             | 1 c    |
| d Additions during the year.....     | 1 d    |
| e Distributions during the year..... | 1 e    |
| f Ending balance.....                | 1 f    |

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

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

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

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

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Temporarily restricted endowment ☐ %  
 The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations..... ☐ Yes ☐ No  
 (ii) related organizations..... ☐ Yes ☐ No

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land.....  |                                      |                                 |                              |                |
| b Buildings.....   |                                      | 5,028,198.                      | 275,583.                     | 4,752,615.     |
| c Leasehold improvements.....  |                                      |                                 |                              |                |
| d Equipment.....   |                                      | 440,156.                        | 144,627.                     | 295,529.       |
| e Other.....   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 5,048,144.     |

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Schedule D (Form 990) 2013

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. N/A

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

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. N/A

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

**Part IX Other Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. N/A

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

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) NOTE PAYABLE - AVENUE BANK NOTE #1                               | 98,710.        |
| (3) NOTE PAYABLE - AVENUE BANK NOTE #2                               | 59,020.        |
| (4) NOTE PAYABLE - SUNTRUST BANK                                     | 311,512.       |
| (5) NOTE PAYABLE - THE HOUSING FUND                                  | 183,980.       |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| (11)   |                |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | 653,222.       |

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

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SEE PART XIII. ☒ Schedule D (Form 990) 2013



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |  |    |            |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements.....        | 1  | 1,533,789. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                  |    |            |
|   | a Net unrealized gains on investments.....   | 2a | 975.       |
|   | b Donated services and use of facilities.....  | 2b |            |
|   | c Recoveries of prior year grants.....   | 2c |            |
|   | d Other (Describe in Part XIII.) SEE PART XIII.....                                  | 2d | 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:                 |    |            |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b.....              | 4a |            |
|   | 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.)..... | 5  | 1,225,643. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |   |    |            |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements.....                       | 1  | 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.....   | 2a |            |
|   | b Prior year adjustments.....   | 2b |            |
|   | c Other losses.....   | 2c |            |
|   | 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.....   | 3  | 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.....               | 4a |            |
|   | b Other (Describe in Part XIII.).....   | 4b |            |
|   | c Add lines 4a and 4b.....  | 4c |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 13.)..... | 5  | 981,872.   |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 7; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE AGENCY'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME

BAA

Schedule D (Form 990) 2013

**Part XIII** Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX  
POSITIONS ON THE AGENCY'S BOOKS.

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2013

## SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

CONEXION AMERICAS

62-1715618

## SCHEDULE D, PART XI, LINE 2D

## OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

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

## SCHEDULE D, PART XII, LINE 2D

## OTHER EXPENSES AND LOSSES PER AUDITED F/S

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

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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](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

**Open to Public Inspection**

Name of the organization

CONEXION AMERICAS

Employer Identification number

62-1715618

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

**Fundraising Activities.** Complete if the organization answers "Yes" to any of the questions below. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- b. If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| Total.....▶   |               |  |    |                                   |   |   |

- |   |  |  |  |  |
|---|--|--|--|--|
| 3 | List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. |  |  |  |
|---|--|--|--|--|



**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.

|                 |    | (a) Event #1<br>FUNDRAISING BR<br>(event type)               | (b) Event #2<br>HISPANIC HERIT<br>(event type) | (c) Other events<br>NONE<br>(total number) | (d) Total events<br>(add column (a)<br>through column (c)) |
|-----------------|----|--|--|--|--|
|                 |    |  |  |  |  |
| REVENUE         | 1  | Gross receipts   | 173,173.                                       | 76,791.                                    | 249,964.   |
|                 | 2  | Less: Charitable contributions                               | 173,173.                                       | 55,894.                                    | 229,067.   |
|                 | 3  | Gross income (line 1 minus line 2)                           |  | 20,897.                                    | 20,897.  |
| DIRECT EXPENSES | 4  | Cash prizes  |  |  |  |
|                 | 5  | Noncash prizes   |  |  |  |
|                 | 6  | Rent/facility costs  | 10,009.  | 6,784.                                     | 16,793.  |
|                 | 7  | Food and beverages   | 10,981.  | 11,065.                                    | 22,046.  |
|                 | 8  | Entertainment  | 200.   | 2,550.                                     | 2,750.   |
|                 | 9  | Other direct expenses  | 11,907.  | 2,435.                                     | 14,342.  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |  |  |  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |  |  |  |
|                 |    |  |  |  | 55,931.  |
|                 |    |  |  |  | -35,034.   |

