Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning JUL 1, 2004 and ending JUN 30, 2005

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

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

C Name of organization: CONEXION AMERICAS

COPY

Number and street (or P.O. box if mail is not delivered to street address): 700 18TH AVE. SOUTH — Room/suite: STE A

City or town, state or country, and ZIP + 4: NASHVILLE, TN 37203

D Employer identification number: 65-1715618

E Telephone number: 615-320-5152

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website: ▶ WWW.CONAMERICAS.COM

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

I Group Exemption Number ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 385,482.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	69,884.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	166,772.		
	d	Total (add lines 1a through 1c) (cash $ 236,656. noncash $)			1d	236,656.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	148,598.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	228.
	5	Dividends and interest from securities			5	
	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses — (A): ; (B):	8b			
	c	Gain or (loss) (attach schedule) — (A): ; (B):	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	385,482.
Expenses	13	Program services (from line 44, column (B))			13	307,651.
	14	Management and general (from line 44, column (C))			14	47,786.
	15	Fundraising (from line 44, column (D))			15	50,184.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	405,621.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	<20,139.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	174,018.
	20	Other changes in net assets or fund balances (attach explanation)			20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	153,879.

423001 01-13-05 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2004)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ noncash $)	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	132,300.	99,225.	26,460.	6,615.
26 Other salaries and wages	26	85,081.	67,485.	8,798.	8,798.
27 Pension plan contributions	27				
28 Other employee benefits	28	3,986.	2,876.	773.	337.
29 Payroll taxes	29	16,743.	12,840.	2,716.	1,187.
30 Professional fundraising fees	30				
31 Accounting fees	31	7,510.	7,510.		
32 Legal fees	32				
33 Supplies	33	6,951.	5,896.	1,043.	12.
34 Telephone	34	2,125.	1,785.	340.	
35 Postage and shipping	35				
36 Occupancy	36	27,000.	22,680.	4,320.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	2,521.	2,118.	403.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	2,776.	2,332.	416.	28.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 2	43e	118,628.	82,904.	2,517.	33,207.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	405,621.	307,651.	47,786.	50,184.

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Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

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

(iii) the amount allocated to Management and general $; and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE ATTACHED STATEMENT (Grants and allocations $)	307,651.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	307,651.

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Form **990** (2004)

Part IV Balance Sheets

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			40,132.	45	39,740.
46 Savings and temporary cash investments				46	
47 a Accounts receivable	47a	6,300.			
b Less: allowance for doubtful accounts	47b			47c	6,300.
48 a Pledges receivable	48a	100,479.			
b Less: allowance for doubtful accounts	48b		139,901.	48c	100,479.
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees				50	
51 a Other notes and loans receivable	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			1,728.	53	1,600.
54 Investments - securities STMT 4 ▶ ☐ Cost [X] FMV			0.	54	24,389.
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b			55c	
56 Investments - other				56	
57 a Land, buildings, and equipment: basis	57a	10,443.			
b Less: accumulated depreciation	57b	6,027.	5,854.	57c	4,416.
58 Other assets (describe ▶)				58	
59 **Total assets** (add lines 45 through 58) (must equal line 74)			187,615.	59	176,924.
Liabilities					
60 Accounts payable and accrued expenses			13,597.	60	23,045.
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees				63	
64 a Tax-exempt bond liabilities				64a	
b Mortgages and other notes payable				64b	
65 Other liabilities (describe ▶)				65	
66 **Total liabilities** (add lines 60 through 65)			13,597.	66	23,045.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ [X] and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			<3,383.>	67	40,900.
68 Temporarily restricted			177,401.	68	112,979.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			174,018.	73	153,879.
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			187,615.	74	176,924.

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

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

a	Total revenue, gains, and other support per audited financial statements ▶	a	389,682.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $ 4,200.		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	4,200.
c	Line a minus line b ▶	c	385,482.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	385,482.

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

a	Total expenses and losses per audited financial statements ▶	a	409,821.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $ 4,200.		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	4,200.
c	Line a minus line b ▶	c	405,621.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	405,621.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOSE GONZALEZ 800 18TH AVE. SOUTH, STE. A NASHVILLE, TN 37203	EXECUTIVE DIRECTOR 50 HRS/WEEK	66,150.	0.	0.
MARIA CLARA MEJIA 800 18TH AVE. SOUTH, STE. A NASHVILLE, TN 37203	SOCIAL & CIVIC DIRECTOR 50 HRS/WEEK	66,150.	0.	0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS	5 HRS/MONTH	0.	0.	0.

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

Part VI Other Information

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ____ and check whether it is ☐ exempt or ☐ nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions — 81a: 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b: 4,200.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			

90 a List the states with which a copy of this return is filed ▶ TENNESSEE

b Number of employees employed in the pay period that includes March 12, 2004 — 90b: 8

91 The books are in care of ▶ JOSE GONZALEZ Telephone no. ▶ 615-320-5152

Located at ▶ 800 18TH AVE SOUTH, STE A, NASHVILLE, TN ZIP + 4 ▶ 37203

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a FEE FOR SERVICES					148,598.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	228.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		228.	148,598.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 148,826.

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

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

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

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

▶ Signature of officer Date ▶ Type or print name and title.

COPY

Paid Preparer's Use Only

Preparer's signature ▶ Kent Harrell | Date 12/19/05 | Check if self-employed ▶ ☒ | Preparer's SSN or PTIN

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

EIN ▶

Phone no. ▶ (615)242-7351

423161 01-13-05

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2004

Name of the organization: CONEXION AMERICAS

Employer identification number: 65 1715618

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

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

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

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Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶	0	

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ________ $ 3,000. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ________

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☒ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	241,157.	60,662.	55,149.	47,094.	404,062.
16 Membership fees received				300.	300.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	68,689.	39,535.	39,536.		147,760.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	29.				29.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	309,875.	100,197.	94,685.	47,394.	552,151.
24 Line 23 minus line 17	241,186.	60,662.	55,149.	47,394.	404,391.
25 Enter 1% of line 23	3,099.	1,002.	947.	474.	

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26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b N/A

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c N/A

d Add: Amounts from column (e) for lines: 18 ____ 19 ____ 22 ____ 26b ____ ▶ 26d N/A

e Public support (line 26c minus line 26d total) ▶ 26e N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f N/A %

27 **Organizations described on line 12: a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2003) 0. (2002) 0. (2001) 0. (2000) 0.

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2003) 0. (2002) 0. (2001) 0. (2000) 0.

c Add: Amounts from column (e) for lines: 15 404,062. 16 300. 17 147,760. 20 ____ 21 ____ ▶ 27c 552,122.

d Add: Line 27a total 0. and line 27b total 0. ▶ 27d 0.

e Public support (line 27c total minus line 27d total) ▶ 27e 552,122.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 552,151.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 99.9947%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h .0053%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 7 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		3,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			3,000.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization	**Employer identification number**
CONEXION AMERICAS	65-1715618

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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-

[X] For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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 $5,000 or more during the year.) .... ▶ $ ____________

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Name of organization	Employer identification number
CONEXION AMERICAS	65-1715618

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 34,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 51,393.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

FOOTNOTES STATEMENT 1

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

EQUIPMENT CONSISTED OF THE FOLLOWING AS OF JUNE 30, 2005:

COMPUTER EQUIPMENT	6,073.
OFFICE EQUIPMENT	4,370.
	10,443.
LESS: ACCUMULATED DEPRECIATION	<6,027.>
TOTAL	4,416.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING AND PROMOTION	8,726.	8,726.		
AUTO EXPENSE	3,180.	2,671.	477.	32.
CONTRACT LABOR	66,126.	33,063.		33,063.
DUES AND SUBSCRIPTIONS	1,302.	1,107.	195.	
EDUCATION	18,447.	18,447.		
INSURANCE	1,760.	1,478.	264.	18.
LICENSES AND FEES	905.	760.	145.	
MAINTENANCE AND REPAIRS	4,466.	3,751.	670.	45.
MEALS AND ENTERTAINMENT	2,052.	1,724.	307.	21.
MISCELLANEOUS EXPENSE	85.	29.	28.	28.
PROGRAM MATERIALS	923.	923.		
SPANISH CLASS EXPENSES	5,040.	5,040.		
TRAINING	2,584.	2,171.	413.	
TRANSLATION EXPENSE	2,912.	2,912.		
UTILITIES	120.	102.	18.	
TOTAL TO FM 990, LN 43	118,628.	82,904.	2,517.	33,207.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

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

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	FMV	24,389.			24,389.
TO FORM 990, LINE 54, COL B		24,389.			24,389.