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo | (c) Other gaming          | (d) Total gaming<br>(add column (a)<br>through column (c)) |
|-----------------|---|--|---|---------------------------|--|
|                 |   |  |   |                           |  |
| REVENUE         | 1 | Gross revenue  |   |                           |  |
|                 | 2 | Cash prizes  |   |                           |  |
| DIRECT EXPENSES | 3 | Noncash prizes   |   |                           |  |
|                 | 4 | Rent/facility costs  |   |                           |  |
|                 | 5 | Other direct expenses  |   |                           |  |
|                 | 6 | Volunteer labor  | Yes _____ %<br>No _____ %                           | Yes _____ %<br>No _____ % | Yes _____ %<br>No _____ %                                  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |                           |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |                           |  |

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If 'Yes,' explain:

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

- 13** Indicate the percentage of gaming activity operated in:

|                                    |     |   |
|------------------------------------|-----|---|
| a The organization's facility..... | 13a | % |
| b An outside facility.....         | 13b | % |

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name 

Address ▶

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?..... ☐ Yes ☐ No

**b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer      ☐ Employee      ☐ Independent contractor

- ## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

CONEXION AMERICAS

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Employer identification number

62-1715618

**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 BOARD OF DIRECTORS AND IS ALSO

REVIEWED AND DISCUSSED DURING ONE OF THE BOARD MEETINGS.

**FORM 990, PART VI, LINE 12C - 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                                  | \$ | <u>15,615.</u> |

**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.

Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only. ☐  
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or  
print

Name of exempt organization or other filer, see instructions.

CONEXION AMERICAS

Number, street, and room or suite number. If a P.O. box, see instructions.

2195 NOLENSVILLE PIKE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

NASHVILLE, TN 37211

Employer identification number (EIN) or

62-1715618

Social security number (SSN)

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ **01**Application  
is ForReturn  
CodeApplication  
is ForReturn  
Code

Form 990 or Form 990-EZ

01

Form 990-T (corporation)

07

Form 990-BL

02

Form 990-T (A)

08

Form 4720 (individual)

03

Form 4720 (other than individual)

09

Form 990-PF

04

Form 5227

10

Form 990-T (section 401(a) or 408(a) trust)

05

Form 6069

11

Form 990-T (trust other than above)

06

Form 8870

12

The books are in the care of JOSE GONZALEZTelephone No. 615-320-5152Fax No. 

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 15, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:
☐ calendar year 20  or

☒ tax year beginning 7/01, 20 13, and ending 6/30, 20 14.
2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a \$

0.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b \$

0.

c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$

0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

FIF20501L 12/31/13

Form 8868 (Rev 1-2014)



Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0087

**2013**For calendar year 2013 or other tax year beginning 7/01, 2013, and ending 6/30, 2014▶ See separate instructions.  
▶ Do not enter SSN numbers on this form as it may be public if your organization is a 501(c)(3).Department of the Treasury  
Internal Revenue ServiceOpen to Public Inspection for  
501(c)(3) Organizations Only**A** ☐ Check box if  
address changed**B** Exempt under section  
☒ 501(c)(3) ☐ 220(e)  
☐ 408(e) ☐ 530(a)  
☐ 408A ☐ 529(a)Print  
or  
TypeCONEXION AMERICAS  
2195 NOLENSVILLE PIKE  
NASHVILLE, TN 37211☐ Check box if name changed and see instructions.**D** Employer identification number  
(Employees' trust, see  
instructions.)

62-1715618

**E** Unrelated business activity  
codes (See instructions.)

453000 531120

**C** Book value of all assets at  
end of year

6,137,295.