FOOTNOTES STATEMENT 5

SCHEDULE A, PAGE 2, PART III, LINE 2D:

DURING THE YEAR ENDED JUNE 30, 2004, THE AGENGY PURCHASED GOODS AND SERVICES FOR PRINTING MATERIALS AND BROCHURES FROM A COMPANY OWNED BY A MEMBER OF THE BOARD OF DIRECTORS IN THE AMOUNT OF $11,745 ($-0- IN 2005).

Conexión Américas
2004-2007 Strategic Plan

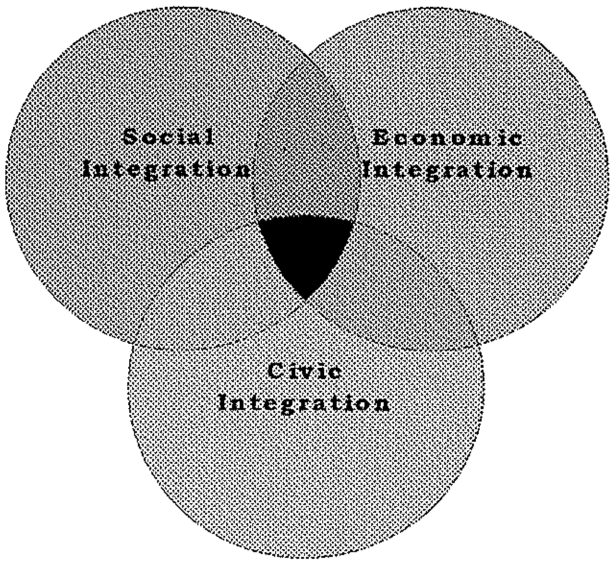
Adopted by the Board of Directors 01/26/04

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

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

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

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



Guiding Values:

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

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

Operational Objectives	Programs/ Strategies	Annual Quantitative Goals 2004/2005-2005/2006-2006/2007	Qualitative Goals 2004/2007
A. Connect Hispanic individuals with the resources, support networks and information they need.	1. Information, Referral and Support Services: ▪ Spanish Help Line (w/ Crisis Intervention Center) ▪ Face-to-face Direct Assistance	❑ 3,000 Hispanic individuals will solve immediate needs through direct support and/or by connecting with services in the community.	❑ Conexión Américas maintains quality of information and referral services by ensuring continuous education of program staff (through partner CIC) ❑ Spanish Help Line Information-and-Referral Manager obtains AIRS certification. ❑ Conexión Américas enhances referral relationships with other service providers in Middle Tennessee (site visits, streamlined process for updating directory of services) ❑ If 211 is implemented: Spanish Help Line is the "specialty" Information-and-Referral service for Spanish-speaking callers in the 211 system ❑ Satellite office accessible to clientele (St. Luke's, Madison)
	2. Mass Communication Project ▪ Weekly Radio Show ▪ Video Tape Series	❑ Conexión Américas will consistently host a live radio show once a week ❑ __________ Hispanic listeners will receive quality information that supports their social, economic and civic integration into the larger community. ❑ 15 radio show listeners per show will call in and receive information on their particular question.	❑ CA secures agreement with a Spanish radio station for weekly radio show.

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

CIVIC INTEGRATION

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

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

PART B

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

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

conexión américas

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Board of Directors/Junta Directiva

Form **8868** (Rev. December 2004)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile.*

Type or print	Name of Exempt Organization CONEXION AMERICAS	**Employer identification number** 65-1715618
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 700 18TH AVE. SOUTH, NO. STE A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	

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

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

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until FEBRUARY 15, 2006.
to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2004, and ending JUN 30, 2005.

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

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

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

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ N/A

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 12-2004)

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