**F** Group exemption number (See instructions.)▶**G** Check organization type..... ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity.  
▶ **COFFEE SALES; RENTAL INCOME****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?... ☐ Yes ☒ No  
If 'Yes,' enter the name and identifying number of the parent corporation.▶**J** The books are in care of ▶ **JOSE GONZALEZ**

Telephone number ▶ 615-320-5152

**Part I Unrelated Trade or Business Income**

|   | (A) Income | (B) Expenses | (C) Net  |
|---|------------|--------------|----------|
| <b>1 a</b> Gross receipts or sales.....   |            |              |          |
| <b>b</b> Less returns and allowances..... <b>c</b> Balance▶   |            |              |          |
| <b>2</b> Cost of goods sold (Schedule A, line 7).....   |            |              |          |
| <b>3</b> Gross profit. Subtract line 2 from line 1c.....  |            |              |          |
| <b>4 a</b> Capital gain net income (attach Form 8949 and Schedule D).....   |            |              |          |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).....  |            |              |          |
| <b>c</b> Capital loss deduction for trusts.....   |            |              |          |
| <b>5</b> Income (loss) from partnerships and S corporations<br>(attach statement).....  |            |              |          |
| <b>6</b> Rent income (Schedule C).....  |            |              |          |
| <b>7</b> Unrelated debt-financed income (Schedule E).....   |            |              |          |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F).....  | 49,433.    | 99,557.      | -50,123. |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G).....   |            |              |          |
| <b>10</b> Exploited exempt activity income (Schedule I).....  |            |              |          |
| <b>11</b> Advertising income (Schedule J).....  |            |              |          |
| <b>12</b> Other income (See instructions; attach schedule).....   |            |              |          |
| <b>13 Total.</b> Combine lines 3 through 12.....  | 18,499.    |              | 18,499.  |
| <b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) | 67,933.    | 99,557.      | -31,624. |

|   |            |          |
|---|------------|----------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K).....   | <b>14</b>  |          |
| <b>15</b> Salaries and wages.....   | <b>15</b>  | 49,295.  |
| <b>16</b> Repairs and maintenance.....  | <b>16</b>  |          |
| <b>17</b> Bad debts.....  | <b>17</b>  |          |
| <b>18</b> Interest (attach schedule).....   | <b>18</b>  |          |
| <b>19</b> Taxes and licenses.....   | <b>19</b>  |          |
| <b>20</b> Charitable contributions (See instructions for limitation rules.).....  | <b>20</b>  |          |
| <b>21</b> Depreciation (attach Form 4562).....  | <b>21</b>  | 60,110.  |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return.....  | <b>22a</b> | 60,110.  |
| <b>23</b> Depletion.....  | <b>22b</b> |          |
| <b>24</b> Contributions to deferred compensation plans.....   | <b>23</b>  |          |
| <b>25</b> Employee benefit programs.....  | <b>24</b>  |          |
| <b>26</b> Excess exempt expenses (Schedule I).....  | <b>25</b>  |          |
| <b>27</b> Excess readership costs (Schedule J).....   | <b>26</b>  |          |
| <b>28</b> Other deductions (attach schedule).....   | <b>27</b>  |          |
| <b>29 Total deductions.</b> Add lines 14 through 28.....  | <b>28</b>  | 14,722.  |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.....                                       | <b>29</b>  | 64,017.  |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30).....  | <b>30</b>  | -95,641. |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.....   | <b>31</b>  |          |
| <b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.).....   | <b>32</b>  | -95,641. |
| <b>34</b> Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32..... | <b>33</b>  |          |
|   | <b>34</b>  | -95,641. |

**BAA For Paperwork Reduction Act Notice, see instructions.**

TEEA0205L 12/23/13

Form 990-T (2013)



**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ **See instructions and:****a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):**(1)** \$ **(2)** \$ **(3)** \$**b** Enter organization's share of: **(1)** Additional 5% tax (not more than \$11,750)..... \$**(2)** Additional 3% tax (not more than \$100,000)..... \$**c** Income tax on the amount on line 34..... \$**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041).....**37 Proxy tax.** See instructions.....**38 Alternative minimum tax**.....**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies.....**Part IV Tax and Payments****40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116).....**b Other credits** (see instructions).....**c General business credit.** Attach Form 3800 (see instructions).....**d Credit for prior year minimum tax** (attach Form 8801 or 8827).....**e Total credits.** Add lines 40a through 40d.....**41 Subtract line 40e from line 39**.....**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866  
☐ Other (attach schedule).....**43 Total tax.** Add lines 41 and 42.....**44a Payments:** A 2012 overpayment credited to 2013.....**b 2013 estimated tax payments**.....**c Tax deposited with Form 8868**.....**d Foreign organizations:** Tax paid or withheld at source (see instructions).....**e Backup withholding** (see instructions).....**f Credit for small employer health insurance premiums** (Attach Form 8941).....**g Other credits and payments:** ☐ Form 2439 ☐ Other.....**45 Total payments.** Add lines 44a through 44g.....**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached.....**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed.....**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.....**49 Enter the amount of line 48 you want:** ☐ Refunded ☐ **2014 estimated tax**.....**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

- 1** At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here.....
- 2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.....
- 3** Enter the amount of tax-exempt interest received or accrued during the tax year..... \$ 0.

| Yes | No |
|-----|----|
|     |    |
|     | X  |
|     | X  |

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation.....**1** Inventory at beginning of year.....**2** Purchases.....**3** Cost of labor.....**4a** Additional section 263A costs (attach schedule).....**b** Other costs (att. sch.).....**5 Total.** Add lines 1 through 4b.....**6** Inventory at end of year.....**7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2.....**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....

| Yes | No |
|-----|----|
|     |    |
|     | X  |

**Sign Here**

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

Signature of officer

Date

**DIRECTOR**

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

Firm's name

Firm's address

JOEL D COLLUM JR CPA

226 GRAEME DR

NASHVILLE, TN 37214-1917

P00394958

Firm's EIN 45-3444365

Phone no.

(615) 974-2918

BAA



|  |  |   |
|--|--|---|
| 1 Description of property  |  |   |
| (1)  |  |   |
| (2)  |  |   |
| (3)  |  |   |
| (4)  |  |   |
| 2 Rent received or accrued   |  |   |
| (a) From personal property<br>(if the percentage of rent for personal<br>property is more than 10% but not<br>more than 50%) | (b) From real and personal property<br>(if the percentage of rent for personal<br>property exceeds 50% or if the rent is<br>based on profit or income) | 3(a) Deductions directly connected with<br>the income in columns 2(a) and 2(b)<br>(attach schedule) |
| (1)  |  |   |
| (2)  |  |   |
| (3)  |  |   |
| (4)  |  |   |
| Total  | Total  |   |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter<br>here and on page 1, Part I, line 6, column (A) . . . . .     |  | (b) Total deductions. Enter<br>here and on page 1, Part<br>I, line 6, column (B) . . . . .          |

## Schedule E – Unrelated Debt-Financed Income (see instructions)

|   |  |   |   |  |
|---|--|---|---|--|
| 1 Description of debt-financed property   |  | 2 Gross income from<br>or allocable to debt-<br>financed property | 3 Deductions directly connected with or allocable to<br>debt-financed property SEE ST 4 |  |
|   |  |   | (a) Straight line<br>depreciation (attach sch)  | (b) Other deductions<br>(attach schedule)                                |
| (1) 2195 NOLENSVILLE PIKE, NASHVILLE, TN  |  | 80,000.   | 60,110.   | 101,006.   |
| (2)   |  |   |   |  |
| (3)   |  |   |   |  |
| (4)   |  |   |   |  |
| 4 Amount of average<br>acquisition debt on or<br>allocable to debt-financed<br>property (attach schedule) | 5 Average adjusted basis of<br>or allocable to debt-financed<br>property (attach schedule) | 6 Column 4<br>divided by<br>column 5                              | 7 Gross income<br>replicable (column 2 x<br>column 6)                                   | 8 Allocable deductions<br>(column 6 x total of<br>columns 3(a) and 3(b)) |
| (1) 1,938,911.  | 3,137,800.   | 57.21%  | 49,434.   | 99,557.  |
| (2)   |  | %   |   |  |
| (3)   |  | %   |   |  |
| (4)   |  | %   |   |  |
| Totals . . . . .  |  | Enter here and on page 1,<br>Part I, line 7, column (A).          |   | Enter here and on page 1,<br>Part I, line 7, column (B).                 |
| Total dividends-received deductions included in column 8 . . . . .  |  | 49,434.   |   | 99,557.  |

## Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

|                                      |  |  |  |   |  |   |
|--------------------------------------|--|--|--|---|--|---|
| 1 Name of controlled<br>organization |  | 2 Employer<br>identification<br>number                 | Exempt Controlled Organizations                        |   |  |   |
|                                      |  |  | 3 Net unrelated<br>income (loss)<br>(see instructions) | 4 Total of specified<br>payments made   | 5 Part of column 4<br>that is included in<br>the controlling<br>organization's<br>gross income | 6 Deductions directly<br>connected with<br>income in column 5 |
| (1)                                  |  |  |  |   |  |   |
| (2)                                  |  |  |  |   |  |   |
| (3)                                  |  |  |  |   |  |   |
| (4)                                  |  |  |  |   |  |   |
| Nonexempt Controlled Organizations   |  |  |  |   |  |   |
| 7 Taxable Income                     |  | 8 Net unrelated<br>income (loss)<br>(see instructions) | 9 Total of specified<br>payments made                  | 10 Part of column 9 that is<br>included in the controlling<br>organization's gross income | 11 Deductions directly<br>connected with income<br>in column 10                                |   |
| (1)                                  |  |  |  |   |  |   |
| (2)                                  |  |  |  |   |  |   |
| (3)                                  |  |  |  |   |  |   |
| (4)                                  |  |  |  |   |  |   |
| Totals . . . . .                     |  |  |  | Add columns 5 and 10. Enter<br>here and on page 1, Part I, line<br>8, column (A).         | Add columns 6 and 11. Enter<br>here and on page 1, Part I, line<br>8, column (B).              |   |

BAA



**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

62-1715618

Page 4

| 1 Description of income                               | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (column 3 plus column 4) |
|---|--------------------|---|--------------------------------|--|
| (1)   |                    |   |                                |  |
| (2)   |                    |   |                                |  |
| (3)   |                    |   |                                |  |
| (4)   |                    |   |                                |  |
| Enter here and on page 1, Part I, line 9, column (A). |                    |   |                                | Enter here and on page 1, Part I, line 9, column (B).      |

**Totals.** .....

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1 Description of exploited activity                    | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--|--|--|---|--|-------------------------------------|---|
| (1)  |  |  |   |  |                                     |   |
| (2)  |  |  |   |  |                                     |   |
| (3)  |  |  |   |  |                                     |   |
| (4)  |  |  |   |  |                                     |   |
| Enter here and on page 1, Part I, line 10, column (A). |  | Enter here and on page 1, Part I, line 10, column (B).                     |   |  |                                     | Enter here and on page 1, Part II, line 26.                                     |

**Totals.** .....

**Schedule J – Advertising Income** (See instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical                                   | 2 Gross advertising income | 3 Direct advertising costs                             | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute col. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4). |
|--|----------------------------|--|--|----------------------|--------------------|--|
| (1)  |                            |  |  |                      |                    |  |
| (2)  |                            |  |  |                      |                    |  |
| (3)  |                            |  |  |                      |                    |  |
| (4)  |                            |  |  |                      |                    |  |
| Enter here and on page 1, Part I, line 11, column (A). |                            | Enter here and on page 1, Part I, line 11, column (B). |  |                      |                    | Enter here and on page 1, Part II, line 27.                                |

**Totals (carry to Part II, line (5)).** .....

TAXPAYER COPY

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1 Name of periodical                                   | 2 Gross advertising income | 3 Direct advertising costs                             | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4). |
|--|----------------------------|--|---|----------------------|--------------------|--|
| (1)  |                            |  |   |                      |                    |  |
| (2)  |                            |  |   |                      |                    |  |
| (3)  |                            |  |   |                      |                    |  |
| (4)  |                            |  |   |                      |                    |  |
| Enter here and on page 1, Part I, line 11, column (A). |                            | Enter here and on page 1, Part I, line 11, column (B). |   |                      |                    | Enter here and on page 1, Part II, line 27.                                |

**Totals, Part II (lines 1-5).** .....

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

| 1 Name                                      | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|---|---------|---------------------------------------|---|
|   |         | %                                     |   |
|   |         | %                                     |   |
|   |         | %                                     |   |
|   |         | %                                     |   |
| Enter here and on page 1, Part II, line 14. |         |                                       |   |

**Total.** Enter here and on page 1, Part II, line 14. ....

Form **8868**

(Rev. January 2014)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
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- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. .... ☒

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

|                  |  |  |  |  |
|------------------|--|--|--|--|
| Type or<br>print | Name of exempt organization or other filer, see instructions.                            |  | Enter filer's identifying number, see instructions |  |
|                  | CONEXION AMERICAS  |  | Employer identification number (EIN) or            |  |
|                  | Number, street, and room or suite number. If a P.O. box, see instructions.               |  | 62-1715618   |  |
|                  | 2195 NOLENSVILLE PIKE  |  | Social security number (SSN)                       |  |
|                  | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |  |  |
|                  | NASHVILLE, TN 37211  |  |  |  |

Enter the Return code for the return that this application is for (file a separate application for each return). .... **07**

| Application For                             | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |

The books are in the care of ▶ JOSE GONZALEZTelephone No. ▶ 615-320-5152

Fax No. ▶

If the organization does not have an office or place of business in the United States, check this box ☐. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members.I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 15, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning 7/01, 20 13, and ending 6/30, 20 14.

If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

|  |       |    |
|--|-------|----|
| If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                    | 3a \$ | 0. |
| If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | 0. |
| Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | 3c \$ | 0. |

If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for instructions.

Privacy Act and Paperwork Reduction Act Notice, see instructions.



2013

## FEDERAL STATEMENTS

PAGE 1

CONEXION AMERICAS

62-1715618

STATEMENT 1  
FORM 990-T, PART I, LINE 12  
OTHER INCOME

COFFEE SALES.....

TOTAL \$ 18,499.  
\$ 18,499.

STATEMENT 2  
FORM 990-T, PART II, LINE 28  
OTHER DEDUCTIONS

COFFEE SALES EXPENSE.....

TOTAL \$ 14,722.  
\$ 14,722.

STATEMENT 3  
FORM 990-T, PART II, LINE 31  
NET OPERATING LOSS DEDUCTION

| LOSS YEAR<br>ENDING                                      | ORIGINAL<br>LOSS | LOSS<br>PREVIOUSLY<br>USED | LOSS<br>AVAILABLE |
|--|------------------|----------------------------|-------------------|
| 6/30/09  | \$ 3,004.        | \$ 2,336.                  | \$ 868.           |
| 6/30/10  | 3,187.           | 0.                         | 3,187.            |
| 6/30/11  | 5,482.           | 0.                         | 5,482.            |
| 6/30/13  | 44,294.          | 0.                         | 44,294.           |
| NET OPERATING LOSS AVAILABLE                             |                  |                            | \$ 53,831.        |
| TAXABLE INCOME   |                  |                            | \$ -95,641.       |
| NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME) |                  |                            | \$ 0.             |

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STATEMENT 4  
FORM 990-T, SCHEDULE E, LINE 3B  
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY

2195 NOLENSVILLE PIKE, NASHVILLE, TN

INSURANCE..... \$ 4,706.

INTEREST..... 31,681.

REPAIRS..... 29,308.

TAXES..... 15,534.

UTILITIES..... 19,777.

TOTAL \$ 101,006.